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BEREAVEMENT IN EMERGING ADULthood: THE INFLUENCE OF RELIGION AND
TYPE OF LOSS

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science
at Virginia Commonwealth University.

by

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Abstract

BEREAVEMENT IN EMERGING ADULTHOOD: THE INFLUENCE OF RELIGION AND TYPE OF LOSS

By Elizabeth A. Collison, B.A.

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science at Virginia Commonwealth University.

Virginia Commonwealth University, 2012.

Major Director: Sandra Gramling, Ph.D., Associate Professor, Department of Psychology

Bereavement is an important area of research as it may result in grief reactions that lead to serious psychological and health consequences (Stroebe, Schut, & Stroebe, 2007). Positive outcomes, such as personal growth or spiritual well-being, may also transpire post-loss (Hogan & Schmidt, 2002; Paloutzian & Ellison, 1982). Though research on bereavement has grown, few studies have focused on the at-risk group of emerging adults (Hardison, Neimeyer, & Lichstein, 2005; Arnett, 2000). The current study aims to add to the bereavement in emerging adulthood literature through analyzing descriptive data and assessing the impact of type of loss (i.e., nonviolent vs. violent), religious affiliation (i.e., Affiliated/Christian vs. Unaffiliated), and religious coping on post-loss grief intensity, personal growth, and spiritual well-being among emerging adults. Although results did not support several hypotheses, findings from the current study reinforce and expand extant literature on bereavement and religiosity/spirituality in emerging adults.

Bereavement in Emerging Adulthood: The Influence of Religion and Type of Loss

Bereavement and loss is an inevitable part of life. A common reaction to loss is grief, however the grief experience varies widely between individuals (Stroebe et al., 2000; Granek, 2010). Though interest in grief has spanned human history, psychological research in the area is much more recent (Granek, 2010). The most common populations studied in the grief literature have been middle to late adult widows and widowers, leaving other age groups relatively unexamined (Hardison, Neimeyer, & Lichstein, 2005). This lack of research, particularly among younger groups, is problematic as researchers have shown that emerging adults experience a surprisingly high number of losses and are an at-risk group for poor post-loss outcomes (Servaty-Seib & Taub, 2010; Servaty-Seib & Hamilton, 2006; Arnett, 2000). Other research in the area of bereavement has shown that outcomes are often affected by the type of loss experienced (i.e., violent, traumatic, unexpected vs. nonviolent, nontraumatic, expected) (Currier, Holland, & Neimeyer, 2006; Kaltman & Bonanno, 2003). Depending on the characteristics of the loss and individual factors of resiliency, those who have lost a loved one may experience poor outcomes (e.g., complicated grief) and/or growth following the loss (e.g., personal growth, posttraumatic growth) (Prigerson, et al., 1999b; Tedeschi & Calhoun, 2008). An area that is often closely tied to bereavement and death is that of religion and spirituality (Becker et al., 2007). It is possible that religious affiliation might impact outcomes following the loss of a loved one (Barry & Nelson, 2008). Additionally, individuals might make use of religion and spirituality in a more

dynamic way through utilizing it in coping with their loss (Pargament, Smith, Koenig, & Perez, 1998).

In the following section a review of the relevant literature will be presented. First, recent research in the area of bereavement will be reviewed. Following an introduction to the developmental stage termed emerging adulthood (a nascent area of study in the developmental literature), the research regarding bereavement in this population will be examined. Then, a discussion of various types of loss and the potential resulting outcomes (e.g., grief, growth) are presented. This includes a brief overview of the Hogan Grief Reaction Checklist and its usefulness in grief research. As one possible facilitator of personal or posttraumatic growth is religion and spirituality, a section on religion/spirituality in the emerging adulthood population then follows. The Spiritual Well-Being Scale as a measure of religion and spirituality is then discussed along with an overview of research for which it is commonly used. The review then concludes with a discussion of religious coping and its connection to bereavement research. Here, a process measure most commonly used to assess for frequently utilized religious coping techniques (i.e., RCOPE) will be presented.

The current study aims to better characterize the positive and negative outcomes that may result for bereaved emerging adults. More specifically, it intends to examine the impact of type of loss and religious affiliation on select psychological outcomes in this population. The outcomes in consideration include grief intensity, personal growth, and spiritual well-being (as comprised of religious and existential well-being). Grief intensity, which includes symptoms of despair, blame and anger, disorganization, detachment, and panic behavior, is a measure of the negative outcomes associated with bereavement, whereas personal growth and spiritual well-

being reflect positive outcomes. Additionally, the study will contribute to the limited literature on bereaved emerging adults through providing a characterization of this population based on loss characteristics and religious coping techniques used.

Based on these aims, the following hypotheses will be tested:

1. It is predicted that type of loss (i.e., violent or nonviolent) and religious affiliation (i.e., affiliated or unaffiliated) will each impact grief intensity. Moreover, an interaction effect between type of loss and religious affiliation on grief intensity is expected.
2. It is predicted that religious affiliation (i.e., affiliated or unaffiliated) will impact personal growth. No prediction regarding type of loss's (i.e., violent or nonviolent) impact on personal growth is made nor for its interaction with religious affiliation on the outcome of personal growth.
3. It is predicted that type of loss (i.e., violent or nonviolent) and positive religious coping will each impact grief intensity. An interaction between type of loss and positive religious coping on grief intensity is also predicted.
4. It is predicted that use of positive religious coping will impact personal growth. No specific prediction regarding type of loss's (i.e., violent or nonviolent) impact on personal growth is made. No prediction is made for type of loss's interaction with positive religious coping on the outcome of personal growth.
5. Religious affiliation (i.e., affiliated or unaffiliated) is expected to impact the outcome of religious well-being. No prediction regarding type of loss's (i.e., violent or nonviolent) impact on religious well-being is made. No specific prediction is made for the impact of the interaction between type of loss and religious affiliation on the outcome of religious well-being.

6. Religious affiliation is predicted to show no relationship with existential well-being. No prediction for type of loss's (i.e., violent or nonviolent) impact on the outcome of existential well-being is made. No specific prediction is made for the impact of the interaction between type of loss and religious affiliation on the outcome of existential well-being.

Additionally, the following exploratory research questions will be addressed:

1. What pattern of demographic and loss characteristics might exist in bereaved emerging adult students?
2. What specific religious coping strategies are appraised as most helpful by emerging adults based on religious affiliation and loss characteristics?

Review of the Literature

Bereavement

Bereavement is an important area of research in that the negative physical and psychological health consequences experienced by the bereaved are often serious and wide ranging (Stroebe, Schut, & Stroebe, 2007). Bereavement has been associated with increased mortality (Stroebe & Stroebe, 1993), physical symptoms (Stroebe, Hansson, Schut, & Stroebe, 2008) and ailments (Parkes, 1996), psychological symptoms (Stroebe, Hansson, Schut, & Stroebe, 2008), and psychiatric diagnoses (Raphael, Minkov, & Dobson, 2001). Recently positive outcomes such as “posttraumatic growth” and “personal growth” have been examined in the bereavement literature as well (Bonanno, Westphal, & Mancini, 2011). The differential focus on negative and positive outcomes following bereavement is reflected in the current controversy concerning the inclusion of complicated grief in the newest iteration of the Diagnostic and Statistical Manual. Beginning with Prigerson et al. (1995), the concept of “complicated” or “traumatic” grief as a distinct disorder began to be theorized and researched. Psychologists have since continued to systematically parse out the differences between healthy versus unhealthy grief and pushed for the latter’s inclusion as a diagnosable disorder in the DSM-V (Prigerson et al., 2009; Shear et al., 2011). Some psychologists, however, have taken issue with the concept of grief as pathology and discourage its consideration as a disorder (Foote & Frank, 1999; Stroebe et al., 2000; Walter, 2005-2006; Granek, 2010; Granek & ORourke, 2011). Most recently grief

research has focused on the various trajectories of grief following bereavement. A trajectories approach encourages researchers to differentiate the factors associated with the various patterns of grief post-bereavement (Bonanno, 2002; Lord, Gramling, & Auerbach, 2012).

It is important to note that while the terms grief, bereavement, and mourning have been used interchangeably in early psychological literature, consensus definitions of these terms have since been specified. Bereavement is used to refer to the loss of a loved one through death. Grief is understood as the subjective, emotional reactions to that loss and possible distress that results. Mourning, although often used as a synonym for grief, has come to be identified as the actions and manner in which one expresses their grief and incorporates the loss into their life, often taking the form of cultural rituals (Stroebe, Stroebe, & Hansson, 1988; Genevro, Marshall, Miller, & Center for the Advancement of Health, 2004; DeSpelder & Strickland, 2005; Granek, 2010)

Bereavement in Emerging Adulthood

The study of bereavement has focused primarily on widows and widowers (Brown, Nesse, House, & Utz, 2004; Carr, 2004; Fry, 2001; Levy, Martinkowski, & Derby, 1994) and parents who have lost a child (Bohannon, 1991; Gilbert, 1992; McIntosh, Silver, & Wortman, 1993; Schwab, 1990; Swanson, Pearsall-Jones, & Hay, 2002; Thearle, Vance, Najman, Embelton, & Foster, 1995). Some bereavement research has been conducted on adolescents (Ewalt & Perkins, 1979; Balk, 1991) and college students (Lagrand, 1985; Balk, 1997). Recent research, however, is beginning to focus on a newly identified stage of development: emerging adulthood (Mathews & Servaty-Seib, 2007). Emerging adulthood is defined a stage of development occurring from the late teens through the twenties, focusing on ages 18-25 (Arnett,

2000).

To better understand this stage of development it must first be put in the context of developmental psychological literature. Borrowing from components of Erikson's (1979), Levinson's (1978), and Keniston's (1971) theoretical models, Arnett (2000) incorporated modern research on societal changes to update earlier developmental models and propose a new stage of development, which he labeled emerging adulthood. Emerging adulthood is a stage of transition distinguished by the relative independence experienced between the dependency of adolescence and enduring responsibilities that often begin in young adulthood (Arnett, 2000). Arnett (2000) argues that this period of development is theoretically and empirically distinct from both adolescence and young adulthood. Jensen (2011) characterizes emerging adulthood as the age of "identity explorations" (e.g., crucial choices in the areas of love, work, worldviews), "instability" (e.g., changing romantic partners, jobs, educational directions, living arrangements), "feeling in-between" (e.g., time of feeling that they are no longer adolescents, but not quite yet adults), "possibilities" (e.g., time when people are most hopeful regarding the achievement of future goals), and the most "self-focused" age of life (e.g., time of fewest obligations and most independent decision-making). Though not all individuals within this phase of development might be classified as "college students", the majority (e.g., over 60%) within America today enter higher education after high school graduation (Arnett, 2004).

Since Arnett's seminal paper in the *American Psychologist* (2000) on emerging adulthood, the field of emerging adulthood has been a rapidly growing area of inquiry (Jensen, 2011; Tanner & Arnett, 2009; Wenzel et al., 2011; Fowler, Toro, & Miles, 2011; Gomez, Miranda, & Polanco, 2011). However, limited data have been reported on bereaved emerging

adults. Perhaps surprisingly, a substantial number of emerging adults have experienced a recent loss. Smyth, Hockemeyer, Heron, Wonderlich, and Pennebaker (2008) found that 64.1% of their college student sample reported the death of a loved one during their lifetime, 35.1% of which occurred at ages 17 and up. Currier, Holland, Coleman, and Neimeyer (2006) found approximately 40% of college students reported having lost a loved one within the past 2 years. Though Bonanno (2004) states bereaved persons are often resilient or able to cope effectively with their loss, it has conversely been shown that this population is at risk of developing poor physical and psychological health outcomes (Fisher, Murray, & Frazer, 1985). Emerging adults are particularly vulnerable as they are away from their primary social support, adjusting to a different lifestyle, and transitioning into a different societal role (Pennebaker, Colder, & Sharp, 1990). For example, Hardison, Neimeyer, and Lichstein (2005) found that bereaved students had a higher rate of insomnia compared with non-bereaved controls. Servaty-Seib and Hamilton (2006) found bereaved students displayed decreased academic performance compared with their non-bereaved peers. Cognitive studies have also demonstrated an important feature of emerging adults such that they are more sensitive to negative emotional stimuli than older adults (Tanner & Arnett, 2009). Thus, bereavement research of post-loss outcomes in emerging adults is particularly warranted as they represent an at-risk group (Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008).

Type of Loss and Grief

A subset of research has principally focused on the circumstances of death and its impact on the resulting grief experience. Though the reported causes of death obviously vary a great deal, much grief research has focused on loss due to illness, homicide, suicide, and accidents

(e.g., Currier, Holland, & Neimeyer, 2006; Kaltman & Bonanno, 2003; Holland & Neimeyer, 2011). More generally, these types of loss have been classified as falling in any of the following dichotomous categories: “unexpected” versus “expected” (e.g., Vera, 2003), “traumatic” versus “nontraumatic” (e.g., Norris, 1992; Schnider, Elhai, & Gray, 2007), and/or “violent” versus “nonviolent” (e.g., Currier, Holland, Neimeyer, 2006). Often homicides, suicides, and accidents are grouped together as being unexpected, traumatic, and/or violent forms of loss, whereas illnesses are most often considered expected, nontraumatic, and/or nonviolent (e.g., Norris, 1992; Vera, 2003; Currier, Holland, Neimeyer, 2006; Holland & Neimeyer, 2011). Research has shown that different patterns of grief symptomatology occur based on the type of loss (violent or nonviolent) experienced (Kaltman & Bonanno, 2003; Holland & Neimeyer, 2011). For example, violent deaths have increasingly been found to correlate with increased PTSD symptoms for bereaved survivors (van der Wal, 1989-1990; Parkes, 1993; Rynearson, 1984; Rynearson & McCreery, 1993). Kaltman and Bonanno (2003) found violent loss (i.e., accidental death, suicide, and homicide) predicted PTSD symptoms and persistence of depression following the loss of a spouse, whereas sudden death from natural causes did not. In addition to the result that violent loss is a significant predictor of PTSD and depression persistence, their findings also showed that the expectedness of the death was unrelated to these same outcomes. More specific to emerging adults, Holland and Neimeyer (2011) found that college students bereaved by violent loss had significantly higher levels of “traumatic distress” (e.g., numbness, anger/bitterness) compared to those bereaved by nonviolent forms of loss. They unexpectedly found no differences between those who suffered an anticipated versus a sudden loss. Prigerson et al. (1999a) conducted a study on young adults who lost a friend to suicide and found clinical

levels of “traumatic grief” (similar to “complicated grief”; see Prigerson, et al., 1999b for discussion of criteria) to be associated with five times greater likelihood of suicidal ideation after controlling for depression. Schnider, Elhai, and Gray (2007) conducted one of the few other studies focused on the experience of “traumatic loss” (i.e., unexpected, violent loss) for individuals in the stage of emerging adulthood. They found the avoidant emotional coping style (i.e., lack of survivor’s acceptance of death coupled with chronic state of mourning) to significantly predict complicated grief and PTSD severity in college students reporting the unexpected death of an immediate family member, romantic partner, or very close friend. Based on the overall limited literature focused on this development stage, however, the outcomes of experiencing violent loss (e.g., grief symptomatology) are in need of further examination among emerging adults.

Growth Associated with Violent/Unexpected/Traumatic Loss

Although violent loss has typically been shown to lead to worse outcomes, some researchers have chosen to focus instead on the positive outcomes; more specifically, the processes of resiliency and recovery (e.g., Bonanno, 2004; Bonanno, Westphal, & Mancini, 2011). Other researchers have taken this one step further by claiming that the term recovery is limited in its ability to encompass the complete spectrum of positive outcomes (Tedeschi & Calhoun, 2008). As a result, researchers have begun to turn their focus toward growth as a form of psychological adjustment. One example of growth that has emerged from research on trauma victims and those who have suffered a traumatic loss is posttraumatic growth (Tedeschi & Calhoun, 2004; Engelkemeyer & Marwit, 2008). Posttraumatic growth is defined by Tedeschi and Calhoun (2004) as “the experience of positive change that occurs as a result of the struggle

with highly challenging life crises,” (p.1). In developing the Posttraumatic Growth Inventory (PTGI), Tedeschi and Calhoun (1996) included factors of New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life. Other terms for growth that have appeared within the bereavement literature include “stress-related growth” (Caserta, Lund, Utz, & de Vries, 2008) and “personal growth” (Hogan & Schmidt, 2002; Gamino, Sewell, & Easterling, 2000). The Hogan Grief Reaction Checklist (HGRC) contains a subscale of Personal Growth which contains items that tap into changes the bereaved have experienced following loss such as self-reported increases in compassion, tolerance, caring, and strength (p. 23, Hogan, Greenfield, & Schmidt, 2001). Hogan, Greenfield, and Schmidt (2001) believed the positive changes experienced by the sampled bereaved following their losses verified the purpose of the personal growth subscale. This is in contrast to the bereaved individual’s returning to a normal level of functioning following the loss as some models of grief have proposed (Bowlby, 1980; Freud, 1917; Lindemann, 1944). Since their development, the PTGI and HGRC have been identified as the two most widely employed instruments for measuring personal growth after a loss (Feigelman, Jordan, & Gorman, 2009). Importantly, one major area that often contributes to the outcome of growth following a challenging event is that of religion and spirituality.

Religion/Spirituality and Bereavement Research

Though research in the area of religion and spirituality has steadily grown over the past several decades, a surprisingly small portion of studies focuses on bereavement (Wortmann & Park, 2008). Wortmann and Park (2008) recently conducted a systematic review on religion and spirituality in adjustment following bereavement and provided a discussion of their organized, integrated findings. The most commonly assessed features of religion/spirituality in bereavement

were service attendance, beliefs, general religiousness, and religious coping. Studies additionally looked at religious affiliation, a composite of religious beliefs and religious activities, intrinsic/extrinsic religiousness, religious social support, spirituality, and belief in helpfulness of religion. Wortmann and Park (2008) found religion/spirituality to generally be positively related to adjustment to bereavement. Each dimension assessed was found to relate to at least one favorable outcome in the majority of studies, except for religious affiliation. Wortmann and Park (2008) proposed that the result regarding religious affiliation is not surprising as this “dimension neither assesses the regularity of or motivation for religious participation nor the quality of the religious/spiritual experience, (p. 723). This result is nevertheless inconclusive as few studies were available for review (n=76 total, n=10 for religious affiliation dimension) and some studies (4 of 10) did report a relationship between religious affiliation and adjustment. Furthermore, studies primarily focused on inter-denominational differences rather than comparison to the unaffiliated and only one study focused on the emerging adulthood population.

Religiosity/Spirituality and Emerging Adults

Within the field of psychology, the concepts of religion and spirituality have been defined and operationalized in a variety of ways. As discussed by Barry, Nelson, Davarya, and Urry (2010), the definitions for “religion” and “spirituality” that encompass the majority of research on the emerging adulthood population are supplied by Miller and Thoresen (2003). Religiosity is operationalized as the organized and institutional aspects of belief, whereas spirituality encompasses the personal and transcendent aspects of belief. Furthermore, spirituality is conceptualized as the engagement with the sacred, while religiosity works to unite believers with the sacred and with each other (Miller & Thoresen, 2003). The current study will employ these

definitions in order to maintain consistency across the research relevant to the topics of emerging adulthood and religiosity/spirituality.

