Fundacion Mexicana para la Salud
Maia Elsner

In Literature: Bereavement Counselling and the Role of Religion:

Traditionally, there has been surprising lack of attention to religious issues in bereavement counselling practice. The perceived neglect of spiritual matters comes as a result of mental health practitioners using therapeutic theoretical methods that are not easily compatible with religious frameworks. I have looked at the research on bereavement counselling and the role of religion when supporting those facing death. There exists a significant body of literature that attempts to address the perceived neglect of religious and spiritual issues in bereavement counselling, but the focus tends to be on making accessible spiritual guidance to the counsellor in order to support people facing bereavement, especially in cases where the person is religious. Most questions asked by academia revolve around the intricacies of whether, to what extent and in which ways the bereaved may turn to religion, and how a spiritual understanding may aid those attempting to support those facing death. Some of the articles listed and analysed below also explore the complexity of co-ordination between mental health practitioners and spiritual leaders. I have found very little research which calls specifically on religious leaders to act as counsellors.

1. Lloyd, Margaret, 'Dying and Bereavement, Spirituality and Social Work in a Market Economy of Welfare', *Br. J. Social Work* (1997), 27.2, 175-190.
http://bjsw.oxfordjournals.org/content/27/2/175.short

Published Abstract:

This paper examines the contribution of social work practice to the care of people who are dying or bereaved. It considers current challenges to traditional practice arising from societal and organizational change, reaffirming the importance of the social work role but arguing that, in order to face those challenges, social workers must broaden their perspective to incorporate a spiritual dimension. The paper draws on a research study conducted by the author.

Further analysis:

Although this article primarily explores the importance of social workers, religious issues are emphasized. According to Lloyd, several of the social workers that took part in the studies detailed in the article commented "they would refer any questions or problems to do with faith to the appropriate religious minister or leader". Lloyd writes, "when asked about the distinguishing characteristics of work with people who are dying or bereaved (in the context of their work as a whole), the second most frequently identified variable was existential issues (42 per cent) and 12 per cent identified a spiritual or religious context. Moreover, when focusing on the experiences of

the dying or bereaved persons, a total of 82 per cent of the social workers thought that spiritual pain was always, most times or sometimes present; 77 per cent also felt that philosophical questioning was always, most times or sometimes present." The article concludes, "appropriate referral to a religious leader should arise from sensitive exploration of the range of issues with which the dying or bereaved person is struggling and should not preclude a continuing openness to such discussion". However, Lloyd does not mention the quality of the religious leader's support to a person facing death or bereavement.

2. Golsworthy, Richard and Coyle, Adrian, 'Practitioners' accounts of religious and spiritual dimensions in bereavement therapy', *Counselling Psychological Quarterly* Volume 14.3 (2001) 183-202. DOI: 10.1080/09515070110037993; http://dx.doi.org/10.1080/09515070110037993

Published Abstract:

This study explores religious and spiritual dimensions in bereavement therapy through in-depth qualitative interviews with 12 therapists for whom bereavement work constituted a major part of their therapeutic role. Information was gathered on the conceptualization of religious and spiritual issues, the perceived influence of therapists' beliefs on their practice and the therapeutic processes that occur in work with religious and spiritual issues. Interpretative Phenomenological Analysis was used to analyse the data, examining associations between these areas as well as highlighting the diversity of experiences and viewpoints. The multi-dimensional role of the therapeutic relationship was highlighted by participants as well as the perceived limitations of many theoretical models of therapy and bereavement in working with religious or spiritual issues. Some therapeutic processes were described in terms of the exploration of belief systems that have been challenged by bereavement and the re-creation of personal meaning. Implications for therapeutic practice and further research are discussed.

Further Analysis:

This article explores and evaluates the extent to which bereavement counsellors are adequately informed on religious issues, which may be pertinent to a patient facing death, rather than a religious leader's knowledge of bereavement counselling.

3. Dyer, Jacqueline E Thurston and Hagedorn, W Bryce, 'Navigating Bereavement With Spirituality-Based Interventions: Implications for Non-Faith-Based Counselors', *Counseling and Values,* 58.1 (2013), 69-84. http://search.proquest.com/docview/1346944350?accountid=9851

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Published Abstract:

The relationship between spirituality and bereavement has been studied in a multitude of disciplines, yet there is a significant gap in the counselling literature on this topic. The authors explore how spirituality is often avoided in secular counselling settings. discuss adverse effects of unresolved grief on clients' functioning, and propose the concept that spirituality can be used to help clients through the bereavement process. Finally, the authors offer research and clinically based interventions that counsellors, particularly those who do not identify as faith-based, can use to incorporate spirituality into their work with bereaved clients.