The cognitive, physical, and psychosocial developmental changes that accompany emerging adulthood facilitate the religious and spiritual exploration of emerging adults (Barry, Nelson, Davarya, & Urry, 2010). For example, compared to adolescence, emerging adulthood is a time of increased cognitive ability that allows for principled, abstract thinking. Emerging adults are therefore more capable in considering complex subjects such as religious and spiritual beliefs (Barry, Nelson, Davarya, & Urry, 2010). Arnett (2004) characterized emerging adulthood as a time of identity exploration and self-focus, which also serve to lead individuals to seek out religious and spiritual experiences (Stoppa & Lefkowitz, 2010; Barry, Nelson, Davarya, & Urry, 2010). As emerging adulthood is largely a time of transition, it is also often a time of stress (Arnett, 2000). Stressful life events have been shown to engender the use of religion and spirituality as coping resources (e.g., Tix & Frazier, 1998; Koenig et al., 1992; Ferraro & Koch, 1994). This is reflected in the finding that religious and spiritual *beliefs* remain stable or are strengthened in emerging adulthood in America (e.g., Lee, 2002; Lefkowitz, 2005; Stoppa & Lefkowitz, 2010). Religious *practices* or *behaviors* (e.g., religious service attendance, nonservice religious activity attendance), on the other hand, have been shown to decline in emerging adulthood (e.g., Uecker, Regnerus, & Vaaler, 2007, Stoppa & Lefkowitz, 2010). More specifically, the majority (i.e., about 69%) of emerging adults over time attend religious services less frequently over time, although they maintain their religious affiliation (i.e., 86%) (Uecker, Regnerus, & Vaaler, 2007). Religiosity and spirituality have also been found to correlate with health attitudes and behaviors for emerging adults (e.g., Zullig, Ward, & Horn, 2006). Knox,

Langehough, Walters, and Rowley (1998) found that students who reported higher religiosity were more likely to have higher self-esteem, more assets for growth, and fewer reported antisocial behaviors when compared with those students who reported lower religiosity. Though some research has found correlates between religiosity/spirituality and negative outcomes (e.g., safe sex practices, Zaleski & Schiaffino, 2000), most findings indicate that it generally causes no harm or provides positive effects (e.g., Barry, Nelson, Davarya, & Urry, 2010).

Spiritual Well-Being Scale and Bereavement Research

One measure used in religion/spirituality research is the Spiritual Well-Being Scale developed by Paloutzian & Ellison (1982). Based on its subscales, this scale enables the researcher to measure both religious well-being and existential well-being as separate constructs. The Spiritual Well-Being Scale has typically been used in health related research as a measure of spiritual well-being in patients or the chronically ill (e.g., Fernsler, Klemm, & Miller, 1999; Finkelstein, West, Gobin, Finkelstein, & Wuerth, 2007; McCain et al., 2008). Research has found that those dealing with a major life stressor (e.g., dialysis, poor mental health, bereavement) with higher levels of spiritual well-being experience better quality of life (Finkelstein et al., 2007), better mental and physical health outcomes (Ming, Simpson, Koenan, Kremen, & Lyons, 2007), report fewer physical symptoms (Fernsler, Klemm, & Miller, 1999) and more optimism (Minton, Hertzog, Barron, French, & Reiter-Palmon, 2009). Additionally, as adjustment to a loss occurs, existential well-being increases (Tacon, 2011). An attractive feature of the Spiritual Well-Being Scale is the opportunity provided by its distinctive subscales. That is, though the religious well-being subscale may be limited in applicability to religious individuals, the existential well-being subscale theoretically allows for the measurement of spiritual well-

being in a non-religious population.

Religious Coping and Bereavement

Religious coping as expressed in various faith traditions has long been believed to influence adjustment in bereavement (Glick, Weiss, & Parkes, 1974; Parrinder, 1983; Spilka, Hood, & Gorsuch, 1985). More recently, an extensive literature amassed largely over the past fifty years reveals that religion provides a number of benefits for bereaved individuals (e.g., McIntosh, Silver, & Wortman, 1993; Frantz, Trolley, & Jhll, 1996; Ross & Pollio, 1991; Smith, 2002). However, the influence of religious coping has often been assessed merely by single-item questions of religious behaviors (i.e., religious affiliation, church attendance, frequency of prayer, self-rated religiousness) (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006; Pargament, 1997). This has led psychological researchers to call for a richer, multidimensional measurement of religious coping by which to demonstrate the connection between religious coping and bereavement outcomes (Pargament, 1997; Pargament, Koenig, & Perez, 2000; Stroebe, 2004). In response, researchers have worked to develop and validate measures that are able to more accurately assess the use of religious coping generally and specifically during the grief process (Pargament et al., 2000; Pargament, Koenig, Tarakeshwar, & Hahn, 2004). However, little research has yet been conducted using these validated measures of religious coping with bereaved emerging adults.

Researchers have recently turned their focus to the role of religion in coping with a traumatic death. Individuals have found religion and spirituality important following the experience of a traumatic loss (Chapple, Swift, & Ziebland, 2011). Additionally, the type of religious coping used following a traumatic or stressful event can influence psychological

adjustment and posttraumatic growth (Ano & Vasconcelles, 2005; Wortmann & Park, 2009; Tedeschi & Calhoun, 2004). Specifically, positive religious coping (in contrast to negative religious coping) has been affiliated with improved outcomes following a loss (Anderson, Marwit, Vandenberg, & Chibnall, 2005). There is uncertainty, however, whether the religious belief itself or the process of the religious coping is of more importance (Marrone, 1999). That is, the ability to find meaning in the loss may be more useful than the specific religious content used to create that meaning (Marrone, 1999). For example, Leming and Dickinson (1994) suggest that those who hold a secular or temporal orientation cope with death in ways similar to those who take comfort in religious interpretations of the death. The security, comfort, and meaning found through coping seem to be of more importance than the specific beliefs held by the individual. Furthermore, based on the type of religious coping used, there is potential for harm (Thompson & Vardaman, 1997; Pargament, Ano, & Wachholtz, 2005). That is, some types of religious coping are likely associated with poorer outcomes among the bereaved (Pargament et al., 2004).

Research on religious coping in bereavement rarely focuses on the non-religious bereaved, which Stroebe (2004) identifies as problematic. While certain components of religious coping (e.g., belief in the afterlife) might be inherently religious, Stroebe (2004) argues that other components (e.g., continued attachment) are not. Research has provided numerous examples of secular ways that bonds between the bereaved and the deceased might be maintained (Benore & Park, 2004; Klass & Walter, 2001). As secular beliefs may function in similar adaptive or maladaptive ways as religious beliefs, being able to distinguish them from one another in coping research is important. In order to circumvent this issue, Stroebe (2004) suggests that researchers

make use of Pargament et al.'s (2000) measure of religious coping (i.e., RCOPE). An additional benefit of this measure is that it allows for the possibility that religious coping may lead to worse outcomes. While the majority of research only focuses on the positive aspects of religious coping (Stroebe, 2004), the negative religious coping subscale of the RCOPE takes into account that the religious coping processes may potentially be harmful (Pargament et al., 2000).

The RCOPE and Bereavement Research

Pargament and colleagues began studying various religious coping methods in dealing with major life stressors in order to assess the influence of religious coping on adjustment and health processes through a multidimensional process measure of religious coping (Pargament et al., 1998). They then used exploratory and confirmatory factor analyses to organize the religious coping techniques and discovered two factors. They identified these factors as two subtypes of religious coping patterns: positive and negative religious coping. Their findings generalized across three separate samples of people with various life stressors. As the researchers predicted, participants in their samples made greater use of positive than negative religious coping methods. Pargament et al. (1998) also found that the positive and negative religious coping patterns were associated with different outcomes. For example, positive religious coping was seen to correlate with fewer symptoms of psychological distress and reports of psychological and spiritual growth following the stressor. Conversely, negative religious coping was linked to emotional distress, such as depression, poorer quality of life, and psychological symptoms (Pargament et al., 1998).

This publication (Pargament et al., 1998) was quickly followed by the development and initial validation of the RCOPE, a measure of religious coping (Koenig, Pargament, & Nielsen, 1998; Pargament et al., 2000). Pargament et al., (2005) grouped the various religious coping

methods based on their overarching purpose: to find meaning, gain mastery and control, gain comfort and closeness to God, gain intimacy with others and closeness to God, and to achieve a life transformation. Research that has been conducted with the RCOPE has primarily focused on its translation and adaptation for other cultures (Talik, 2011) and validation of the brief form (Brief RCOPE; Pargament, Feuille, & Burdzy, 2011). Though some studies have used the RCOPE or Brief RCOPE with bereaved adolescents or bereaved middle adults (e.g., Goodman & Stone, 2009; Aldridge & Roesch, 2008), none have yet focused on bereaved emerging adults. The RCOPE, as a multidimensional process measure of religious coping, provides a useful tool for measuring religiosity in a more dynamic way than through religious affiliation alone. This follows bereavement and religion/spirituality researchers' recommendations for studying these constructs in a useful and valid way (Stroebe, 2004; Wortmann & Park, 2008). As research is generally lacking on bereavement and religious coping in emerging adults, the use of the RCOPE in the present study will assist in supplementing the limited extant literature.

Statement of the Problem and Hypotheses

Relatively little is known about patterns of grief outcomes following bereavement in emerging adulthood. The present study seeks to expand current literature by examining the influence of type of loss (i.e., violent or nonviolent) and religion/spirituality on emerging adults. Though researchers have begun to examine the roles of religion and spirituality in bereavement, there remains a paucity of research pertaining to emerging adults. Moreover, research in this area is particularly warranted given that emerging adults are considered an at-risk population, especially those who have suffered a violent loss (Hardison et al., 2005). Though the bereaved have traditionally been considered to be at risk for worse outcomes, an alternative possibility from the posttraumatic growth literature suggests that some may experience personal growth following their loss.

The experience of personal growth is often thought to be influenced by religion and spirituality, however this has yet to be studied in bereaved emerging adults. The constructs of religion and spirituality have historically been measured by single, self-report items. The limitations of this approach have been well-documented (e.g., Stroebe, 2004; Miller & Thoresen, 2003; Pargament, 1997). Researchers as a result have called for multidimensional measurement of religious processes (Pargament, 1997; Stroebe, 2004). In addition, Stroebe (2004) suggested that some processes that occur during religious coping might not be unique to religious persons and, therefore, research ought to also focus on the non-religious. Though the research with

regard to religion and religious coping has grown, few studies have focused on the non-religious bereaved. The current study aims to address both of these points through the use of a validated, process measure of religious coping (e.g., RCOPE) in conjunction with both religious and non-religious participants (i.e., Affiliated/Christian and Unaffiliated)

In order to achieve these objectives, the present study aims to perform secondary data analyses on an existing dataset of bereaved emerging adults. Data for religion/spirituality variables were collected on self-reported religious affiliation; the RCOPE (Pargament, Smith, Koenig, & Perez, 1998), a measure of religious coping; and the Spiritual Well-Being Scale (Paloutzian & Ellison, 1982; Ellison, 1983). Data for demographic factors and loss characteristics were collected through open-response and forced choice, self-report items. The RCOPE and Spiritual Well-Being Scale serve to measure religiosity and spirituality and complement the dichotomous grouping variable of religious affiliation. The RCOPE will also allow researchers the ability to perform exploratory analyses to characterize the types of religious coping methods appraised as most helpful among the bereaved emerging adult sample. The religious coping literature suggests that those individuals who make greater use of positive religious coping methods will have better outcomes than those who make more use of negative religious coping methods. Little is known about which specific items are reported to be most helpful.

Thus, the first part of the current study aims to test the impact of type of loss (i.e., violent or nonviolent) and religious affiliation (i.e., Affiliated/Christian or Unaffiliated) on the outcomes of grief intensity and personal growth, as identified by the Hogan Grief Reaction Checklist (HRGC; Hogan et al., 2001), and religious and existential well-being, as measured by the

Spiritual Well-Being Scale (SWBS; Paloutzian & Ellison, 1982; Ellison, 1983). Additionally, the present study will examine the impact of type of loss and positive religious coping on these same outcomes (i.e., grief intensity, personal growth, religious well-being, and existential well-being). The following, specific hypotheses will be tested:

Hypothesis 1 Type of Loss and Religious Affiliation on Grief Intensity

Prediction 1: A main effect for type of loss (i.e., nonviolent vs. violent) on the outcome of grief intensity is expected, such that those who suffered a violent loss will report higher levels of grief intensity than those who suffered a nonviolent loss regardless of religious affiliation.

Prediction 2: A main effect for religious affiliation (i.e., Affiliated/Christians vs. Unaffiliated) on the outcome of grief intensity is also predicted regardless of type of loss, such that those who are religiously affiliated will report lower levels of grief intensity than those who are unaffiliated.

Prediction 3: Moreover, an interaction between the variables of type of loss and religious affiliation is predicted on the dependent measure of grief intensity. Specifically, the buffering effect of religious affiliation on grief intensity will be stronger for those who have suffered a violent loss versus a nonviolent loss.

Rationale: Previous research in both adults and college students has indicated that psychological markers of distress are seen at higher levels in those bereaved due to a violent loss compared with a nonviolent one (Kaltman & Bonanno, 2003; Holland & Neimeyer, 2011). Therefore, I expect a similar pattern for grief intensity in bereaved emerging adults as measured by the Hogan Grief Reaction Checklist (HRGC).

The literature on religion/spirituality and bereavement generally indicates that

religion/spirituality provides positive effects for the bereaved (McIntosh et al., 1993; Frantz et al., 1996; Ross & Pollio, 1991; Smith, 2002). Though there is some question as to whether religious affiliation uniquely plays a role in adjustment to bereavement (Wortmann & Park, 2008), the present study expects to find positive effects. As existing literature regarding the role of religious affiliation for bereavement outcomes is inconclusive, this prediction is based on the broader literature regarding religion's general role in better outcomes for the bereaved.

Furthermore, as those individuals who have suffered a violent loss are more at-risk for intense distress reactions, I predict that this will allow religious affiliation more opportunity to provide a buffering effect from post-loss grief intensity compared with those individuals who suffered a nonviolent loss.

Hypothesis 2 Type of Loss and Religious Affiliation on Personal Growth

Prediction 1: A main effect for religious affiliation (i.e., Affiliated/Christian vs. Unaffiliated) on the outcome of personal growth is expected, such that those who are religiously affiliated will report higher levels of personal growth than those who are unaffiliated.

Prediction 2: There is no main effect predicted for the impact of type of loss on personal growth.

Prediction 3: No prediction is made with regard to an interaction effect of religious affiliation and type of loss on personal growth.

Rationale: Though little is known with regard to the influence of religious affiliation on post-loss outcomes and no research has been conducted in bereavement regarding religious affiliation and personal growth, religiosity is commonly seen to correlate with positive outcomes (e.g., Wortmann & Park, 2008; Barry et al., 2010). Therefore, I expect that religious affiliation

will be associated with more personal growth following a loss.

Though type of loss may be related to the post-loss outcome of personal growth, it is difficult to propose the direction of this relationship. The literature has shown that both positive and/or negative outcomes can occur for the traumatically bereaved. Some individuals experience greater distress post-loss (e.g., Kaltman & Bonanno, 2003; Holland & Neimeyer, 2011), but other researchers have found evidence for personal growth or posttraumatic growth following a violent loss (Tedeschi & Calhoun, 2004; Engelkemeyer & Marwit, 2008; Hogan & Schmidt, 2002). As it is unclear what direction the main effect for type of loss on personal growth in bereaved emerging adults might take, I chose to make no predictions regarding this main effect.

Additionally, though I plan to test for an interaction effect, I chose to make no prediction regarding the interaction of type of loss and religious affiliation on personal growth. As Tedeschi and Calhoun (2004) have proposed, it is possible that those who have suffered a violent loss will experience more distress, which will provide greater opportunity for religious affiliation to promote post-loss growth. On the other hand, it is possible that those who have suffered a violent loss will experience so much distress that they are unable to “make sense” of the loss and achieve personal growth (Currier, Holland, & Neimeyer, 2006). Therefore, though I have chosen to make no specific predictions regarding an interaction effect, it is nevertheless important to examine it in order to add to the extant literature on growth following a loss.

Hypothesis 3 Type of Loss and Positive Religious Coping on Grief Intensity

Prediction 1: As stated in Prediction 1 of Hypothesis 1, a main effect for type of loss (i.e., nonviolent vs. violent) on the outcome of grief intensity is expected, such that those who suffered a nonviolent loss will report lower levels of grief intensity than those who suffered a

violent loss.

Prediction 2: It is predicted that there will be a main effect for positive religious coping on the outcome of grief intensity, such that those who use more positive religious coping will have lower levels of grief intensity than those individuals who use less positive religious coping.

Prediction 3: Moreover, an interaction between the variables of type of loss and positive religious coping on grief intensity is predicted. Specifically, the buffering effect of positive religious coping on grief intensity will be stronger for those who have suffered a violent loss versus a nonviolent loss.

Rationale: The reasoning behind these predictions reflects that of Hypothesis 1. Prior research indicates that psychological distress is seen at higher levels in those bereaved due to a violent loss compared with a nonviolent one (Kaltman & Bonanno, 2003; Holland & Neimeyer, 2011). Therefore, I expect a similar pattern for grief intensity in our sample.

The literature on religion/spirituality and bereavement generally indicates that religion/spirituality provides positive effects for the bereaved (McIntosh et al., 1993; Frantz et al., 1996; Ross & Pollio, 1991; Smith, 2002). Like religious affiliation, the process of religious coping has not been extensively studied in bereavement (n=15 studies; Wortmann & Park, 2008). Unlike religious affiliation, however, religious coping has been more consistently affiliated with positive results following a loss. Positive religious coping, in particular, has been related to less distress when negative religious coping showed no relationship (Anderson et al., 2005; Thompson & Vardaman, 1997). Therefore, it is expected that positive religious coping will be negatively correlated grief intensity.

Furthermore, as those individuals who have suffered a violent loss are more at-risk for

post-loss distress, I predict that this will allow positive religious affiliation more opportunity to provide a buffering effect from post-loss grief intensity compared with those individuals who suffered a nonviolent loss.

Hypothesis 4 Type of Loss and Religious Coping on Personal Growth

Prediction 1: A main effect for positive religious coping on the outcome of personal growth is expected, such that those who report higher levels of positive religious coping will report higher levels of personal growth compared with those who report lower levels of positive religious coping.

Prediction 2: No main effect is predicted for the impact of type of loss on personal growth (see rationale for Prediction 2 of Hypothesis 2).

Prediction 3: An interaction effect between type of loss and positive religious coping on personal growth will be tested, though no specific predictions regarding its direction will be made.

Rationale: Based on the categories of religious coping methods in the RCOPE (i.e., to find meaning, gain mastery and control, gain comfort and closeness to God, gain intimacy with others and closeness to God, and to achieve a life transformation), I expect religious coping to be correlated with personal growth as empirically measured by the HGRC. However, as the relationship between religious coping and personal growth following a loss has yet to be empirically studied in any age range, these predictions are offered tentatively.

As discussed in the rationale for Hypothesis 2, it is possible that type of loss will be associated with post-loss personal growth, but at this point it would be premature to predict the direction of this relationship. This decision was based on the inconsistent claims in the growth

literature available to inform the researchers on type of loss's potential impact on personal growth among bereaved emerging adults (e.g., Tedeschi & Calhoun, 2004; Currier, Holland, & Neimeyer, 2006).

Similarly, the limited literature on how type of loss influences personal growth makes it difficult to provide an informed prediction as to how type of loss would interact with positive religious coping to influence personal growth. The interaction will nevertheless be tested, as analysis of these variables is important to add to the research literature in bereavement, particularly among emerging adults.

Hypothesis 5 Type of Loss and Spiritual Well-Being; Religious Well-Being Subscale

Prediction 1: A main effect for religious affiliation (i.e., Affiliated/Christian vs. Unaffiliated) on the outcome of religious well-being is expected, such that those who are religiously affiliated will report higher levels of religious well-being than those who are religiously unaffiliated.

Prediction 2: No main effect for type of loss (i.e., nonviolent vs. violent) on the outcome of religious well-being is predicted.

Prediction 3: There are no specific predictions regarding the interaction between type of loss and religious affiliation on religious well-being.