Further Analysis:

This article analyses the lack of academic articles dedicated to the study of spirituality and its impact on loss and bereavement. It calls on counselors to have basic competency in addressing spiritual matters, emphasizing that traditional doctoral programs that aim to prepare counselors are unfit to train counselors in spiritual matters. However, the article does not suggest that religious leaders should attempt to fill a therapeutic role.

4. Kotze, Peter, 'A missional perspective on funerals and bereavement counselling', *Theological Studies*, 71. 3 (2015), 9 pages. DOI: 10.4102/hts.v71i3.2912; http://dx.doi.org/10.4102/HTS.V71I3.2912

Published Abstract:

This article deals with the importance of a missional approach to the funeral and bereavement counselling process in congregational praxis in the midst of a context of secularisation. The creation of a missional perspective on the funeral and bereavement counselling could support the nature and praxis of a congregation in a secular society, especially if the congregation finds its relevance in the expression of the *missio Dei*. The basic theoretical research for missional ecclesiology, which is the systematic study directed toward greater knowledge of the fundamental aspects of missional ecclesiology (National Science Foundation 1953:38), is based on the premise that God is the source of all missions. The expression *missio Dei* means to join God in the mission he is already busy with in the world. As the one who sends, God the Father sends the Son, the Son sends the Holy Spirit, and the Holy Spirit sends the church. The church only participates in the mission God is already busy with. It is a mission that uses both words and deeds and brings hope in the midst of tragedy. It is the hope of the kingdom of God and the incarnation of Christ that can already be experienced and expressed in the present. It is also the hope of the transformation of everything to form a new heaven and earth. Hope and mission can therefore not be separated. The concretisation of the expression of the

kingdom of Christ in the world is hope, and a strong emphasis is therefore placed on mission as action in hope. Hope must be present where tragedy reigns, and the funeral and bereavement counselling can be used as a vehicle for this hope. Hope can then become an instrument of healing. The church can thus participate in God's mission in the midst of tragedy and make an impact on society by taking on a missional character of hope.

5. Wortmann, Jennifer H. , Park, Crystal L., 'Religion and Spirituality in Adjustment Following Bereavement: An Integrative Review', *Death Studies,* 32.8 (2008), 703-736. DOI:10.1080/07481180802289507; http://ezproxy-prd.bodleian.ox.ac.uk:2066/10.1080/07481180802289507

Published Abstract:

Surprisingly little research has examined the widely held assumption that religion and spirituality are generally helpful in adjusting to bereavement. A systematic literature search located 73 empirical articles that examined religion/spirituality in the context of bereavement. The authors describe the multidimensional nature of religion/spirituality and use this framework to organize and integrate the findings of these empirical articles. Overall, results suggest that relations between religion and adjustment to bereavement are generally positive but inconsistent and vary depending in part on how religion/spirituality is measured. The authors conclude with a critique of the current research and directions for future research.

Further Analysis:

Wortmann and Park assert, "authoritative bereavement researchers consider religious faith as 'one of the most frequently used and effective means of coping with death' (Shuchter & Zisook, 1993, p. 32)". However there is no mention of the role of spiritual leaders in the bereavement counseling process.

6. Austin, D. and Lennings, C.J., 'Grief and religious belief: Does belief moderate depression?', *Death Studies*, 17.6 (1993), 487-496, DOI: 10.1080/07481189308252634; http://dx.doi.org/10.1080/07481189308252634

Published Abstract:

This study assessed the contribution made by knowledge of religion and religious belief in moderating the effect of the grieving process on 57 subjects who had reported a significant bereavement within the last 5 years. Degree of Christian knowledge or depth of commitment to

Christian beliefs did not moderate either depression OT hopelessness. However, reporting a belief in God, irrespective of the degree of this belief, did appear to be associated with lower levels of both depression and hopelessness.

7. Marlene, Robert, 'Dying, mourning, and spirituality: A psychological perspective', *Death Studies*, 23(1999), 495–519, DOI: 10.1080/074811899200858; http://dx.doi.org/10.1080/074811899200858

Published Abstract:

Based in an unfortunate tradition that stretches back in time to Watson's behaviorism and Freud's psychoanalysis, psychology has tended to reject and to pathologize matters of the spirit. In the past 30 years, however, with the advent of what has been termed the cognitive revolution, psychology has greatly expanded the scope of its subject matter. Psychologists and thanatologists have begun to unravel the cognitive underpinnings of our assumptive world and the transformation of those underpinning s in times of crisis and stress. This article examines the cognitive basis of the spiritual experience and the use of cognitive assimilation, accommodation strategies during the process of mourning the death of a loved one, as well as during the process of living our own dying. Of special importance to mental health professionals and clergy, new research on dying, mourning, and spirituality suggests that the specific ways in which people rediscover meaning—such as belief in traditional religious doctrine, the afterlife, reincarnation, philanthropy, or a spiritual order to the universe—may be less important than the process itself. In other words, in the midst of dealing with profound loss in our lives, the ability to re-ascribe meaning to a changed world through spiritual transformation, religious conversion, or existential change may be more significant than the specific content by which that need is filled.