Rationale: As religious well-being is largely based on religiosity and belief in God, it follows that those who are religiously affiliated will show higher levels of religious well-being than those who are religiously unaffiliated.

The literature regarding violent loss indicates that those who have suffered a violent loss typically experience poorer post-loss outcomes than those who have lost someone through a

nonviolent manner (Holland & Neimeyer, 2011; Kaltman & Bonanno, 2003). Furthermore, researchers have proposed that religious beliefs may be called into question following a loss (Marrone, 1999). However, in accordance with the posttraumatic growth literature, it may be that violent loss leads to better outcomes if one is able to make meaning of their loss (Tedeschi & Calhoun, 2004). Therefore, though a main effect for type of loss may occur, no specific prediction is made with regard to its direction.

Similar to the outcome of personal growth, religious well-being has not been extensively studied in bereavement, particularly as it relates to type of loss. Therefore, no interaction between type of loss and religious affiliation on the outcome of religious well-being is predicted. However, the interaction analysis will be tested to add to the literature on bereavement and religious well-being, particularly in emerging adults.

Hypothesis 6 Type of Loss and Spiritual Well-Being; Existential Well-Being Subscale

The Existential Well-Being subscale of the Spiritual Well-Being scale complements the Religious Well-Being subscale, therefore my predictions for Hypothesis 6 generally reflect those of Hypothesis 5. Consequently, though it is possible that a main effect for type of loss on existential well-being will occur, no specific prediction is made regarding its direction. Additionally, though I will test for an interaction effect of type of loss and religious affiliation on the outcome of existential well-being, no specific prediction is made regarding this potential interaction. The distinction between my predictions for Hypothesis 5 and the present hypothesis lies in the impact of religious affiliation on existential well-being. Whereas in Hypothesis 5 I predicted that religious affiliation would have an impact on spiritual well-being, in the present hypothesis I predict that religious affiliation will not be associated with existential well-being.

Rationale: Similar to religious well-being and personal growth, the literature regarding the impact of violent loss has shown mixed results (Currier, Holland & Neimeyer, 2006; Tedeschi & Calhoun, 2004). As existential well-being is based on life purpose and meaning, I expect that this construct may function similarly to the outcome of personal growth. Therefore, though a main effect for type of loss on existential well-being may occur, no specific prediction is made with regard to its direction.

As the existential well-being construct was designed to be separate from any specific religious reference, I propose that it therefore ought to be unrelated to religious affiliation. (Paloutzian & Ellison, 1982). Existential well-being is predicted to not be impacted by religious affiliation as it theoretically attempts to measure spiritual well-being in distinct from religion. Moreover, no interaction between type of loss and religious affiliation on existential well-being is predicted as the research on the impact of type of loss on positive outcomes, such as existential well-being, is inconclusive (Currier, Holland & Neimeyer, 2006; Tedeschi & Calhoun, 2004).

Exploratory Analyses

As little research has aimed to more fully characterize the process of religious coping in bereaved emerging adults, the latter portion of the current study is largely exploratory. A second goal of the present study is to provide a descriptive analysis of bereaved emerging adults based on religious affiliation and type of loss experienced. More specifically, this descriptive analysis will look at demographic characteristics and features of the loss, (e.g., “What was your relationship to the lost figure?”). As the extant literature in bereaved emerging adults is silent with regard to religious coping, the descriptive portion of the study will also include investigating the methods of religious coping endorsed most frequently and appraised as most

helpful based on religious affiliation and type of loss.

Method

Participants

The initial sample consisted of 1155 undergraduate students from a large, urban, public university in the southeastern United States. Students participated for research credit or extra credit in undergraduate psychology courses. Students eligible for participation in the study were at least 18 years of age and were asked to participate only if they had experienced a loss of someone close to them within the last two years. Based on Arnett's (2000) general age guidelines for emerging adulthood, participants between the ages of 18-25 were included in the data analyses. These exclusion criteria resulted in a sample size of $n=860$.

Researchers coded the answers to the open-response item regarding religious affiliation and categorized participants into the following groups suggested by the U.S. Religious Landscape Survey (Pew Forum, 2007): Christian, Jewish, Muslim, Other, and Unaffiliated. Christians, at 66.7% of the sample ($n=574$), made up the largest group of religiously affiliated participants. The Unaffiliated, at 20.2% of the sample ($n=174$), made up the second largest group and consisted of those who designated themselves as "Atheist," "Agnostic," "None," or "Not Applicable." The remaining participants (Jewish 0.8%, $n=7$; Muslim 4.4%, $n=38$; Other 7.8%, $n=67$) were removed from the analyses due to small sample size. For the present study, "Christians" represent the religiously affiliated group while "Unaffiliated" represent the religiously unaffiliated group.

The responses for a forced choice question regarding the circumstances of the death (i.e., accident, illness, homicide, suicide, military casualty) were coded into either “nonviolent” or “violent” following the example of prior research (i.e., Kaltman & Bonanno, 2003; Currier, Holland, & Neimeyer, 2006) for the current study’s “type of loss” variable. This resulted in a final sample of 748 participants (Ages 18-25, $M = 19.17$ years, $SD = 1.46$ years; Time since loss 0-24 months, $M = 11.87$ months, $SD = 7.70$ months; 62.6% female; 76.7% Affiliated/Christian, 23.3% Unaffiliated; Nonviolent loss 65.6%, Violent loss 34.4%; 59.2% Caucasian, 22.1% Black American, 5.6% Hispanic, 5.5% Asian, 7.7% other). This large number of bereaved participants was necessary in order to meet statistical power requirements for the analyses, particularly for the unaffiliated group. The final sample consisted of 174 religiously unaffiliated (116 who suffered a nonviolent loss and 58 who suffered a violent loss) and 574 religiously affiliated (375 who suffered a nonviolent loss and 199 who suffered a violent loss).

Measures

Demographic Questionnaire. (Appendix A)

Participants completed a survey of general demographic information including age, gender, class rank, marital status, religious affiliation, and ethnicity.

Characteristics of Loss. (Appendix B)

Participants completed a brief survey regarding the circumstances of their loss and their relationship with the deceased. These questions asked participants about their relationship to the deceased, the time elapsed since the loss occurred, the circumstances of the death (accident, illness, homicide, suicide, or military casualty), the expectedness of the loss, how much sense has been made since the loss occurred, benefit found from the loss, and degree of identity change

as a result of the loss.

RCOPE. (Koenig, Pargament, & Nielsen, 1998; Pargament, Koenig, & Perez, 2000).
(Appendix C)

The RCOPE is a multifactor scale that was developed to assess the range of religious coping methods, including both helpful and harmful techniques (Pargament et al., 2000). It was partly designed in response to the more commonly used global indicators of religiousness (e.g., frequency of prayer, church attendance), which Pargament et al. (2000) thought did not capture the functional roles of religion in coping. Therefore, the goal underlying the development of the RCOPE was to create a measure that was grounded theoretically in a functional view of religion's role in coping. For example, they focused on measuring how an individual makes use of religion to deal with life stressors rather than which components of religion were used. Religious coping methods were placed into one of five categories of important religious functions as identified by Pargament et al., including "meaning, control, comfort/spirituality, intimacy/spirituality, and life transformation" (2000, p. 521). Items were then generated to fit into each of the twenty-one subscales of religious coping methods.

The initial RCOPE was validated on a sample of college students (N=540) and was analyzed further in a hospital sample of elderly patients (N=551). Following an exploratory factor analysis on the college sample, 17 factors were identified which accounted for 62.7% of the variance in the model. Good internal consistency among the 17 subscales was demonstrated (Cronbach's alpha 0.61-0.94). A shorter version of the RCOPE (3 items on each subscale) was used with the hospital sample, which also resulted in good internal consistency. All but three subscales reached an alpha of 0.65 or higher and seven of the subscales were at 0.80 or higher.

A confirmatory factor analysis on the shortened version of the RCOPE with the hospital sample revealed 14 factors with acceptable fit. The 17 factor model, however, was able to distinguish between the two samples through a t-test (Pargament et al., 2000). In the college student sample, the positive religious coping scales were consistently positively correlated with stress-related growth and religious outcomes. Some of the negative religious coping scales were found to positively correlate with stress-related growth and religious outcomes and some were negatively correlated with physical health. The current study used a shortened version of the RCOPE in data collection, validated by Pargament et al. (2004). This 65-item version is comprised of 21 subscales, each with three items. It has been shown to cluster into two factors: positive religious coping and negative religious coping.

Hogan Grief Reaction Checklist. (Hogan, Greenfield, & Schmidt, 2001). (Appendix D)

The Hogan Grief Reaction Checklist (HGRC) is a 61-item self-report measure designed to measure the many dimensions of the bereavement process. This scale was developed as a response to the lack of psychometrically sound instruments available for studying the process of bereavement. Items were empirically generated through a content analysis of qualitative data obtained from interviews and anecdotal data of bereaved adults. This analysis resulted in six theoretical categories, which make up the measure's subscales: Despair, Panic Behavior, Blame and Anger, Disorganization, Detachment, and Personal Growth. The Despair scale is made up of 13 items and measures "separation stress" or the "emotional component of grief characterized by feelings of hopelessness, sadness, and missing the loved one," (p.17). The Panic Behavior scale is made up of 14 items and measures physiological symptoms associated with fear and other somatic symptoms. The Blame and Anger scale assesses emotions such as bitterness, hostility,

and vengeful feelings and is made up of seven items. The Disorganization scale is comprised of seven items and describes cognitive difficulties such as concentration, acquisition of new information, and memory. The Detachment scale measures avoidance behaviors with regards identity and others and is made up of eight items. The Personal Growth scale is made up of 12 items and measures spiritual and existential awareness. This includes “a sense of becoming more forgiving, caring, compassionate, hopeful, and tolerant of self and others,” (p.17). Items are declarative statements of grief reactions and responses are measured on a five-point Likert scale (1 = Does not describe me at all, 5 = Describes me very well). Scores are computed by summing the responses on each scale. Research has demonstrated that the five grief scales of the HGRC (Despair, Panic Behavior, Blame and Anger, Disorganization, and Detachment) can be combined reliably into a unitary measure of grief intensity (Gamino et al., 2000). The Personal Growth scale, on the other hand, negatively correlates with the other five scales, which does not allow a total HGRC score to be computed. Thus, the Personal Growth scale is reliably connected to the summed grief intensity score and is used as a separate scale in grief research (Hogan & Schmidt, 2002). The current study makes use of the grief intensity score as an outcome measure for analysis. The personal growth subscale will be analyzed as a separate outcome measure in the present study.

Hogan et al. (2001) performed an exploratory factor analysis on data from 586 bereaved adults. This resulted in six factors with Eigenvalues greater than 1.0, which “closely resembled the hypothesized theoretical categories,” (p. 8-10). They found internal consistency among the six scales with alphas ranging from 0.79 to 0.90 and an alpha of 0.90 for the total instrument. An analysis of the test-retest reliability over an interval of four weeks with a group of 47

undergraduate nursing students who had experienced the death of a loved one supported the temporal stability of the HGRC. A confirmatory factor analysis with a sample of 209 bereaved parents was used to assess the measure's construct validity. Although the initial model did not achieve an acceptable fit due to the non-normal distribution, once the data were transformed to more closely resemble a normal distribution, acceptable model fit was achieved: $\chi^2 (155, N=209) = 313.26, p < 0.01$, SRMR 0.05, and CFI=0.94. The HGRC was also compared the measure to the Texas Revised Inventory of Grief (TRIG; Faschingbauer, 1981), the Impact of Event Scale, (IES; Horowitz et al., 1979), and the Grief Experience Inventory (GEI; Sanders, Mauger, & Strong, 1985) in order to test the convergent and discriminant validity. Results showed that the HGRC subscales correlated with the appropriate subscales from the TRIG, IES, and GEI. All grief intensity subscales positively correlated with the subscales of the other measures. The HGRC Personal Growth scale negatively correlated with all other subscales. Gamino et al. (2000) also provided concurrent validity for the HGRC with its comparison to the accepted standard measure in the field, the Grief Experience Inventory, suggesting the "HGRC has solid psychometric properties," (p. 651).

Spiritual Well-Being Scale. (Paloutzian & Ellison, 1982; Ellison, 1983). (Appendix E)

The Spiritual Well-Being Scale (SWBS) is a 20-item scale developed to assess the expression of spiritual health as comprised of religious and existential well-being. It was created to address the lack of measures that might focus on the religious experience as a component of well-being. Ellison (1983) borrowed from the National Interfaith Coalition on Aging's suggested definition of spiritual well-being as "the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness," in order to better

conceptualize and operationalize the construct (National Interfaith Coalition on Aging, 1975, p.1). Following Moberg and Brusek's (1978) suggestion that spiritual well-being is made up of two dimensions, Paloutzian and Ellison (1982) created the scale to contain two, 10-item subscales: religious well-being (RWB) and existential well-being (EWB). Religious well-being is the "vertical dimension," which represents "one's sense of well-being in relationship to God," (Paloutzian & Ellison, 1982, p. 231). Each of the items in the RWB scale makes a direct reference to God. Existential well-being measures one's "perception of life's purpose and satisfaction apart from any specifically religious reference," and do not reference God (Paloutzian & Ellison, 1982, p.231). The items are declarative statements, with half of the items from each subscale worded positively and the other half, negatively. Items are rated on a 6-point Likert scale (1 = *Strongly Disagree*, 6 = *Strongly Agree*). Negatively worded items are reverse coded and scores can then be summed into the individual subscales or combined to make an overall spiritual well-being score. Higher scores are representative of a greater sense of well-being.

In a review of 35 instruments measuring spirituality in clinical research, the Spiritual Well-Being Scale was one of only three scales to achieve a "perfect score of 6 out of 6" on a quality score assessing its comprehensiveness in development and validation process (Monod, Brennan, Rochat, Martin, Rochat, Bula, 2011). Paloutzian and Ellison (1982) reported test-retest reliability coefficients of 0.93 (SWB), 0.96 (RWB), and 0.86 (EWB). Internal consistency measured by Cronbach's alpha were 0.89 (SWB), 0.87 (RWB), and 0.78 (EWB). Construct validity was demonstrated as the SWB, RWB, and EWB scales each correlated positively with the Purpose in Life Test (Crumbaugh & Maholick, 1969). More

recent research has supported the internal consistency findings of Paloutzian and Ellison (1982) (Hammermeister and Peterson, 2001). Genia (2001) supported the two-factor structure of the scale through an exploratory factor analysis on a religiously diverse student sample. This study also demonstrated convergent validity for the RWB and EWB scales. They found RWB to positively correlate with intrinsic faith, fundamentalism, and worship attendance. Self-esteem was found to positively correlate with EWB, while depression negatively correlated with EWB. The current study will use the separate subscale scores (EWB and RWB) for analysis.

Procedure

Students completed the survey packet in its entirety through the online SONA research systems program. The SONA research systems program is a secure and confidential online data collection interface, which allows students to view and schedule participation in research studies being conducted on campus. The students who chose to participate in the current study first viewed a brief introduction including the nature of the study, the topics of the questions to be answered, and a statement of consent informing the participants that all participation is voluntary and may be discontinued at any time. Due to the sensitive and emotional nature of the topic to be addressed, participants were also provided with referral information for the University Counseling Center in the event that reminders of a recent loss resulted in emotional distress for the participant. Upon completion of the survey packet, participants were debriefed online and provided with information regarding the university's counseling services for a second time. Course credit for participation in the study was rewarded upon completion of the survey packet as appropriate.

Data Analyses

The current study aims to examine the influence of religious coping, type of loss, and religious affiliation on bereaved emerging adults. The hypothesis-testing portion of the study will be investigated using Hierarchical Multiple Regression (HMR). This statistical technique allows for the independent variables to be entered into the model in a specified order. This enables each independent variable to be evaluated independently regarding its unique prediction of the dependent variable at its point of entry into the model. Moreover, HMR will allow the test of moderation models using the criteria proposed by Baron and Kenny (1986). According to Baron and Kenny, a significant moderating effect is indicated by a significant interaction term between two or more of the independent variables after its entry into the model.

Results

Descriptive Statistics

Demographic data and outcome variables.

Descriptive statistics were calculated for all continuous variables analyzed in the current study. The continuous demographic variables include age and time since the loss (reported in months). The continuous outcome variables include spiritual well-being, religious well-being, existential well-being, grief intensity, personal growth, positive religious coping, and negative religious coping. Descriptive data is reported in Table 1 below.

The age of participants ranged from 18 to 25 with a mean of 19.2 years based on the inclusion criteria chosen for the study sample. Age was the only analyzed variable that was skewed or kurtotic. Time since loss ranged from 0 to 24 months, with a mean of 11.9 months. A recent loss (within 2 years or less) was a requirement for study participation, which capped this variable at 24 months, yet a normal distribution still resulted.

Table 1

Descriptive statistics

Variable	Min.	Max.	Mean	SD	SE	Skewness	Kurtosis
Age	18	25	19.2	1.5	0.05	1.5	2.3
Time since loss (in months)	0	24	11.9	7.7	0.28	0.2	-1.2
Spiritual Well-being	29	120	84.0	18.7	0.69	-0.1	-0.6
Religious Well-being	10	60	39.1	14.0	0.51	-0.4	-0.7
Existential Well-being	11	60	44.9	7.9	0.29	-0.3	0.0
HGRC Grief	44	191	78.8	29.3	1.07	1.0	0.6
HGRC Growth	12	60	37.6	9.3	0.34	-0.2	-0.2
Positive Religious Coping	0	126	45.7	27.8	1.02	0.2	-0.8
Negative Religious Coping	0	63	12.3	10.5	0.38	1.2	1.4

Note: Calculations are based on full sample (N=748). There were no missing data present for the frequencies above.

Frequencies

Demographic data.

Frequencies were calculated for each of the categorical demographic variables gathered in this study. Frequencies are presented in the form of percentages calculated from the final sample size (N=748) included in the analyses. These variables included gender, ethnicity, class rank, marital status, socioeconomic status, and religious affiliation. These frequency data are presented in Table 2 below.

As seen in Table 2, the present study's sample is predominantly female (females n=468, males n=280). The majority of the sample identifies as Caucasian (59.2%), though a large portion of individuals identify as Black American (22.1%) or as a race other than Caucasian or Black American ("Other"; 18.7%). The sample is skewed with regard to class rank as it is mostly comprised of freshmen and sophomore students. The majority of sampled individuals report being single (77.8%) and coming from a middle or high-middle class socioeconomic background (66.3%; \$50,000-\$150,000 per year combined household income). A majority of participants

Table 2

Frequencies and percentages for demographic variables

Variable	Frequency	Percentage
Gender		
Male	280	37.4
Female	468	62.6
Ethnicity		
Caucasian	443	59.2
Black American	165	22.1
Other	140	18.7
Class Rank		
Freshman	449	60.0
Sophomore	151	20.2
Junior	81	10.8
Senior	62	8.3
Graduate	2	0.3
Other	3	0.4
Marital Status		
Single	582	77.8
Married	148	19.8
Divorced/Separated	13	1.7
Long-Term	3	0.4
Living Together	2	0.3
Socioeconomic Status		
Low	67	9.0
Low-Middle	114	15.2
Middle	296	39.6
High-Middle	200	26.7
High	71	9.5
Religious Affiliation		
Affiliated (Christian)	574	76.7
Unaffiliated	174	23.3

Note: Calculation of percentages are based on the sample of N=748. There were no missing data present for the frequencies above.

reported a Christian religious affiliation (76.7%), with the remaining participants in the present study sample identifying as unaffiliated with a religion (23.3%).

Loss characteristics.

In order to better characterize loss in emerging adulthood students, descriptive analyses were performed to look at outcomes based on loss characteristics. Therefore, frequencies were calculated for various characteristics of the loss based on items developed for the study by the researchers. These included the circumstance of the loss, the participants' relationship to the deceased, the extent to which the loved one's death was sudden or unexpected, sense that has been made of the loss, degree of benefit found from the loss experience, sense of identity change resulting from the loss, and the extent to which the identity change was positive or negative. Table 3 below summarizes the frequency data for these variables.

In summary, Table 3 indicates that the majority of losses occurred as the result of an illness (65.6%) with accident (22.5%) making up the second largest circumstance of loss. The remainder of participants reported the loss occurring as a result of suicide (6.3%) or homicide (5.6%). The item on expectedness of the loss revealed that the majority of participants found the loss to be very unexpected (32.5%) or expected (30.7%). The remainder characterized the loss as unexpected (23.3%) or very expected (13.5%). Few participants (9.2%) felt that no sense had been made of the loss by the time of the study, with the majority made up of those who felt some sense had been made (38.2%). The remaining participants felt that little sense (22.7%) or a good deal of sense (29.8%) had been made. The majority of participants reported some benefit (34.1%) from the loss, with no benefit (30.3%) and little benefit (29.5%) making up the next largest categories. Only a small percentage of participants (6.0%) reported experiencing great benefit following their loss. Most participants reported feeling a little different (44.8%) following the loss with the fewest reported feeling very different (6.7%). About a quarter of participants

(25.9%) reported feeling somewhat different following the loss with 22.6% reporting no difference. The greatest percentage of participants reported that this change was positive

Table 3

<i>Frequencies and percentages for characteristics of the loss</i>		
Variable	Frequency	Percentage
Circumstance		
Suicide	47	6.3
Homicide	42	5.6
Accident	168	22.5
Illness	491	65.6
Expectedness		
Very Expected	101	13.5
Expected	230	30.7
Unexpected	174	23.3
Very Unexpected	243	32.5
Sense		
No sense	69	9.2
Little sense	170	22.7
Some sense	286	38.2
A good deal of sense	223	29.8
Benefit		
No benefit	227	30.3
Little benefit	221	29.5
Some benefit	255	34.1
Great benefit	45	6.0
Identity Change (Degree)		
No different	169	22.6
A little different	335	44.8
Somewhat different	194	25.9
Very different	50	6.7
Identity Change (+/-)		
Very negative	20	2.7
Negative	205	27.4
Positive	480	64.2
Very positive	43	5.7

Note: All percentage values are calculated based on the full sample (N=748). There were no missing data present for the frequencies above.

(64.2%). Some (27.4%) felt this change was negative. Few felt that the change was very positive (5.7%) or very negative (2.7%).

With regard to the relationship to the lost figure, the majority of participants reported losing an extended family member (57.6%) or friend (29.9%). The remaining participants reported having lost a nuclear family member (4.9%), spouse (1.5%), or classified the relationship to the lost figure as “Other” (6.0%).

Loss characteristics by type of loss and religious affiliation.

Frequencies were then calculated for the characteristics of the loss categorized by the primary dichotomous predictor variables used in the study: type of loss and religious affiliation. Table 4 and Table 5 in Appendix G show frequencies for loss characteristics split by type of loss and religious affiliation, respectively. Table 6 below summarizes the frequency data for the loss characteristics split by both type of loss (i.e., nonviolent, violent) and religious affiliation (i.e., Affiliated/Christian vs. Unaffiliated).

A notable result is revealed with the relationship category broken down by type of loss in the emerging adult sample. As is most clearly seen in Table 4 in Appendix G, the largest category for relationship among the nonviolent losses is “extended family” with “friend” as second most reported (77.0% and 12.0% of nonviolent losses, respectively), whereas the largest relationship category for violent losses is “friend” with “extended family” as second most reported (64.2% and 20.6% of violent losses, respectively).

For the remainder of the loss characteristics (i.e., “expectedness,” “sense,” “benefit,” “identity change” (degree), and “identity change +/-” (positive or negative), each was recoded into a dichotomous category (displayed in Table 6) and Pearson chi-square analyses were run to

determine whether differences in the sample based on type of loss crossed with religious affiliation were significant. For “expectedness” of the loss, the chi square analysis reveals significant differences for the Affiliated/Christians ($\chi^2(1)=117.97$, $p<0.001$, $\phi=0.45$) by type of loss, which shows a moderate association, and Unaffiliated ($\chi^2(1)=47.11$, $p<0.001$, $\phi=0.52$) by type of loss, which shows a high association. Those who suffered a nonviolent loss reported more “expectedness” of the loss compared with those who suffered a violent loss. For “sense made” of the loss, significant differences for the Affiliated/Christians ($\chi^2(1)=59.35$, $p<0.001$, $\phi=0.32$) by type of loss and Unaffiliated ($\chi^2(1)=26.55$, $p<0.001$, $\phi=-0.39$) by type of loss were also seen, both which show moderate associations. Hence, both the Affiliated and Unaffiliated who suffered a nonviolent loss reported more “sense made” of the loss relative to those who suffered a violent loss. For degree of “identity change,” a significant difference for the affiliated ($\chi^2(1)=6.07$, $p=0.015$, $\phi=0.10$) by type of loss is also revealed, although this is a low association. Thus, the Affiliated/Christians more frequently reported “no to a little different” than “somewhat to very different” with respect to identity change. It was more likely, however, for those who suffered a nonviolent loss to report “no to a little identity change” than for those who suffered a violent loss within the Affiliated. No other significant differences were revealed by the Pearson’s chi square analyses.

Table 6

Frequencies and percentages for loss characteristics based on type of loss by religious affiliation

Loss Characteristic Variable	% of Nonviolent Losses			% of Nonviolent Losses			% of Violent Losses			% of Violent Losses		
	Frequency	% of Affiliated	% of Unaffiliated	Frequency	% of Affiliated	% of Unaffiliated	Frequency	% of Affiliated	% of Unaffiliated	Frequency	% of Affiliated	% of Unaffiliated
Relationship												
Friend	49	10.0%	13.1%	10	2.0%	8.6%	125	48.6%	62.8%	40	15.6%	69.0%
Nuclear Family	13	2.6%	3.5%	6	1.2%	5.2%	15	5.8%	7.5%	3	1.2%	5.2%
Extended Family	285	58.0%	76.0%	93	18.9%	80.2%	43	16.7%	21.6%	10	3.9%	17.2%
Spouse	2	0.4%	0.5%	0	0.0%	0.0%	7	2.7%	3.5%	2	0.8%	3.4%
Other	26	5.3%	6.9%	7	1.4%	6.0%	9	3.5%	4.5%	3	1.2%	5.2%
Expectedness												
Expected/Very Expected	222	45.2%	59.2%	78	15.9%	67.2%	24	9.3%	12.1%	7	2.7%	12.1%
Unexpected/Very Unexpected	153	31.2%	40.8%	38	7.7%	32.8%	175	68.1%	87.9%	51	19.8%	87.9%
Sense												
No sense/Little sense	81	16.5%	21.6%	20	4.1%	17.2%	106	41.2%	53.3%	32	12.5%	55.2%
Some sense/A good deal of sense	294	59.9%	78.4%	96	19.6%	82.8%	93	36.2%	46.7%	26	10.1%	44.8%
Benefit												
No benefit/Little benefit	217	44.2%	57.9%	70	14.3%	60.3%	126	49.0%	63.3%	35	13.6%	60.3%
Some benefit/Great benefit	158	32.2%	42.1%	46	9.4%	39.7%	73	28.4%	36.7%	23	8.9%	39.7%
Identity Change												
No different/A little different	266	54.2%	70.9%	81	16.5%	69.8%	121	47.1%	60.8%	36	14.0%	62.1%
Somewhat different/Very different	109	22.2%	29.1%	35	7.1%	30.2%	78	30.4%	39.2%	22	8.6%	37.9%
Identity Change (+/-)												
Negative/Very negative	108	22.0%	28.8%	33	6.7%	28.4%	61	23.7%	30.7%	23	8.9%	39.7%
Positive/Very positive	267	54.4%	71.2%	83	16.9%	71.6%	138	53.7%	69.3%	35	13.6%	60.3%

Note: All percentages are calculated based on respective sample sizes of the designated category. There were no missing data present for the frequencies above.

Coping strategies.

After completing the RCOPE, participants were asked to reflect on and report which specific religious coping strategy (operationalized as questions on the RCOPE) they found to be most helpful in coping with their loss. To remain consistent with the framework and outlined procedures of Lord and Gramling (2012), who reexamined the RCOPE's applicability to bereaved emerging adults, frequencies were calculated for each of 21 subscales of the RCOPE and are summarized in Table 3 below. These frequencies were summed into whether they were a positive or negative religious coping strategy according to Pargament et al. (2004) and are presented in Table 7 below. Please refer to Appendix C for items from the subscales listed in Table 7.

Table 7 shows that participants were more likely to report choosing a positive religious coping strategy (68.0%) as most helpful in dealing with their loss rather than a negative religious coping strategy (28.1%). The most commonly reported religious coping strategies were Self-Directing Religious Coping (negative religious coping; 13.5%), Seeking Spiritual Support (positive religious coping; 12.3%), and Benevolent Religious Reappraisal (positive religious coping; 11.8%). Thus, the coping strategy reported as most helpful in the overall sample is considered a negative religious coping strategy based on the classification developed by Pargament et al. (2004).

Table 7

Frequencies and percentages most helpful coping strategies reported

Coping Strategy †	Frequency	Percentage
RCOPE Subscales		
Self-Directing Religious Coping*	101	13.5%
Seeking Spiritual Support	92	12.3%
Benevolent Religious Reappraisal	88	11.8%
Religious Forgiving	59	7.9%
Religious Helping	58	7.8%
Seeking Spiritual Connection	54	7.2%
Active Religious Surrender	53	7.1%
Pleading for Direct Intercession*	38	5.1%
Reappraisal of God's Powers*	31	4.1%
Collaborative Religious Coping	29	3.9%
Seeking Religious Direction	24	3.2%
Religious Conversion	21	2.8%
Marking Religious Boundaries*	12	1.6%
Interpersonal Religious Discontent*	12	1.6%
Religious Purification	11	1.5%
Religious Focus	10	1.3%
Seeking Support from Clergy	10	1.3%
Passive Religious Deferral*	7	0.9%
Punishing God Reappraisal*	4	0.5%
Spiritual Discontent*	4	0.5%
Demonic Reappraisal*	1	0.1%
Type of Coping		
Positive Religious Coping	509	68.0%
Negative Religious Coping	210	28.1%
Missing Values	29	3.9%

Note: 29 participants (3.9%) failed to answer this question, resulting in 29 missing values for the above sets of frequencies †Subscales are ordered from highest to lowest reported frequency *Subscales that load onto the negative religious coping factor

Hypotheses 1–6: Hierarchical Regression Analyses**Evaluation of Assumptions.**

Assumptions were checked according to the criteria checklist for sequential (hierarchical) regression analysis provided by Tabachnick and Fidell (2007). The hypothesis-testing portion of

the current study includes between two and four predictors for each regression analysis. With 748 participants, the cases-to-IVs ratio is substantial. With regard to outliers, there were some univariate outliers for age ($n=8$), although these cases were retained based on chosen theory during study development. There were a few univariate outliers for class rank ($n=3$), marital status ($n=6$), though these are to be expected based on the large sample size (Tabachnick & Fidell, 2007). There were no other univariate outliers for predictor or outcome variables. With the use of a $p<0.001$ criterion for Mahalanobis distance, no multivariate outliers among the cases were identified. For the evaluation of variable normality in a large sample, Tabachnick & Fidell (2007) suggest considering the size of the skewness or kurtosis value and the visual appearance of the distribution, rather than the significance of the deviation. This is due to the fact that tests for normality are often unnecessarily sensitive in large samples (e.g., $N>200$). Based on the visual plots and small degree of skewness and kurtosis in the study variables, it was decided that no transformation of variables was necessary. No cases had missing data, so all hierarchical multiple regression analyses made use of the final sample ($N=748$).

Bivariate correlations.

Bivariate correlations were calculated in order to determine which descriptive characteristics were significantly correlated to the outcome variables in order to control for them in the hierarchical regression analyses. Table 8 below summarizes the correlations between these variables. Gender was significantly correlated with religious well-being ($r(748)=0.20$, $p<0.01$) existential well-being ($r(748)=0.09$, $p<0.05$), and growth ($r(748)=0.08$, $p<0.05$). Ethnicity was significantly correlated with religious well-being ($r(748)=0.19$, $p<0.05$). Age and time since the loss did not significantly correlate with any of the outcome variables.

Table 8

Bivariate correlations among study variables and descriptive statistics

Variable	1	2	3	4	5	6	7	8	9	10	11
1 Gender	-										
2 Age	0.00	-									
3 Ethnicity	0.09*	-0.01	-								
4 Time	-0.12	0.03	0.02	-							
5 Religious Affiliation	0.12**	0.01	0.12**	-0.06	-						
6 Positive Religious Coping (PRC)	0.19**	0.01	0.16**	-0.06	0.53**	-					
7 Type of Loss	0.01	0.06	-0.06	-0.00	0.01	0.03	-				
8 Religious Well-being (RWB)	0.20**	0.02	0.19**	-0.06	0.62**	0.71**	-0.03	-			
9 Existential Well-being (EWB)	0.09*	-0.01	0.01	-0.00	0.19**	0.22**	-0.03	0.42**	-		
10 HGRC Grief	0.06	-0.03	0.01	-0.06	-0.02	0.13**	0.06	-0.20**	-0.47**	-	
11 HGRC Growth	0.08*	-0.03	0.03	0.02	0.12**	0.34**	0.05	0.25**	0.37**	0.01	-
Mean	0.63	19.17	0.6	11.87	0.77	45.66	0.34	39.08	44.92	78.77	37.74
SD	0.48	1.46	0.79	7.70	0.42	27.83	0.48	13.97	7.95	29.30	9.31
Internal Consistency (α)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.95	0.86	0.97	0.88

Note: All correlations are Pearson's r . N/A = not applicable *indicates significance at the .05 level (2-tailed) **indicates significance at the .01 level (2-tailed).

Hypothesis 1.

Hierarchical Multiple Regression was used to test the hypothesis that type of loss and religious affiliation would interact to moderate the outcome grief intensity as measured by the HGRC. Type of loss and religious affiliation were entered into the model at step 1 with the interaction term entered at step 2. Table 9 below displays the unstandardized regression coefficients (B) and standard error ($SE B$), the standardized regression coefficients (β) and their significance (p) after the entry of all independent variables into the model. It additionally shows the total variance accounted for (R^2), change in R^2 (ΔR^2), and the significance (p) of the change for each step of the model. The final model was not significant ($F(1,744)=0.60$, Total $R^2=0.01$, $p=0.283$) so Hypothesis 1 was not supported. Moreover, neither step of the model accounted for a significant amount of variance (step 1: $R^2=0.004$, $p=0.201$; step 2: $R^2=0.005$, $p=0.283$). Therefore, type of loss, religious affiliation, and the interaction term were not significant predictors of grief intensity. Please refer to Figure 1 in Appendix F for a graphical representation of the means.

Table 9

Hypothesis 1 hierarchical multiple regression results

Variable	B	$SE B$	β	p	Total R^2	ΔR^2	p
HGRC Grief (DV)							
Step 1					0.004	0.004	0.201
Religious Affiliation	-2.91	3.11	-0.04	0.349			
Type of Loss	0.63	4.71	0.01	0.894			
Step 2					0.005	0.001	0.439
Religious Affiliation X Type of Loss	4.15	5.37	0.06	0.439			

Hypothesis 2.

Hierarchical Multiple Regression was used to test the hypothesis that religious affiliation

would impact growth as measured by the HGRC. The impact of type of loss and the interaction between type of loss and religious affiliation on this outcome were also analyzed. As gender was shown to significantly correlate with growth, this variable was entered into step 1 of the model in order to control for its predictive variance. Type of loss and religious affiliation were then entered into the model at step 2 with the interaction term entered at step 3. Table 10 below displays the unstandardized regression coefficients (B) and standard error ($SE\ B$), the standardized regression coefficients (β) and their significance (p) after the entry of all independent variables into the model. It additionally shows the total variance accounted for (R^2), change in R^2 (ΔR^2), and the significance (p) of the change for each step of the model.

The final model was significant ($F(4,743)=5.30$, Total $R^2=0.03$, $p<0.001$). In this model, religious affiliation ($\beta = 0.17$, $t(743)=3.88$, $p<0.001$), type of loss ($\beta = 0.19$, $t(743)=2.55$, $p=0.011$), and the interaction term between those two variables ($\beta = -0.18$, $t(743)=-2.22$, $p=0.026$) were significant predictors of the growth, though gender was no longer a significant predictor. Therefore, Hypothesis 2 was supported, such that there was a main effect for religious affiliation on the outcome of growth as measured by the HGRC. Additionally, there was a main effect for type of loss and a significant interaction between type of loss and religious affiliation, which moderated the outcome of growth as measured by the HGRC. The interaction is accounted for by the lower mean growth score among the Unaffiliated with a nonviolent loss (34.27) relative to the other three groups (violent loss, Unaffiliated: 38.10; nonviolent loss, Affiliated: 38.27; violent loss, Affiliated: 38.30). Please refer to Figure 2 in Appendix F for a graphical representation of the means. Though the overall model and interaction term were statistically significant, the total amount of variance accounted for was small.

Table 10

Hypothesis 2 hierarchical multiple regression results

Variable	<i>B</i>	<i>SE B</i>	β	<i>p</i>	Total R^2	ΔR^2	<i>p</i>
HGRC Growth (DV)							
Step 1					0.01	0.01	0.036
Gender	1.16	0.70	0.06	0.100			
Step 2					0.02	0.02	0.003
Religious Affiliation	3.82	0.99	0.17	<0.001			
Type of Loss	3.78	1.48	0.19	0.011			
Step 3					0.03	0.01	0.026
Religious Affiliation X Type of Loss	-3.75	1.69	-0.18	0.026			

Note: Step 1: Gender; Step 2: Gender, Religious Affiliation, Type of Loss; Step 3: Gender, Religious Affiliation, Type of Loss, Interaction (Religious Affiliation x Type of Loss)

Hypothesis 3.

Hierarchical Multiple Regression was used to test the hypothesis that type of loss and positive religious coping would interact to moderate the outcome grief intensity as measured by the HGRC. Type of loss and positive religious coping were entered into the model at step 1 with the interaction term entered at step 2. Table 11 below displays the unstandardized regression coefficients (*B*) and standard error (*SE B*), the standardized regression coefficients (β) and their significance (*p*) after the entry of all independent variables into the model. It additionally shows the total variance accounted for (R^2), change in R^2 (ΔR^2), and the significance (*p*) of the change for each step of the model.

The final model was significant ($F(3,744)=4.95$, Total $R^2=0.02$, $p=0.002$). Positive religious coping was a significant predictor of grief intensity ($\beta = 0.11$, $t(744)=2.47$, $p=0.014$), however the direction of this relationship was opposite of what was predicted. It was expected that positive religious coping would be inversely related with grief intensity, however results

showed that they were positively related. Type of loss and the interaction term did not significantly impact grief intensity. Therefore, Hypothesis 3 was not supported and there was no support for moderation. Again, though the model was statistically significant, the total amount of variance accounted for was small. Please refer to Figure 3 in Appendix F for a graphical representation of the means.

Table 11

Hypothesis 3 hierarchical multiple regression results

Variable	<i>B</i>	<i>SE B</i>	β	<i>p</i>	Total R^2	ΔR^2	<i>p</i>
HGRC Grief (DV)							
Step 1					0.02	0.02	0.001
Positive Religious Coping	0.12	0.05	0.11	0.014			
Type of Loss	2.04	4.29	0.03	0.634			
Step 2					0.02	0.00	0.679
Positive Religious Coping X Type of Loss	0.03	0.08	0.03	0.679			

Hypothesis 4.

Hierarchical Multiple Regression was used to test the hypothesis that positive religious coping would impact growth as measured by the HGRC. The impact of type of loss and the interaction between type of loss and positive religious coping on the growth outcome were also included for analysis. As gender was shown to significantly correlate with growth, this variable was entered into step 1 of the model in order to control for its predictive variance. Type of loss and positive religious coping were entered into the model at step 2 with the interaction term entered at step 3. Table 12 below displays the unstandardized regression coefficients (*B*) and standard error (*SE B*), the standardized regression coefficients (β) and their significance (*p*) after the entry of all independent variables into the model. It additionally shows the total variance accounted for (R^2), change in R^2 (ΔR^2), and the significance (*p*) of the change for each step of the

model.

The final model was significant ($F(4,743)=24.05$, $p<0.001$, Total $R^2=0.12$, $p=0.493$).

Positive religious coping was a significant predictor for growth ($\beta = 0.35$, $t(743)=7.93$, $p<0.001$).

Type of loss was not a significant predictor of growth and the interaction term was not significant. Therefore, there was no support for moderation and Hypothesis 4 was not supported.

Please refer to Figure 4 in Appendix F for a graphical representation of the means.

Table 12

Hypothesis 4 hierarchical multiple regression results

Variable	<i>B</i>	<i>SE B</i>	β	<i>p</i>	Total R^2	ΔR^2	<i>p</i>
HGRC Growth (DV)							
Step 1					0.01	0.01	0.036
Gender	0.26	0.68	0.01	0.703			
Step 2					0.11	0.11	<0.001
Positive Religious Coping	0.12	0.02	0.35	<0.001			
Type of Loss	1.47	1.30	0.08	0.258			
Step 3					0.12	0.00	0.493
Positive Religious Coping X Type of Loss	-0.02	0.02	0.05	0.493			

Hypothesis 5.

Hierarchical Multiple Regression was used to test the hypothesis that religious affiliation would affect the outcome religious well-being as measured by the Spiritual Well-Being Scale.

Furthermore, the impact of type of loss and its interaction with religious affiliation on religious well-being was tested. As gender and ethnicity were shown to significantly correlate with religious well-being, these variables were entered into step 1 of the model in order to control for their predictive variance. Type of loss and positive religious coping were entered into the model at step 2 with the interaction term entered at step 3. Table 13 below displays the unstandardized

regression coefficients (B) and standard error ($SE B$), the standardized regression coefficients (β) and their significance (p) after the entry of all independent variables into the model. It additionally shows the total variance accounted for (R^2), change in R^2 (ΔR^2), and the significance (p) of the change for each step of the model.

The final model was significant ($F(5,742)=102.46$, Total $R^2=0.41$, $p<0.001$). Gender ($\beta = 0.12$, $t(742)=4.28$, $p<0.001$), ethnicity ($\beta = 0.11$, $t(742)=3.76$, $p<0.001$), and religious affiliation ($\beta = 0.57$, $t(742)=16.32$, $p<0.001$) were significant predictors of religious well-being.

Specifically, the Affiliated/Christians ($M=43.81$) showed higher religious well-being than the Unaffiliated ($M=23.48$). Type of loss and the interaction term between type of loss and religious affiliation were not significant. Therefore, there was no support for moderation and Hypothesis 5 was not supported. Though this hypothesis was not supported, the results differ from those found for Hypotheses 1-3 in that a substantial amount of variance is accounted for by the independent variables. Please refer to Figure 5 in Appendix F for a graphical representation of the means.

Table 13

Hypothesis 5 hierarchical multiple regression results

Variable	B	$SE B$	β	p	Total R^2	ΔR^2	p
Religious Well-being (DV)							
Step 1					0.07	0.07	<0.001
Gender	3.52	0.82	0.12	<0.001			
Ethnicity	1.91	0.51	0.11	<0.001			
Step 2					0.41	0.34	<0.001
Religious Affiliation	18.92	1.16	0.57	<0.001			
Type of Loss	-2.03	1.73	-0.07	0.242			
Step 3					0.41	0.00	0.446
Religious Affiliation X Type of Loss	1.51	1.98	0.05	0.446			

Hypothesis 6.

Hierarchical Multiple Regression was used to test the hypothesis that there would be no relationship between religious affiliation and the outcome existential well-being as measured by the Spiritual Well-Being Scale. The impact of type of loss and its interaction with religious affiliation on the outcome existential well-being were additionally examined. As gender was shown to significantly correlate with religious well-being, this variable was entered into step 1 of the model in order to control for its predictive variance. Type of loss and positive religious coping were entered into the model at step 2 with the interaction term entered at step 3. Table 14 below displays the unstandardized regression coefficients (B) and standard error ($SE\ B$), the standardized regression coefficients (β) and their significance (p) after the entry of all independent variables into the model. It additionally shows the total variance accounted for (R^2), change in R^2 (ΔR^2), and the significance (p) of the change for each step of the model.

The final model was significant ($F(4,743)=9.03$, $R^2=0.05$, $p<0.001$). Religious affiliation ($\beta = 0.23$, $t(743)=5.21$, $p<0.001$) was a significant predictor of existential well-being, such that the Affiliated/Christians scored significantly higher on existential well-being ($M=45.76$) in relation to the Unaffiliated ($M=42.17$). Thus, Hypothesis 6 was not supported. There was no support for the moderation of existential well-being by the interaction of religious affiliation and type of loss, though the interaction term did approach significance ($\beta = -0.15$, $t(743)=-1.85$, $p=0.065$). Gender and type of loss were not significant predictors of existential well-being. Please refer to Figure 6 in Appendix F for a graphical representation of the means.

Table 14

Hypothesis 6 hierarchical multiple regression results

Variable	<i>B</i>	<i>SE B</i>	β	<i>p</i>	Total <i>R</i> ²	ΔR^2	<i>p</i>
Existential Well-being (DV)							
Step 1					0.01	0.01	0.017
Gender	1.04	0.59	0.06	0.080			
Step 2					0.04	0.03	<0.001
Religious Affiliation	4.34	0.83	0.23	<0.001			
Type of Loss	1.40	1.25	0.08	0.263			
Step 3					0.05	0.00	0.065
Religious Affiliation X Type of Loss	-2.64	1.43	-0.15	0.065			

Summary of Results for Hypotheses 1-6.

Though significant results were found for Hypotheses 2 and 3, such a small amount of variance was accounted for by the model that the meaningfulness of results is negligible.

Hypothesis 1 revealed no significant results. Results worthy of highlighting are those found for Hypotheses 4, 5, and 6. Hypothesis 4 indicated that positive religious coping captured 11% of the variance in predicting growth. Hypothesis 5 showed that religious affiliation was a significant predictor of religious well-being, as expected, and captured 41% of the variance in the model. Hypothesis 6 did not come out as predicted (i.e., religious affiliation and existential well-being were expected to show no relationship), but instead revealed that religious affiliation is a significant predictor of existential well-being. The meaningfulness of this result might also be considered negligible as religious affiliation only captured 3% of the variance in the model.

Exploratory Analyses

In order to better characterize loss in emerging adulthood students, exploratory analyses were performed based on the framework established by Lord and Gramling (2012). They

evaluated the RCOPE with respect to the population of bereaved emerging adults. A component of this study involved looking at participant report of most helpful coping strategies used in dealing with the loss. Therefore, the current study followed these procedures through analyzing frequency data for religious coping strategies reported as most helpful in coping with the loss. The present study took the results of Lord and Gramling (2012) a step further through reporting and examining frequency data on most helpful religious coping strategies chosen as a function of type of loss suffered by the individual and their religious affiliation (i.e., Affiliated/Christian versus Unaffiliated). Please refer to Table 18 in Appendix G for frequency data on religious coping techniques reported as most helpful a function of type of loss and religious affiliation.

RCOPE and Type of Loss.

Frequency data on the religious coping strategies reported as most helpful in coping with loss of a loved one provided in Table 7 were calculated in order to expand on the work of Lord and Gramling (2012). The present study sought to extend previous research by analyzing positive religious coping strategies as a function of type of loss. Namely, the present study sought to examine the relative frequency of religious coping strategies, both positive and negative employed as a function of nonviolent versus violent loss. These frequencies are listed in Table 15 on the next page. In addition to indicating the specific preferred coping strategies of participants, the bottom of Table 15 also provides a summary score of type of coping strategy chosen (i.e., positive or negative) reported by participants. Please refer to Appendix C for items from the subscales listed below in Table 15.

Table 15 reveals that a smaller percentage of those who suffered a nonviolent loss chose a positive religious coping strategy as most helpful in dealing with their loss compared with

those who suffered a violent loss (69.7% and 72.8%, respectively). The opposite pattern was seen for negative religious coping, such that a larger percentage of those who suffered a nonviolent loss chose a negative religious coping strategy as most helpful in dealing with their loss compared with those who suffered a violent loss (30.3% and 27.2%, respectively). A Pearson chi-square test, however, reveals these differences as not significant ($\chi^2(1)=0.75$, $p=0.387$).

The most commonly reported religious coping strategies for those who suffered a nonviolent loss were Seeking Spiritual Support (positive religious coping; 13.8%), Benevolent Religious Reappraisal (positive religious coping; 11.5%), Self-Directing Religious Coping (negative religious coping; 11.5%). The most commonly reported religious coping strategies for those who suffered a violent loss were Self-Directing Religious Coping (negative religious coping; 15.9%), Benevolent Religious Reappraisal (positive religious coping; 11.0%), and Religious Forgiving (positive religious coping; 11.0%).

Table 15

Frequencies and percentages for most helpful coping strategies reported categorized by type of loss

Coping Strategy	Frequency	Percentage of Nonviolent Losses	Frequency	Percentage of Violent Losses
RCOPE Subscales	Nonviolent Loss (n=513)		Violent Loss (n=264)	
Seeking Spiritual Support	71	13.8%	21	8.0%
Religious Focus	7	1.4%	3	1.1%
Religious Purification	9	1.8%	2	0.8%
Seeking Spiritual Connection	33	6.4%	21	8.0%
Active Religious Surrender	38	7.4%	15	5.7%
Seeking Support from Clergy	3	0.6%	7	2.7%
Religious Helping	35	6.8%	23	8.7%
Seeking Religious Direction	14	2.7%	10	3.8%
Religious Conversion	12	2.3%	9	3.4%
Religious Forgiving	30	5.8%	29	11.0%
Benevolent Religious Reappraisal	59	11.5%	29	11.0%
Collaborative Religious Coping	16	3.1%	13	4.9%
Marking Religious Boundaries*	9	1.8%	3	1.1%
Punishing God Reappraisal*	2	0.4%	2	0.8%
Demonic Reappraisal*	0	0.0%	1	0.4%
Reappraisal of God's Powers*	22	4.3%	9	3.4%
Spiritual Discontent*	3	0.6%	1	0.4%
Passive Religious Deferral*	6	1.2%	1	0.4%
Pleading for Direct Intercession*	30	5.8%	8	3.0%
Self-Directing Religious Coping*	59	11.5%	42	15.9%
Interpersonal Religious Discontent*	11	2.1%	1	0.4%
Type of Coping				
Positive Religious Coping	327	69.7%	182	72.8%
Negative Religious Coping	142	30.3%	68	27.2%
Missing Values	22	4.3%	7	2.7%

Note: 29 participants (3.9% of sample) failed to answer this question, resulting in 29 missing values for the above sets of frequencies *Subscales that load onto the negative religious coping factor

RCOPE and Religious Affiliation.

Table 16 below presents frequency data for positive and negative religious coping strategies as a function of religious affiliation (i.e., Affiliated/Christian vs. Unaffiliated). It indicates that the majority of the Affiliated chose a positive religious coping strategy as most helpful in dealing with their loss (positive religious coping 78.0% versus negative religious coping 20.7%), whereas the majority of the Unaffiliated chose a negative religious coping strategy as most helpful (positive religious coping 35.1% versus negative religious coping 52.3%). Furthermore, Table 16 shows that a larger percentage of those who identify as Affiliated/Christian chose a positive religious coping strategy as most helpful in dealing with their loss compared with those who identify as Unaffiliated (78.0% and 35.1%, respectively). A smaller percentage of the Affiliated/Christians chose a negative religious coping strategy as most helpful in dealing with their loss compared with the Unaffiliated (20.7% and 52.3%, respectively). A Pearson chi-square test reveals that the difference between positive versus negative coping strategy chosen based on religious affiliation is significant ($\chi^2(1)=87.64$, $p<0.001$) and the strength of this difference is moderate ($\phi=0.35$).

A larger percentage of those who identify as Unaffiliated (12.6%) failed to answer the question during data collection compared with those who identify as Affiliated/Christian (1.2%). A Pearson chi-square test on this difference in responding is significant although the strength of this difference is small ($\chi^2(1)=46.76$, $p<0.001$, $\phi=0.25$).

The most commonly reported religious coping strategies for those who identify as Affiliated/Christian were Seeking Spiritual Support (15.5%), Benevolent Religious Reappraisal (14.5%), Religious Forgiving (9.8%) and Active Religious Surrender (8.9%), all positive

Table 16

Frequencies and percentages most helpful coping strategies reported categorized by religious affiliation

Coping Strategy	Frequency	Percentage of Affiliated	Frequency	Percentage of Unaffiliated
RCOPE Subscales	Affiliated/Christian (n=574)		Unaffiliated (n=174)	
Seeking Spiritual Support	89	15.5%	3	1.7%
Religious Focus	7	1.2%	3	1.7%
Religious Purification	9	1.6%	2	1.1%
Seeking Spiritual Connection	40	7.0%	14	8.0%
Active Religious Surrender	51	8.9%	2	1.1%
Seeking Support from Clergy	10	1.7%	0	0.0%
Religious Helping	43	7.5%	15	8.6%
Seeking Religious Direction	19	3.3%	5	2.9%
Religious Conversion	14	2.4%	7	4.0%
Religious Forgiving	56	9.8%	3	1.7%
Benevolent Religious Reappraisal	83	14.5%	5	2.9%
Collaborative Religious Coping	27	4.7%	2	1.1%
Marking Religious Boundaries*	9	1.6%	3	1.7%
Punishing God Reappraisal*	4	0.7%	0	0.0%
Demonic Reappraisal*	1	0.2%	0	0.0%
Reappraisal of God's Powers*	23	4.0%	8	4.6%
Spiritual Discontent*	4	0.7%	0	0.0%
Passive Religious Deferral*	5	0.9%	2	1.1%
Pleading for Direct Intercession*	30	5.2%	8	4.6%
Self-Directing Religious Coping*	40	7.0%	61	35.1%
Interpersonal Religious Discontent*	3	0.5%	9	5.2%
Type of Coping				
Positive Religious Coping	448	78.0%	61	35.1%
Negative Religious Coping	119	20.7%	91	52.3%
Missing Values	7	1.2%	22	12.6%

Note: 29 participants (3.9% of the sample) failed to answer this question, resulting in 29 missing values for the above sets of frequencies *Subscales that load onto the negative religious coping factor

religious coping strategies. The most commonly reported religious coping strategies for those

who identify as Unaffiliated were Self-Directing Religious Coping (negative religious coping; 35.1%), Religious Helping (positive religious coping; 8.6%), and Seeking Spiritual Connection (positive religious coping; 8.0%).

Post Hoc Analyses

Hogan Grief Reaction Checklist scale: general distress vs. loss specific.

Though the HGRC was developed explicitly for bereaved individuals and to measure grief reactions following a loss, many of the items may overlap with other psychological conditions (e.g., depression, anxiety) or medical issues. For example, Item 4 “I worry excessively” or Item 22 “I am confused about who I am” may imply symptoms related to anxiety or dementia rather than the individual’s bereaved state (refer to Appendix D for the complete list of items). The possibility that the HGRC is perhaps more a measure of negative affect and physiological symptoms than a specific measure of bereavement reaction following the loss of a loved one is problematic. It is known that grief occurs alongside or may contribute to the development of other psychological conditions, such as anxiety or depression. Therefore, it is important to tease apart grief symptomatology that distinguishes grief from psychological disorders or medical issues (Prigerson et al., 1995). This is particularly important with the HGRC as it is such a widely used instrument (Feigelman et al., 2009). Thus, a new subscale was derived from the HGRC, which included only items that made direct reference to one’s loss and eliminated items that asked more generally about the participant’s emotional or physiological state.

A scale reliability analysis on certain items from the HGRC was performed. It was hypothesized that the individual items within the HGRC that specifically mention the loss (i.e.,

items 11, 17, 29, 40, 24, and 51) might better tap into grief specific symptomatology as a separate scale. In order to distinguish this proposed factor from the established Grief subscale, the proposed factor will be referred to as the HGRC Loss Specific subscale.

Scale Reliability Analysis.

Thus, a reliability analysis was performed on the selected items from the HGRC specific to loss (i.e., items 11, 17, 29, 40, 24, 51). For example, Item 11 “I believe I should have died and he or she should have lived” makes a direct reference to the lost figure and therefore ought to tap into reactions specific to grief rather than general psychological distress. Results from the reliability analysis are presented below in Table 17. Cronbach’s Alpha for the HGRC loss specific subscale as a whole was $\alpha=0.60$, indicating weak reliability. The Cronbach’s Alpha for the scale did not substantially improve when individual items were deleted from the scale. Therefore, this subscale was not developed further as it did not meet the expectations of the researcher and would not be a substantial contribution to the area of grief symptomatology measurement. Furthermore, these results indicate that this scale would not be adequate for use in exploratory or post-hoc analyses in the present study.

Table 17

HGRC Loss Specific scale reliability analysis results

HGRC Item	Mean	Std. Dev.	Cronbach's Alpha if Item Deleted
24	3.05	1.19	0.60
51	3.03	1.24	0.62
11	1.59	1.01	0.50
17	1.40	0.83	0.51
29	1.84	1.04	0.49
40	2.21	1.27	0.58

Note: N=748; There were no missing data for this scale.

Discussion

The outcomes of the hypothesis-testing portion of the current study yielded mixed results. The most noteworthy outcomes were revealed in Hypotheses 4 and 5, such that a substantial portion of variance was accounted for in the regression models. Higher self-reported use of positive religious coping was a significant predictor of higher levels of growth (Hypothesis 4) and accounted for 11% of the variance in the model. Religious affiliation was a significant predictor of religious well-being (Hypothesis 5), such that the affiliated showed higher religious well-being, and it accounted for 34% of the variance in the model. Beyond those two hypotheses, Hypothesis 2, 3, and 6 also yielded significant results, but it should be noted that the variance accounted for in these models is quite low. Therefore, the interpretation of these results should be done cautiously and tentatively. When considered within the context of recent literature, however, these findings may prove more meaningful. There were no significant results revealed by Hypothesis 1. These results are explained in further detail below.

Exploratory analyses in the current study highlight the rich topography of bereavement heretofore unexamined in understudied populations, namely emerging adults and the religiously unaffiliated. These results and their relationship to current literature are presented in further detail below.

Hypothesis Testing

For the specific hypotheses, results supported hypotheses 2, 4, and 5, but failed to

confirm hypotheses 1, 3, and 6. Hypothesis 1 proposed that type of loss and religious affiliation would directly impact grief intensity and that type of loss and religious affiliation would interact to impact grief intensity. Results indicate that neither type of loss, religious affiliation, nor their interaction significantly affected grief intensity.

This result is surprising as prior literature indicates that college students who suffer a violent loss often have worse outcomes compared with nonviolent loss (e.g., Holland & Neimeyer, 2011). Furthermore, Currier, Mallot, Martinez, Sandy, and Neimeyer (2012) found that individuals who have suffered a violent loss in the prior two years show more distress symptomatology compared with individuals who have suffered a nonviolent loss or no loss in the prior two years. Part of the discrepancy between the results of the present study and other recent studies might have to do with the respective measures chosen to measure distress in each study. Currier et al. (2012) assessed psychological distress with the revised version of the Symptom Checklist-10 (SCL-10-R; Rosen et al., 2000) whereas the current study assessed grief intensity using the HGRC (Hogan et al., 2001). According to Hogan et al. (2001), the HGRC was developed to measure a construct distinct from the SCL-10-R, which is a measure of general psychological distress. The summation of the five HGRC “misery” subscales forms a single factor of negative affect specific to grief (Hogan et al., 2001; Gamino et al., 2000). Based on the discrepancy in results between the present study and other current research (i.e., Currier et al., 2012) future research is warranted to compare the HGRC to other measures of more general psychological distress (e.g., SCL-10-R, SCL-90), particularly as findings may vary by type of loss (i.e., nonviolent vs. violent) suffered.

Hypothesis 2 was supported in that the religiously affiliated reported higher levels of

personal growth relative to the religiously unaffiliated. In addition, participants who experienced a violent loss experience more personal growth. Moreover, a significant interaction revealed that those who identified as Affiliated/Christian or Unaffiliated who suffered a violent loss showed significantly higher levels of personal growth compared with the Unaffiliated who suffered a nonviolent loss.

This result could be interpreted in a variety of ways. First, the main effect of type of loss on personal growth is supported by findings in recent literature. Currier et al. (2012) found that violent loss was significantly associated with higher levels of posttraumatic growth compared with nonviolent loss. Their rationale for this result is that violent loss leads to the “experience of psychological turmoil that instigates review and revision of core meaning systems and personal growth,” (Currier et al., 2012, p. 9). As the personal growth subscale of the HGRC is significantly correlated to the posttraumatic growth construct (Hogan et al., 2001), the current study’s results support prior findings in the bereavement and growth literature (Currier et al., 2006; Calhoun, Tedeschi, Cann, & Hanks, 2010; Tedeschi & Calhoun, 2004). The main effect of religious affiliation on personal growth is not particularly surprising based on the general consensus in the literature that religiosity is associated with more positive outcomes (Wortmann & Park, 2008). It does, however, provide support that the inclusion of religious affiliation as a dichotomous variable (i.e., comparing the Affiliated to the Unaffiliated) can be a potentially meaningful and useful classification in research in spite of its simplicity. Possibly the most interesting result of Hypothesis 2 is the significant interaction between type of loss and religious affiliation on personal growth. It implies that though religious affiliation may provide a means to personal growth, this growth might also be achieved through suffering a violent loss as an

Unaffiliated individual. It must be noted that the discussion of Hypothesis 2 is tempered by the relatively small amount of variance accounted for.

Hypothesis 3 proposed that positive religious coping and type of loss would predict grief intensity and that these predictors would interact to impact grief intensity. Results indicate that positive religious coping significantly impacted grief intensity in a manner opposite to the predictions made. Namely, higher levels of positive religious coping were associated with higher levels of grief intensity. Moreover, neither type of loss nor its interaction with positive religious coping were significant predictors of grief intensity.

As explained more thoroughly above (see discussion of Hypothesis 1), the unexpected lack of difference for grief intensity by type of loss may have to do with the grief intensity construct and its measurement. In reference to the direction for the main effect of positive religious coping on grief intensity, the result was unexpected as the researcher predicted that higher levels of positive religious coping would be associated with lower levels of grief intensity. However, it must be noted that though there was a statistically significant finding, the actual variance accounted for was quite small. One explanation for this contrasting result, however, could be that individuals with more grief symptomatology are likely to generally make use of more religious coping techniques (both positive and negative) than those with fewer grief symptoms (Pargament et al., 1998). Unfortunately, the cross-sectional nature of this dataset limits the ability of the investigator to draw further conclusions regarding the relationship between positive religious coping and grief symptoms.

Hypothesis 4 was supported in that higher levels of positive religious coping were associated with higher levels of personal growth following the loss, unlike the results from

Hypothesis 2. This was a substantial effect as positive religious coping accounted for 10% of the variance in the model.

This result implies that greater use of positive religious coping leads to more growth, which is consistent with recent literature investigating the impact of religious factors on personal growth. Currier et al. (2012) found religious/spiritual coping was significantly correlated with posttraumatic growth. Further research between religious coping and post-loss growth would be beneficial as the direction of causality cannot be determined from the present study.

The discrepancy between results from Hypothesis 2 and Hypothesis 4 is difficult to interpret. As expected the pattern of means suggests that personal growth is consistently associated with greater religiosity (i.e., religious affiliation and higher positive religious coping). The impact of type of loss on personal growth is more problematic.

Results from Hypothesis 5 indicated the Affiliated/Christians experience higher levels of religious well-being relative to the Unaffiliated, which was expected by the researcher. This was a substantial effect with religious affiliation accounting for 34% of the variance in the model. This result provides support for the construct and convergent validity of the religious affiliation classification set by the researcher in addition to the validity of the religious well-being subscale.

The Hypothesis 6 results were opposite of that predicted such that the Affiliated/Christians experienced significantly higher levels of existential well-being relative to the Unaffiliated. It should be noted that the variance accounted for by the final model was small (i.e., 5%).

There are several potential explanations for this result. It may be that the participants who classify themselves as unaffiliated did not identify with the Spiritual Well-Being Scale as a

whole and therefore scored systematically different from the Affiliated/Christians group. Data from the RCOPE suggest, however, that the Unaffiliated participants engaged in the study and answered openly and honestly. Another interpretation may be that the existential well-being scale has poor construct validity, however this is inconsistent with findings from prior research (e.g., Ellison, 1983; Genia, 2001; Monod, et al., 2011). It may be that bereavement negatively impacts existential well-being, but that this effect is buffered by religious affiliation. Genia (2001) reports norms for the EWB subscale in a college student sample revealing a mean score of 48 and 49 for Protestant and Catholic subjects, respectively. The means in the current study (see Table 21) provide a provisional confirmation of this explanation as they are lower than the means in the nonbereaved sample (Genia, 2001), but vary by religious affiliation. Further research with the Spiritual Well-Being Scale on a bereaved, non-religious population is warranted to further verify this interpretation.

Exploratory Results

Beyond specific hypothesis testing, the present study set out to better characterize bereaved, emerging adults based on demographic and loss characteristics. To accomplish this, frequency data were produced and analyzed on self-report items developed by the investigators and religious coping techniques from the RCOPE based on religious affiliation and type of loss.

Frequencies for loss characteristics (i.e., relationship, expectedness, sense made, benefit found, and identity change (degree of change and whether change was positive or negative) were organized by type of loss (i.e., nonviolent vs. violent) and religious affiliation (i.e., Affiliated/Christian vs. Unaffiliated) and analyzed. Not surprisingly, these analyses reveal “expectedness” and “sense made” of the loss were more frequent among those who suffered a

nonviolent loss relative to those who suffered a violent loss.

Results show that the largest category for relationship among the nonviolent losses is “extended family” (77.0%), whereas the largest for violent losses is “friend” (64.2%). This result reveals an aspect of bereavement that may distinguish emerging adults from other age groups. That is, it may be that emerging adults and adolescents are more likely to lose a friend to a violent cause of death compared with middle to older adults who may be more likely to lose an extended family member to violent loss. This speculation is based on the importance and size of peer groups in adolescence and emerging adulthood compared with later adulthood.

The Affiliated/Christians who suffered a nonviolent loss more frequently reported “no to little identity change” than those who suffered a violent loss. This result suggests that the experience of violent loss compared with a nonviolent loss leads one to recognize more identity change, although this difference was minimal based on the low association revealed by the chi square analysis. These results are not particularly surprising, but do provide information for better characterizing bereaved emerging adults. The finding regarding violent loss in the Affiliated and their resulting identity change support findings by Currier et al. (2012) on the impact of violent loss on posttraumatic growth. Namely, that violent loss is associated with higher levels of psychological distress, posttraumatic growth, and positive life changes compared with nonviolent loss. The lack of this result for the Unaffiliated, however, might be better understood through future research on religiosity and violent loss in bereaved emerging adults.

Frequencies for religious coping strategies and the strategy reported as most helpful were provided for the sample overall (see Table 7), then separated by type of loss (i.e., nonviolent loss and violent loss; see Table 15) or religious affiliation (i.e., Affiliated/Christians and Unaffiliated;

see Table 16) and compared. The most interesting finding from these descriptive tabulations centers on the prevalence of the “negative” coping strategies chosen that fall on the RCOPE subscale “Self-Directing Religious Coping.” Religious coping strategies that fall on this subscale were the most commonly selected in the overall sample at 13.5% (see Table 7). Items on this subscale include “Tried to make sense of the situation without relying on God,” “Made decisions about what to do without God’s help,” and “Tried to deal with my feelings without God’s help,” (Pargament et al., 2004). Researchers have recently reevaluated these subscales within the context of bereavement and determined that Self-Directing Religious Coping may be better related to “adaptive” coping techniques as opposed to “maladaptive” ones (Lord & Gramling, 2012). The result from the present study provides further support for the limited applicability of the RCOPE subscales in their original form to the bereaved emerging adult population.

Results from Table 15 showed that a smaller percentage of those who suffered a nonviolent loss chose a positive religious coping strategy as most helpful in dealing with their loss compared with those who suffered a violent loss (69.7% and 72.8%, respectively). A smaller percentage of negative religious coping styles were elicited. Those who suffered a nonviolent loss chose a negative religious coping strategy more frequently as most helpful in dealing with their loss than those who suffered a violent loss (30.3% and 27.2%, respectively). Further statistical analysis reveals that the difference in responding as a function of type of loss (i.e., nonviolent vs. violent) was not statistically significant.

This result is different from what might be expected based on the violent loss literature (Currier et al., 2012) and religious coping literature (Pargament et al., 2000). Specifically, these studies suggest that those who suffer a nonviolent loss would use a larger proportion of positive

versus negative religious coping strategies compared with those who suffer a violent loss. For example, since both violent loss and negative religious coping are associated with greater distress and worse outcomes, those who suffer a violent loss ought to make use of a larger proportion of negative religious coping techniques relative to those who suffer a nonviolent loss. This was contrary to the results of the present study, however, as no difference between nonviolent and violent loss was seen. One explanation may be that there is a disconnect between the analysis employed and the research literature, such that I analyzed coping strategies reported as most helpful rather than strategies most used. Another rationale for this result may be the limited applicability of the RCOPE subscales in their present form to the bereaved emerging adult population (Lord & Gramling, 2012).

Results from Table 16 indicate that the majority of the Affiliated chose a positive religious coping strategy as most helpful in dealing with their loss (positive religious coping 78.0% versus negative religious coping 20.7%), whereas the majority of the Unaffiliated chose a negative religious coping strategy as most helpful (positive religious coping 35.1% versus negative religious coping 52.3%). Furthermore, it shows that a larger percentage of those who identify as Affiliated/Christian chose a positive religious coping strategy as most helpful in dealing with their loss compared with those who identify as Unaffiliated (78.0% and 35.1%, respectively). For negative religious coping, a smaller portion of Affiliated/Christians chose a negative religious coping strategy as most helpful in dealing with their loss compared with those who identify as Unaffiliated (20.7% and 52.3%, respectively). Further analyses reveal this difference between type of coping chosen as most helpful based on religious affiliation is significant and that the strength of this difference in pattern of responding is moderate. This

result complements a recent review in the literature that explores the differences in psychological distress between religiously affiliated and unaffiliated individuals (Weber, Pargament, Kunik, Lomax II, & Stanley, 2012), such that the Affiliated are likely to use a larger portion of positive versus negative religious coping strategies than the Unaffiliated.

A larger percentage of those who identify as Unaffiliated failed to answer the question during data collection compared with those who identify as Affiliated/Christian (12.6% and 1.2%, respectively). Further analysis shows that this difference in responding between religious affiliation and chosen coping technique is significant, although the association is small. This may indicate that the Unaffiliated found the measure inapplicable to them, however this could not be definitively determined from the present study.

The difference in religious coping strategies most frequently used in dealing with the loss based on affiliation is striking. The Affiliated primarily used “positive” religious coping strategies (i.e., Seeking Spiritual Support, Benevolent Religious Reappraisal, Religious Forgiving), whereas the Unaffiliated most frequently used “negative” religious coping strategies (i.e., Self-Directing Religious Coping) in dealing with their loss. At face value, the most frequently used religious coping techniques reported by the Unaffiliated seem fitting to individuals who identify themselves as non-religious. This suggests that the Unaffiliated individuals who chose to respond to the RCOPE items were invested in the study and provided candid responses. This result additionally indicates that the RCOPE might be appropriately used with Unaffiliated individuals in spite of the inherent contradiction that arises when considering the use of a religious coping scale with a nonreligious sample. Nevertheless, it also shows the interpretation of results with the Unaffiliated may need adjusting or should be approached

cautiously. For example, if the Unaffiliated primarily report using Self-Directing Religious Coping, a “negative” religious coping technique, is this indicative of their lack of belief in a higher power, does it imply worse outcomes as the scale developers suggest (Pargament, Koenig, Perez, 2000), neither, or possibly both? This result also gives rise to the question of whether “self-directing religious coping” is more harmful to an Affiliated or Unaffiliated individual and why that might be. In spite of this result arising from frequency data, it helps provide a rationale for the need of continued research on religious coping, the RCOPE, and the Unaffiliated.

Hogan Grief Reaction Checklist Loss Specific Scale Development

The HGRC was originally developed for research with bereaved individuals and to measure grief reactions following a loss. Upon a closer look at the items of the HGRC, however, many of the items directly refer to symptoms that may relate to other psychological conditions or medical issues (e.g., Item 21 “I feel shaky” or Item 7 “Sometimes my heart beats faster than it normally does for no reason”), rather than purely symptoms of grief (e.g., Item 24 “I am stronger because of the grief I have experienced”). The possibility that the HGRC is more a measure of general psychological distress or symptoms of other grief-related conditions rather than symptomatology unique to grief is problematic. It is known that grief is often comorbid with other psychological conditions (e.g., anxiety, depression). Therefore, it is important to tease apart criteria that distinguishes grief from psychological disorders or medical issues (Prigerson et al., 1995). This is particularly important with the HGRC due to its frequent use with bereaved populations (Feigelman et al., 2009).

A scale reliability analysis was performed in order to assess the possibility that the HGRC was perhaps more a measure of negative affect and physiological symptoms than a

specific measure of bereavement reaction following the loss of a loved one. It was hypothesized that HGRC items that specifically mention the loss (i.e., items 11, 17, 29, 40, 24, and 51) might create their own scale. Results indicate, however, that these items show a weak relationship to each other.

Though the Loss Specific subscale derived from the HGRC did not produce a reliable subscale, the need to further explore the generality versus specificity of the HGRC seems prudent. Though a review of the literature shows the HGRC has demonstrated discriminant validity for type of loss and time since loss, none has evaluated its distinctiveness from general psychological distress, physiological symptoms, or mental illness (Hogan et al., 2001). Hogan, Worden, and Schmidt (2003-2004) used the HGRC to assess the distinctiveness between normal grief reactions, complicated grief, and depression, however did not evaluate the distinction between the HGRC's measurement of grief intensity and depression. Future research is warranted to evaluate the HGRC and similar measures to determine if what they are measuring is unique to bereavement.

On the other hand, several components of the current study and the HGRC scale support its use as a measurement for grief reactions. First, a loss within the past two years was a requirement of study participation, indicating to participants that the study was focused on something related to their loss. Second, directions provided with the HGRC state that the questionnaire "consists of a list of thoughts and feelings that you may have had since your loss," implying that responding ought to relate to the loss rather than symptoms of other conditions the respondents might be experiencing (Hogan et al., 2001). Finally, the HGRC was developed for use with bereaved populations and displayed strong internal and external validity (e.g., Hogan et

al., 2001; Gamino et al., 2000)

Summary of Contributions

Findings from the current study support and expand the literature on bereavement and religiosity/spirituality in emerging adults. Although several of the hypotheses in the current study were unsupported, Hypotheses 4 and 5, in particular, had results worthy of note. Results from Hypothesis 4 revealed the significant impact of positive religious coping on personal growth, such that higher levels of positive religious coping are associated with more personal growth post-loss. This supports recent findings in the literature that religiosity is associated with higher levels of post-loss growth (Currier et al., 2012). It also confirms the similarities between the construct of personal growth measured by the HGRC (Hogan Grief Reaction Checklist) and posttraumatic growth measured by the PTGI (Posttraumatic Growth Inventory) through comparisons to Currier et al.'s research findings (2012). Results from Hypothesis 5 indicate the Affiliated/Christians show significantly higher levels of religious well-being respective to the Unaffiliated. Though not surprising, this result supports the usefulness of religious affiliation as a dichotomous predictor variable and supports the validity of the religious well-being subscale of the SWBS (Spiritual Well-Being Scale).

Results from the current study additionally provide a topographical analysis of bereavement in emerging adulthood as well as the religiously unaffiliated, both previously understudied groups. This not only contributes to the growing literature on emerging adulthood as a whole, but also supports the recent movement in the religion/spirituality literature to include and examine atheists and agnostics when studying the impact of religious beliefs on psychological health (Weber et al., 2012). This was accomplished through analyzing various

characteristics of the loss (e.g., relationship, expectedness of the loss, etc.) and styles of religious coping reported as most helpful based on type of loss suffered and religious affiliation. One result worth emphasizing is the prevalence of “Self-Directing” religious coping techniques, which are classified as “negative” (Pargament et al., 2004) and were reported by the full sample as most helpful in coping with the loss. Further analysis revealed that this result was driven primarily by the Unaffiliated. Therefore, the utility of the RCOPE in the Unaffiliated was explored. This result helps to support and extend the research of Lord and Gramling (2012) who reevaluated the RCOPE “positive” and “negative” religious coping subscales in bereaved emerging adults by additionally taking the Unaffiliated into consideration.

Another finding centers on the characteristics of loss, such that those who suffered a nonviolent loss report more “expectedness” and “sense made” of the loss respective to those who suffered a violent loss. Though the Affiliated/Christians generally report “no to a little different” more frequently than “somewhat to very different” with respect to identity change following the loss, those Affiliated/Christians who suffered a nonviolent loss were more likely to report “little to no identity change” compared with those who suffered a violent loss.

Finally, results from the current study bring to light the question of whether the grief intensity subscale of the HGRC provides distinct measurement of grief symptomatology. Though the current study provides evidence that a HGRC Loss Specific subscale is not a reliable measure of reactions unique to grief, the larger issue remains. At the time of the development of the HGRC, researchers were able to establish strong reliability and validity, though did not demonstrate that it measured bereavement distinct from general physiological or psychological distress (Hogan et al., 2001). Current movements in the bereavement literature for distinguishing

grief from other psychological or health-related diagnoses initiated by Prigerson et al. (1995) may necessitate revisiting and updating the HGRC.

Current Study Limitations and Directions for Future Research

While the current study was able to provide a number of contributions to the growing body of literature on bereavement and religion/spirituality, particularly in emerging adults, there are several limitations related to study design that should be considered.

First and foremost, the study consisted of cross-sectional data collection comprised of self-report quantitative measures. This restricts the researcher to only draw conclusions regarding associations and correlations and not determine any causal link between variables. This limitation is appropriate, however, as this area of research is relatively new and at the beginning of its expansion. Therefore, studies with a simpler design are helpful in determining whether further research is merited in a new area. This helps provide a rationale and direction for allocation of resources in future, more in-depth research.

Second, the dichotomous classification of both type of loss and religious affiliation may be too simplistic. Though the current study followed one of the several accepted divisions for type of loss in the literature, the categorization of loss circumstances into one of two possibilities (i.e., nonviolent vs. violent) reduces measurement accuracy. Researchers ought to consider potential outliers, such as someone whose death due to illness (i.e., nonviolent loss) might have occurred by violent and unexpected means (e.g., a heart attack) or someone who experienced a violent, traumatic event (e.g., car accident) and was hospitalized, but then died due to nonviolent complications. These scenarios provide support for the consideration of a more comprehensive classification of loss circumstances beyond two categories (i.e., “expected” vs. “unexpected,”

“nonviolent” vs. “violent,” or “nontraumatic” vs. “traumatic”). With respect to religious affiliation, researchers in the area of religion and spirituality have called for a more thorough characterization of religiosity beyond just affiliation (Stroebe, 2004). As recent research has revealed, however, the religiously unaffiliated have been under-researched (Weber et al., 2012) and that religious affiliation is an overly simplistic classification when comparing various Judeo-Christian affiliations to one another (Wortmann & Park, 2008). Therefore, the current use of Affiliated versus Unaffiliated seems a suitable and useful measure at this time considering the current direction of research on the non-religious.

A third limitation of the current study design was the lack of item asking about closeness to the lost figure during data collection. Though the researchers asked about the relationship with the lost figure and developed valuable items regarding other characteristics of the loss (see “Demographic Questionnaire” in Appendix A), this item may have proven beneficial as a predictor variable or something to be controlled for in the hierarchical regression analyses.

Finally, a major study focus is to better characterize loss in emerging adulthood, however the sample was drawn from college students at an urban, southeastern university. Therefore, this sample may not be generalizable to emerging adults across the United States, particularly the portion of emerging adults who are not undergraduate students.

In spite of these limitations, the current study provided preliminary data to warrant several directions for future research in the areas of bereavement and religion/spirituality in emerging adulthood. This study gave information on loss characteristics in the sample, particularly regarding the differences in relationship to the lost figure based on type of loss and the impact of violent loss on expectedness of the loss, sense made of the loss, and identity

change following the loss. These results provide evidence for the importance of evaluating bereavement in emerging adulthood and of further research on the bereaved as a whole, especially relative to the impact of loss circumstances (i.e., nonviolent vs. violent loss).

Furthermore, this study revealed the impact of positive religious coping on grief intensity and personal growth following a loss, however the dynamic nature of this relationship was unable to be explored due to the limits of cross-sectional data collection. This result points to the need for examining the process of positive religious coping and its impact on grief symptoms and personal growth throughout the loss experience (i.e., before and after the loss occurs). Pargament et al. (2004) looked at the process of religious coping in longitudinal study, however this methodology has yet to be applied to the bereaved, particularly those in the emerging adulthood stage of development. Another area of future research may be exploring the uses of the RCOPE in individuals with a nonreligious orientation or a religious affiliation outside of the Judeo-Christian tradition. Further development of this measure in order to aid the interpretability of the subscales for respondents of various faith traditions would be beneficial. The results of the current study also provide support for the utility of inclusion of the dichotomous religious affiliation variable when comparing the Affiliated to the Unaffiliated. Though this classification may be deemed as unnecessarily simplistic in the religion/spirituality literature when comparing people of various affiliations, it proved a useful measurement tool in the current study. The results also ought to encourage the inclusion of the religiously unaffiliated in future religion/spirituality research, particularly as this falls in line with the request from researchers in the area (Weber et al., 2012). Finally, future research may be appropriate to clarify the differences between the constructs of grief intensity and psychological distress. Though they

have similar face validity, results from the current study in comparison with prior literature indicate that these constructs are distinct, however further examination of these differences would be beneficial for the bereavement research literature as a whole.

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Appendix A
Demographic Questionnaire

Listed below are questions for the demographic section of the survey. Please provide a response for every question.

1. Age: _____
2. Gender: (Please choose one)

MaleFemale
3. Class Rank: (Please choose one)

FreshmanSophomoreJuniorSeniorGraduate StudentOther
4. Marital Status: (Please Choose one)

SingleMarriedSeparatedDivorcedWidowed

Long-Term Relationship (not married)Living Together (not married)
5. Religious Affiliation: _____
6. Ethnicity: _____
7. Which of the following best represents your approximate family income, annually?

High (above \$150,000 per year)

High Middle (between \$90,000 and \$150,000 per year)

Middle (between \$50,000 and \$90,000 per year)

Low Middle (between \$25,000 and \$50,000 per year)

Low (less than \$25,000 per year)

Appendix B

Characteristics of Loss

Listed below are questions for this section of the survey. These questions regard the loss of a family member, friend, or loved one. If you have experienced the loss of more than one significant other, please respond regarding your most recent loss experience. Please provide a response for every question.

1. Please describe your relationship to the deceased (for example, if you are a parent of the deceased, type "parent"). _____
2. How much time has elapsed since your loss occurred (please record your answer in months and years): _____
3. Which of the following best describes the circumstances of your loved ones death?

Accident	Illness	Homicide	Suicide	Military Casualty
4. To what extent was your loved ones death sudden or unexpected; to what extent were you able to "see it coming" ahead of time?

Very Expected	Expected	Unexpected	Very Unexpected
5. How much sense would you say you have made of your loss?

No sense	Little sense	Some sense	A good deal of sense
6. Despite your loss, have you been able to find any benefit from your experience of the loss?

No Benefit	Little Benefit	Some Benefit	Great Benefit
7. Do you feel that you are different, or that your sense of identity has changed as a result of this loss?

No different	A little different	Somewhat different	Very different
8. Do you feel that the change described in the question above has been positive or negative?

Very negative	Negative	Positive	Very positive

Appendix C

RCOPE

The following items deal with ways you coped with the loss of a loved one which you have experienced. There are many ways to try to deal with problems. These items ask what you did to cope with this negative event. Obviously different people deal with things in different ways, but we are interested in how you tried to deal with it. Each item says something about a particular way of coping. We want to know to what extent you did what the item says. *How much or how frequently*. Don't answer on the basis of what worked or not-just whether or not you did it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can. Circle the answer that best applies to you.

1 – Not at all	0
2 – Somewhat	1
3 – Quite a bit	2
4 – A great deal	3

1. Didn't try much of anything; simply expected God to take control...	0	1	2	3	Passive Religious Deferral
2. Prayed for a miracle.....	0	1	2	3	Pleading for Direct Intercession
3. Worked together with God as partners.....	0	1	2	3	Collaborative Religious Coping
4. Saw my situation as part of God's plan.....	0	1	2	3	Benevolent Religious Reappraisal

5.	Decided that God was punishing me for my sins.....	0	1	2	3	<i>Punishing God Reappraisal</i>
6.	Questioned the power of God.....	0	1	2	3	<i>Reappraisal of God's Powers</i>
7.	Prayed to get my mind off of my problems.....	0	1	2	3	<i>Religious Focus</i>
8.	Tried to deal with my feelings without God's help.....	0	1	2	3	<i>Self-Directing Religious Coping</i>
9.	Did my best and then turned the situation over to God.....	0	1	2	3	<i>Active Religious Surrender</i>
10.	Tried to put my plans into action together with God.....	0	1	2	3	<i>Collaborative Religious Coping</i>
11.	Believed the devil was responsible for my situation.....	0	1	2	3	<i>Demonic Reappraisal</i>
12.	Felt punished by God for my lack of devotion.....	0	1	2	3	<i>Punishing God Reappraisal</i>
13.	Tried to make sense of the situation with God.....	0	1	2	3	<i>Collaborative Religious Coping</i>
14.	Trusted that God would be by my side.....	0	1	2	3	<i>Seeking Spiritual Support</i>
15.	Did what I could and put the rest in God's hands.....	0	1	2	3	<i>Active Religious Surrender</i>
16.	Felt the situation was the work of the devil.....	0	1	2	3	<i>Demonic Reappraisal</i>
17.	Pleaded with God to make things turn out okay.....	0	1	2	3	<i>Pleading for Direct Intercession</i>
18.	Made decisions about what to do without God's help.....	0	1	2	3	<i>Self-Directing Religious Coping</i>
19.	Didn't do much; just expected God to solve my problem for me.....	0	1	2	3	<i>Passive Religious Deferral</i>
20.	Didn't try to cope; only expected God to take my worries away.....	0	1	2	3	<i>Passive Religious Deferral</i>
21.	Thought about spiritual matters to stop thinking about my problems..	0	1	2	3	<i>Religious Focus</i>
22.	Realized that God cannot answer all of my prayers.....	0	1	2	3	<i>Reappraisal of God's Powers</i>
23.	Bargained with God to make things better.....	0	1	2	3	<i>Pleading for Direct Intercession</i>
24.	Tried to make sense of the situation without relying on God.....	0	1	2	3	<i>Self-Directing Religious Coping</i>

25.	Looked to God for strength, support and guidance.....	0	1	2	3	<i>Seeking Spiritual Support</i>
26.	Focused on religion to stop worrying about my problems.....	0	1	2	3	<i>Religious Focus</i>
27.	Sought God's love and care.....	0	1	2	3	<i>Seeking Spiritual Support</i>
28.	Decided the devil made this happen.....	0	1	2	3	<i>Demonic Reappraisal</i>
29.	Tried to find a lesson from God in the event.....	0	1	2	3	<i>Benevolent Religious Reappraisal</i>
30.	Thought that some things are beyond God's control.....	0	1	2	3	<i>Reappraisal of God's Powers</i>
31.	Took control over what I could, and gave the rest up to God.....	0	1	2	3	<i>Active Religious Surrender</i>
32.	Tried to see how God might be trying to strengthen me in this situation.....	0	1	2	3	<i>Benevolent Religious Reappraisal</i>
33.	Wondered what I did for God to punish me.....	0	1	2	3	<i>Punishing God Reappraisal</i>
34.	Asked God to help me be more forgiving.....	0	1	2	3	<i>Religious Forgiving</i>
35.	Wondered whether God had abandoned me.....	0	1	2	3	<i>Spiritual Discontent</i>
36.	Confessed my sins.....	0	1	2	3	<i>Religious Purification</i>
37.	Offered spiritual support to family or friends.....	0	1	2	3	<i>Religious Helping</i>
38.	Prayed for a complete transformation of my life.....	0	1	2	3	<i>Religious Conversion</i>
39.	Prayed to discover my purpose in living.....	0	1	2	3	<i>Seeking Religious Direction</i>
40.	Tried to be less sinful.....	0	1	2	3	<i>Religious Purification</i>
41.	Stuck to the teachings and practices of my religion.....	0	1	2	3	<i>Marking Religious Boundaries</i>
42.	Asked others to pray for me.....	0	1	2	3	<i>Seeking Support from Clergy</i>
43.	Sought help from God in letting go of my anger.....	0	1	2	3	<i>Religious Forgiving</i>

44.	Thought about how my life is part of a larger spiritual force.....	0	1	2	3	<i>Seeking Spiritual Connection</i>
45.	Asked forgiveness for my sins.....	0	1	2	3	<i>Religious Purification</i>
46.	Looked for a stronger connection with God.....	0	1	2	3	<i>Seeking Spiritual Connection</i>
47.	Tried to give spiritual strength to others.....	0	1	2	3	<i>Religious Helping</i>
48.	Wondered whether my church had abandoned me.....	0	1	2	3	<i>Interpersonal Religious Discontent</i>
49.	Questioned God's love for me.....	0	1	2	3	<i>Spiritual Discontent</i>
50.	Sought a stronger spiritual connection with other people.....	0	1	2	3	<i>Seeking Spiritual Connection</i>
51.	Sought spiritual help to give up my resentments.....	0	1	2	3	<i>Religious Forgiving</i>
52.	Asked God to help me find a new purpose in life.....	0	1	2	3	<i>Seeking Religious Direction</i>
53.	Looked for a total spiritual reawakening.....	0	1	2	3	<i>Religious Conversion</i>
54.	Sought God's help in trying to forgive others.....	0	1	2	3	<i>Religious Forgiving</i>
55.	Avoided people who weren't of my faith.....	0	1	2	3	<i>Marking Religious Boundaries</i>
56.	Prayed for the well-being of others.....	0	1	2	3	<i>Religious Helping</i>
57.	Prayed to find a new reason to live.....	0	1	2	3	<i>Seeking Religious Direction</i>
58.	Tried to find a completely new life through religion.....	0	1	2	3	<i>Religious Conversion</i>
59.	Looked for love and concern from members of my church.....	0	1	2	3	<i>Seeking Support from Clergy</i>
60.	Ignored advice that was inconsistent with my faith.....	0	1	2	3	<i>Marking Religious Boundaries</i>
61.	Voiced anger that God didn't answer my prayers.....	0	1	2	3	<i>Spiritual Discontent</i>
62.	Asked God to help me overcome my bitterness.....	0	1	2	3	<i>Religious Forgiving</i>
63.	Looked for spiritual support from clergy.....	0	1	2	3	<i>Seeking Support from Clergy</i>

64.	Disagreed with what the church wanted me to do or believe.....	0	1	2	3	<i>Interpersonal Religious Discontent</i>
65.	Felt dissatisfaction with the clergy.....	0	1	2	3	<i>Interpersonal Religious Discontent</i>

*Note: Each item's corresponding subscale is listed in italics to the right of each individual item. Highlighted items represent negative religious coping strategies.

Appendix D

Hogan Grief Reaction Checklist

This questionnaire consists of a list of thoughts and feelings that you may have had **since** your loss. Please read each statement carefully, and choose the number that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement that best describes you. Please do not skip any items.

- 1 Does not describe me at all 4 Describes me well
 2 Does not quite describe me 5 Describes me very well
 3 Describes me fairly well

1. My hopes are shattered	1	2	3	4	5	<i>Despair</i>
2. I have learned to cope better with life	1	2	3	4	5	<i>Growth</i>
3. I have little control over my sadness	1	2	3	4	5	<i>Despair</i>
4. I worry excessively	1	2	3	4	5	<i>Panic</i>
5. I frequently feel bitter	1	2	3	4	5	<i>Blame/Anger</i>
6. I feel like I am in shock	1	2	3	4	5	<i>Despair</i>
Sometimes my heart beats faster than it normally						
7. does for no reason...	1	2	3	4	5	<i>Panic</i>
8. I am resentful	1	2	3	4	5	<i>Blame/Anger</i>
9. I am preoccupied with feeling worthless	1	2	3	4	5	<i>Detachment</i>
10. I feel as though I am a better person	1	2	3	4	5	<i>Growth</i>
11. I believe I should have died and he or she should have lived...	1	2	3	4	5	<i>Despair</i>
12. I have a better outlook on life	1	2	3	4	5	<i>Growth</i>
13. I often have headaches	1	2	3	4	5	<i>Panic</i>
14. I feel a heaviness in my heart	1	2	3	4	5	<i>Despair</i>
15. I feel revengeful	1	2	3	4	5	<i>Blame/Anger</i>
16. I have burning in my stomach	1	2	3	4	5	<i>Panic</i>
17. I want to die to be with him or her	1	2	3	4	5	<i>Despair</i>
18. I frequently have muscle tension	1	2	3	4	5	<i>Panic</i>
19. I have more compassion for others	1	2	3	4	5	<i>Growth</i>

20.	I forget things easily, e.g., names, telephone numbers	1	2	3	4	5	<i>Disorganization</i>
21.	I feel shaky	1	2	3	4	5	<i>Panic</i>
22.	I am confused about who I am	1	2	3	4	5	<i>Detachment</i>
23.	I have lost my confidence	1	2	3	4	5	<i>Detachment</i>
24.	I am stronger because of the grief I have experienced	1	2	3	4	5	<i>Growth</i>
25.	I don't believe I will ever be happy again	1	2	3	4	5	<i>Despair</i>
26.	I have difficulty remembering things from the past	1	2	3	4	5	<i>Disorganization</i>
27.	I frequently feel frightened	1	2	3	4	5	<i>Panic</i>
28.	I feel unable to cope	1	2	3	4	5	<i>Detachment</i>
29.	I agonize over his or her death	1	2	3	4	5	<i>Despair</i>
30.	I am a more forgiving person	1	2	3	4	5	<i>Growth</i>
31.	I have panic attacks over nothing	1	2	3	4	5	<i>Panic</i>
32.	I have difficulty concentrating	1	2	3	4	5	<i>Disorganization</i>
33.	I feel like I am walking in my sleep	1	2	3	4	5	<i>Despair</i>
34.	I have shortness of breath	1	2	3	4	5	<i>Panic</i>
35.	I avoid tenderness	1	2	3	4	5	<i>Detachment</i>
36.	I am more tolerant of myself	1	2	3	4	5	<i>Growth</i>
37.	I have hostile feelings	1	2	3	4	5	<i>Blame/Anger</i>
38.	I am experiencing periods of dizziness	1	2	3	4	5	<i>Panic</i>
39.	I have difficulty learning new things	1	2	3	4	5	<i>Disorganization</i>
40.	I have difficulty accepting the permanence of the death	1	2	3	4	5	<i>Despair</i>
41.	I am more tolerant of others	1	2	3	4	5	<i>Growth</i>
42.	I blame others	1	2	3	4	5	<i>Blame/Anger</i>
43.	I feel like I don't know myself	1	2	3	4	5	<i>Detachment</i>
44.	I am frequently fatigued	1	2	3	4	5	<i>Panic</i>
45.	I have hope for the future	1	2	3	4	5	<i>Growth</i>
46.	I have difficulty with abstract thinking	1	2	3	4	5	<i>Disorganization</i>
47.	I feel hopeless	1	2	3	4	5	<i>Despair</i>
48.	I want to harm others	1	2	3	4	5	<i>Blame/Anger</i>
49.	I have difficulty remembering new information	1	2	3	4	5	<i>Disorganization</i>
50.	I feel sick more often	1	2	3	4	5	<i>Panic</i>
51.	I reached a turning point where I began to let go of some of my grief	1	2	3	4	5	<i>Growth</i>
52.	I often have back pain	1	2	3	4	5	<i>Panic</i>
53.	I am afraid that I will lose control	1	2	3	4	5	<i>Detachment</i>
54.	I feel detached from others	1	2	3	4	5	<i>Detachment</i>
55.	I frequently cry	1	2	3	4	5	<i>Despair</i>
56.	I startle easily	1	2	3	4	5	<i>Panic</i>
57.	Tasks seem insurmountable	1	2	3	4	5	<i>Disorganization</i>

58.	I get angry often	1	2	3	4	5	<i>Blame/Anger</i>
59.	I ache with loneliness	1	2	3	4	5	<i>Despair</i>
60.	I am having more good days than bad	1	2	3	4	5	<i>Growth</i>
61.	I care more deeply for others	1	2	3	4	5	<i>Growth</i>

*Note: Each item's corresponding subscale is listed in italics to the right of each individual item. The items from the Growth subscale are highlighted.

Appendix E

Spiritual Well-Being Scale

For each of the following statements, circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience.

SA = Strongly Agree

D = Disagree

MA = Moderately Agree

MD = Moderately Disagree

A = Agree

SD = Strongly Disagree

1.	I don't find much satisfaction in private prayer with God.	SA	MA	A	D	MD	SD*
2.	I don't know who I am, where I came from, or where I am going.	SA	MA	A	D	MD	SD
3.	I believe that God loves me and cares about me.	SA	MA	A	D	MD	SD*
4.	I feel like life is a positive experience.	SA	MA	A	D	MD	SD
5.	I believe that God is impersonal and not interested in my daily situations.	SA	MA	A	D	MD	SD*
6.	I feel unsettled about my future.	SA	MA	A	D	MD	SD
7.	I have a personally meaningful relationship with God.	SA	MA	A	D	MD	SD*
8.	I feel very fulfilled and satisfied with life.	SA	MA	A	D	MD	SD
9.	I don't get much personal strength and support from my God.	SA	MA	A	D	MD	SD*
10.	I feel a sense of well-being about the direction my life is headed in.	SA	MA	A	D	MD	SD
11.	I believe that God is concerned about my problems.	SA	MA	A	D	MD	SD*
12.	I don't enjoy much about life.	SA	MA	A	D	MD	SD
13.	I don't have a personally satisfying relationship with God.	SA	MA	A	D	MD	SD*
14.	I feel good about my future.	SA	MA	A	D	MD	SD
15.	My relationship with God helps me not feel lonely.	SA	MA	A	D	MD	SD*
16.	I feel that life is full of conflict and unhappiness.	SA	MA	A	D	MD	SD
17.	I feel most fulfilled when I'm in close communion with God.	SA	MA	A	D	MD	SD*
18.	Life doesn't have much meaning.	SA	MA	A	D	MD	SD
19.	My relation with God contributes to my sense of well-being.	SA	MA	A	D	MD	SD*
20.	I believe there is some real purpose for my life.	SA	MA	A	D	MD	SD

*Highlighted/starred items load onto the Religious Wellbeing subscale, unhighlighted/unstarred items assess existential wellbeing

Appendix F

Figures of Means for Hypotheses 1-6

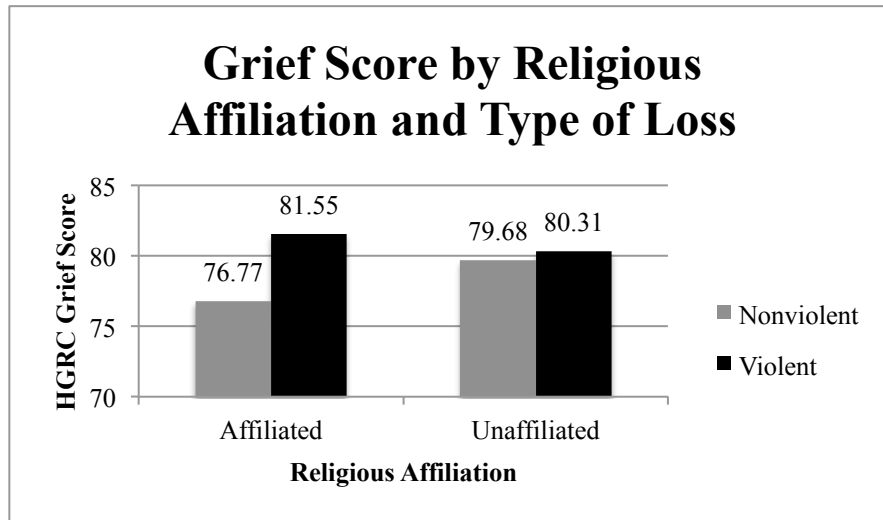


Figure 1. Hypothesis 1 means for outcome variable grief intensity (as measured by HGRC) based on religious affiliation and type of loss predictor variables

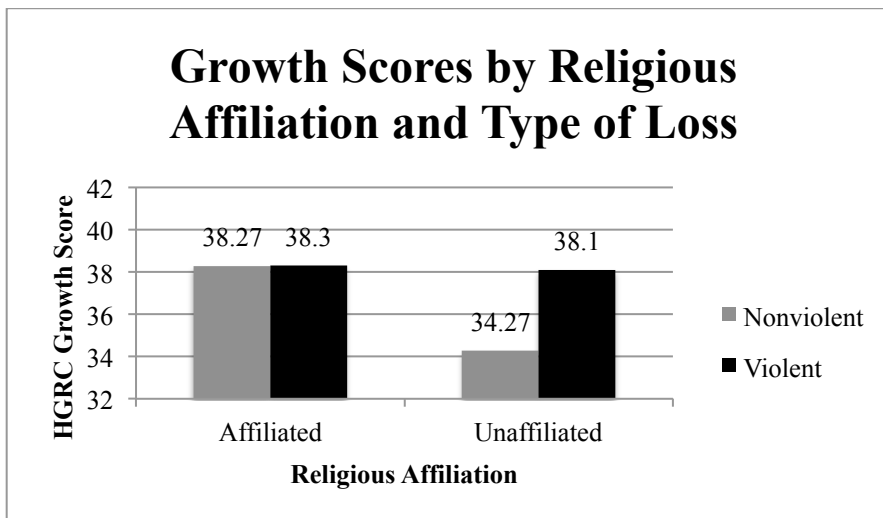


Figure 2. Hypothesis 2 means for outcome variable growth (as measured by HGRC) based on religious affiliation and type of loss predictor variables

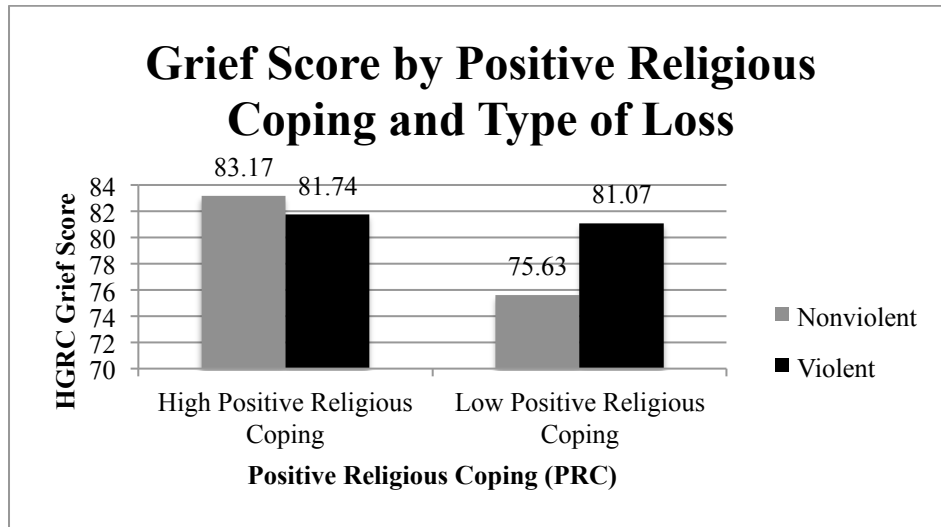


Figure 3. Hypothesis 3 means for outcome variable grief intensity (as measured by HGRC) based on positive religious coping (recoded as categorical variable) and type of loss predictor variables

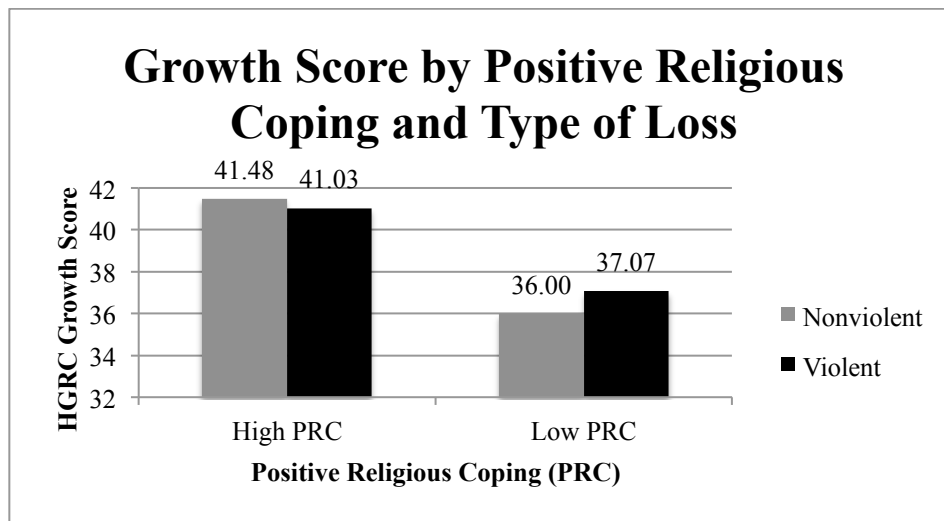


Figure 4. Hypothesis 4 means for outcome variable growth (as measured by HGRC) based on positive religious coping (recoded as categorical variable) and type of loss predictor variables

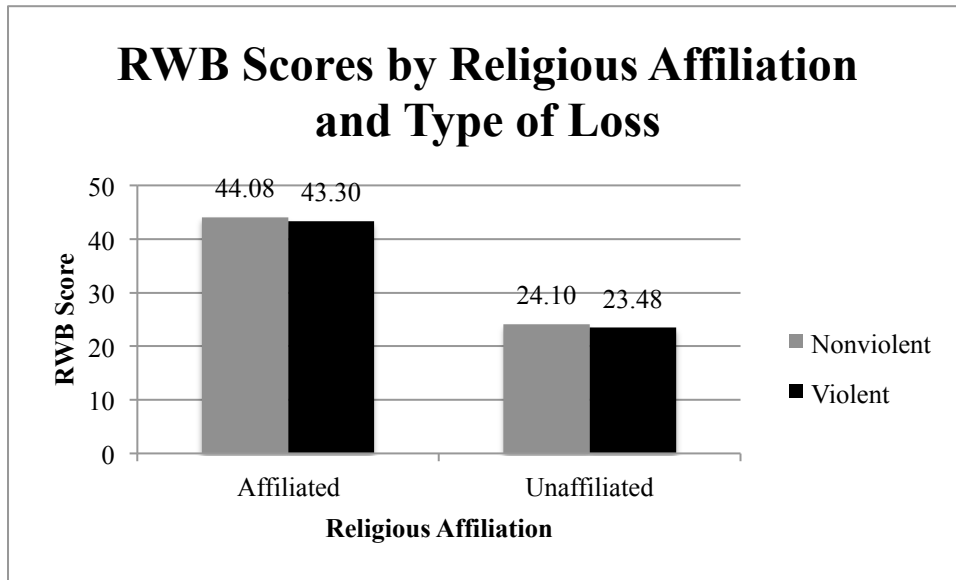


Figure 5. Hypothesis 5 means for outcome variable religious well-being (RWB; as measured by SWBS) based on religious affiliation and type of loss predictor variables

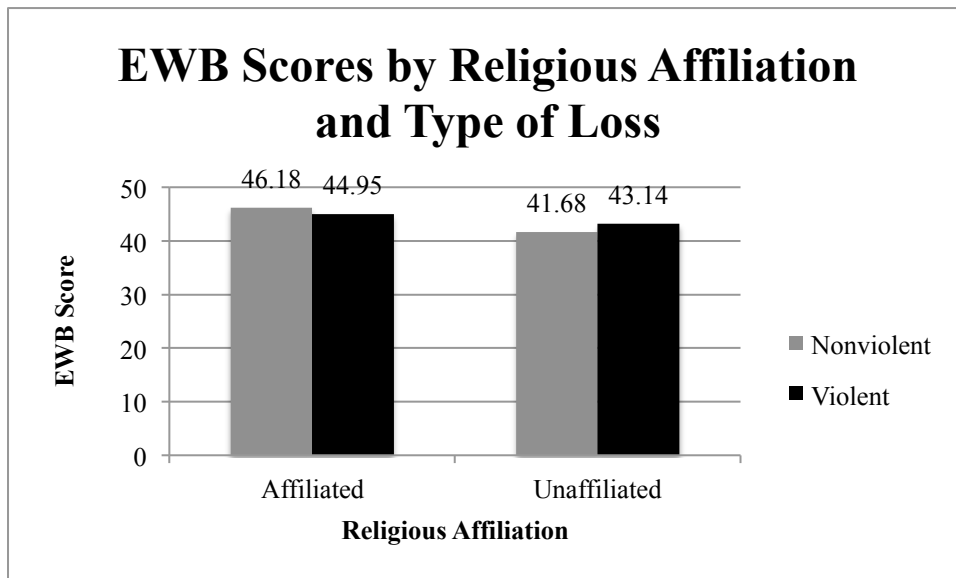


Figure 6. Hypothesis 6 means for outcome variable existential well-being (EWB; as measured by SWBS) based on religious affiliation and type of loss predictor variables

Appendix G

Additional Tables

Table 4

Frequencies and percentages for loss characteristics based on type of loss

Frequencies and percentages for loss characteristics based on type of loss						
Loss Characteristic	Frequency	% of Category	% of Total	Frequency	% of Category	% of Total
	Non-violent Loss (n=491)			Violent Loss (n=257)		
Relationship						
Friend	59	12.0%	7.9%	165	64.2%	22.1%
Nuclear Family	19	3.9%	2.5%	18	7.0%	2.4%
Extended Family	378	77.0%	50.5%	53	20.6%	7.1%
Spouse	2	0.4%	0.3%	9	3.5%	1.2%
Other	33	6.7%	4.4%	12	4.7%	1.6%
Expectedness						
Very Expected	82	16.7%	11.0%	19	7.4%	2.5%
Expected	218	44.4%	29.1%	12	4.7%	1.6%
Unexpected	133	27.1%	17.8%	41	16.0%	5.5%
Very Unexpected	58	11.8%	7.8%	185	72.0%	24.7%
Sense						
No sense	26	5.3%	3.5%	43	16.7%	5.7%
Little sense	75	15.3%	10.0%	95	37.0%	12.7%
Some sense	204	41.5%	27.3%	82	31.9%	11.0%
A good deal of sense	186	37.9%	24.9%	37	14.4%	4.9%
Benefit						
No benefit	143	29.1%	19.1%	84	32.7%	11.2%
Little benefit	144	29.3%	19.3%	77	30.0%	10.3%
Some benefit	176	35.8%	23.5%	79	30.7%	10.6%
Great benefit	28	5.7%	3.7%	17	6.6%	2.3%
Identity Change (Degree)						
No different	123	25.1%	16.4%	46	17.9%	6.1%
A little different	224	45.6%	29.9%	111	43.2%	14.8%
Somewhat different	123	25.1%	16.4%	71	27.6%	9.5%
Very different	21	4.3%	2.8%	29	11.3%	3.9%
Identity Change (+/-)						
Very negative	10	2.0%	1.3%	10	3.9%	1.3%
Negative	131	26.7%	17.5%	74	28.8%	9.9%
Positive	321	65.4%	42.9%	159	61.9%	21.3%
Very positive	29	5.9%	3.9%	14	5.4%	1.9%

Note: All percentage values are calculated based on the sample of N=748. There were no missing data present for the frequencies above.

Table 5

Frequencies and percentages for loss characteristics based on religious affiliation

Loss Characteristic	Frequency	% of Category	% of Total	Frequency	% of Category	% of Total
	Affiliated/Christian (n=574)			Unaffiliated (n=174)		
Circumstance						
Suicide	34	5.9%	4.5%	13	7.5%	1.7%
Homicide	37	6.4%	4.9%	5	2.9%	0.7%
Accident	128	22.3%	17.1%	40	23.0%	5.3%
Illness	375	65.3%	50.1%	116	66.7%	15.5%
Relationship						
Friend	174	30.3%	23.3%	50	28.7%	6.7%
Nuclear Family	28	4.9%	3.7%	9	5.2%	1.2%
Extended Family	328	57.1%	43.9%	103	59.2%	13.8%
Spouse	9	1.60%	1.20%	2	1.10%	0.30%
Other	35	6.1%	4.7%	10	5.7%	1.3%
Expectedness						
Very Expected	79	13.8%	10.6%	22	12.6%	2.9%
Expected	167	29.1%	22.3%	63	36.2%	8.4%
Unexpected	134	23.3%	17.9%	40	23.0%	5.3%
Very Unexpected	194	33.8%	25.9%	49	28.2%	6.6%
Sense						
No sense	54	9.4%	7.2%	15	8.6%	2.0%
Little sense	133	23.2%	17.8%	37	21.3%	4.9%
Some sense	218	38.0%	29.1%	68	39.1%	9.1%
A good deal of sense	169	29.4%	22.6%	54	31.0%	7.2%
Benefit						
No benefit	175	30.5%	23.4%	52	29.9%	7.0%
Little benefit	168	29.3%	22.5%	53	30.5%	7.1%
Some benefit	193	33.6%	25.8%	62	35.6%	8.3%
Great benefit	38	6.6%	5.1%	7	4.0%	0.9%
Identity Change (Degree)						
No different	129	22.5%	17.2%	40	23.0%	5.3%
A little different	258	44.9%	34.5%	77	44.3%	10.3%
Somewhat different	151	26.3%	20.2%	43	24.7%	5.7%
Very different	36	6.3%	4.8%	14	8.0%	1.9%
Identity Change (+/-)						
Very negative	15	2.6%	2.0%	5	2.9%	0.7%
Negative	154	26.8%	20.6%	51	29.3%	6.8%
Positive	369	64.3%	49.3%	111	63.8%	14.8%
Very positive	36	6.3%	4.8%	7	4.0%	0.9%

Note: All percentage values are calculated based on the sample of N=748. There were no missing data present for the frequencies above.

Table 18

Frequencies and percentages for participants reports of most helpful coping strategies categorized by type of loss and religious affiliation

Coping Strategy	% of					
	% of Non-violent			% of Violent		
	Frequency	Non-violent Losses	% of Affiliated	Frequency	Violent Losses	% of Unaffiliated
Non-violent Loss (n=370)						
Affiliated/Christian (n=370)						
Non-violent Loss (n=469)						
Unaffiliated (n=99)						
Violent Loss (n=197)						
Affiliated/Christian (n=197)						
Unaffiliated (n=53)						
Violent Loss (n=250)						
Unaffiliated (n=53)						
RCOPE Subscales						
Collaborative Religious Coping	15	3.2%	4.1%	1	0.2%	1.0%
Active Religious Surrender	37	7.9%	10.0%	1	0.2%	1.0%
Seeking Spiritual Support	68	14.5%	18.4%	3	0.6%	3.0%
Religious Focus	5	1.1%	1.4%	2	0.4%	2.0%
Religious Purification	8	1.7%	2.2%	1	0.2%	1.0%
Seeking Spiritual Connection	27	5.8%	7.3%	6	1.3%	6.1%
Seeking Support from Clergy	3	0.6%	0.8%	0	0.0%	0.0%
Religious Helping	26	5.5%	7.0%	9	1.9%	9.1%
Seeking Religious Direction	10	2.1%	2.7%	4	0.9%	4.0%
Religious Conversion	7	1.5%	1.9%	5	1.1%	5.1%
Religious Forgiving	29	6.2%	7.8%	1	0.2%	1.0%
Interpersonal Religious Discontent*	3	0.6%	0.8%	8	1.7%	8.1%
Spiritual Discontent*	3	0.6%	0.8%	0	0.0%	0.0%
Marking Religious Boundaries*	6	1.3%	1.6%	3	0.6%	3.0%
Punishing God Reappraisal*	2	0.4%	0.5%	0	0.0%	0.0%
Passive Religious Deferral*	4	0.9%	1.1%	2	0.4%	2.0%
Pleading for Direct Intercession*	23	4.9%	6.2%	7	1.5%	7.1%
Self-Directing Religious Coping*	21	4.5%	5.7%	38	8.1%	38.4%
Benevolent Religious Reappraisal*	56	11.9%	15.1%	3	0.6%	3.0%
Demonic Reappraisal*	0	0.0%	0.0%	0	0.0%	0.0%
Reappraisal of God's Powers*	17	3.6%	4.6%	5	1.1%	5.1%
Type of Coping						
Positive Religious Coping	235	50.1%	63.5%	33	7.0%	33.3%
Negative Religious Coping	135	28.8%	36.5%	66	14.1%	66.7%
Missing Values	5			17		

Note: Total sample size was N=748, though 29 participants (3.9%) failed to answer this question, resulting in 29 missing values for the above sets of frequencies. Sample sizes do not include the subjects with missing values. *Subscales that load onto the negative religious coping factor

Vita

Elizabeth Anne Collison was born on April 21, 1987, in Portland, Oregon, and is an American citizen. She graduated from Shawnee Mission Northwest High School, Shawnee, KS in 2005. She received her Bachelor of Arts in Psychology from University of Kansas, Lawrence, KS in 2009. She is currently working towards a Doctor of Philosophy degree in Clinical Psychology with a concentration in Behavioral Medicine at Virginia Commonwealth University, Richmond, VA. While completing her coursework, she has worked as a teaching assistant for three years and as a student therapist at the Center for Psychological Services and Development, Richmond, VA, and as part of the Virginia Commonwealth University Medical Center Primary Care Psychology Service. She has participated as a process observer for group psychotherapy at University Counseling Services, Richmond, VA. She has also presented posters and an oral presentation at three conferences.