8. Black, John, 'Broaden Your Mind About Death And Bereavement In Certain Ethnic Groups In Britain', *British Medical Journal*, 295.6597 (1987), pp. 536-539.
http://www.jstor.org/stable/29528069

This document looks at the formalities in Hinduism, Sikhism and Islam towards people facing death or dying. Black argues that "lists of religious or community leaders should be available, and, in areas where the numbers merit it, hospitals might consider the appointment of one or more of these leaders to a post equivalent to that of hospital chaplain. Ward staff should know that in some Asian cultures grief is shown more openly than is the custom in the West, and the provision of a sideward for the dying patient is a more humane and sensible gesture." Black however draws attention to cultural, linguistic and gendered difference, which might make counselling complicated. Black concludes: "in discussions with some of the (male) leaders of the

Hindu, Sikh, and Islamic communities I have not received the impression that there is a need for bereavement counsellors. It is difficult to obtain the women's viewpoint on this as traditionally, and often for linguistic reasons, the man speaks for his wife. It is, however, often acceptable for another woman to talk to a bereaved mother. The Stillbirth and Neonatal Death Society has often been of help to bereaved Asian families, in spite of the linguistic and cultural differences".

9. Hulme, Thomas S., 'Mental Health Consultation with Religious Leaders', *Journal of Religion and Health*, 13. 2 (1974), 114-127. http://www.jstor.org/stable/27505224

Published Abstract:

It is my purpose to set forth some specific suggestions for knowledgeable and effective consultation by mental health professionals with Christian clergymen and Jewish rabbis, who are the single most important group of community caregivers in this country. I shall not consider in detail the work of the rabbi and the synagogue, since I have no expert knowledge in this area. In general, whatever is true of effective consultation with Christian clergymen, their training, and their willingness to be of assistance to their fellow men is equally true of their Jewish counterpart.

Further Analysis:

Hulme suggests that the interaction between a member of the clergy and a mental health professional most generally takes place when a religious figure refers a member of the congregation to a mental health practitioner. Hulme asserts that members of a congregation often refer each other and their friends to the member of the clergy in charge. Hulme argues, "Clergymen take seriously such referrals to them and feel, depending on the problem and their training, that it is better for them to handle the problem than to make a poor referral. "Better the devil you know than the one you don't know." All most clerics need is several referrals that are poorly handled, where little is done for whatever reason, where no report is made to them, and where even the simplest matters of professional courtesy are ignored and they will never make another." Furthermore, Hulme draws attention to the complex emotions a clergyman may feel when out of his or her depth, which may impede referral to a mental health professional: "the cleric himself is usually in a crisis situation. There is a problem that he cannot handle or he would not be seeking a consultant's aid. Why is he unable to handle it? Is it because of lack of knowledge or skill? Transference? Clerical bias? Or some problems due to the church system itself? For example, divorce and remarriage? How does the cleric feel about the client and about himself in regard to this problem? What supports does he need? What defenses is he using?" Hulme writes "for many clergymen, there is the deep-rooted conviction that the Gospel itself, the

sacraments of the church, and personal faith, are enough to handle most problems in living and of neurosis, if not psychosis as well. If these resources are not sufficient, it must be due to some personal failing of the individual cleric. The "Jehovah complex" is joked about by the clergy, but it is also deeply rooted. As a result, antagonism is easily created by another, a professional from another "faith," who offers a solution or way of handling a problem when he or his church has failed."

10. Gatrad, A. R., 'Muslim Customs Surrounding Death, Bereavement, Postmortem Examinations, And Organ Transplants', *British Medical Journal*, 309.6953 (1994), 521-523. http://www.jstor.org/stable/29724563

Published Abstract:

I will highlight some events surrounding death of Muslim patients who in the United Kingdom predominantly come from India, Pakistan, and Bangladesh. There will be some differences with Muslims from the Arab world, largely concerning bereavement and organ transplantation; the other issues are strictly adhered to throughout the Muslim world.

Further Analysis:

Gatrad asserts, "The initial bereavement period lasts for three days, during which prayers in the home are recited almost continuously. Public rites are for men only. According to religious laws a Muslim wife is expected to stay in her home for up to 4/2 months after the death of her husband or, if she is pregnant, until pregnancy ends. This is important in establishing that pregnancy was progressing before death of the husband. Most Muslim women in the United Kingdom follow this unless they are, or have now become, breadwinners, in which case there is a religious dispensation. Shoes are taken off before entering the house of the bereaved, and it is customary to cover one's head when talking about the person who has died. People often sit on the carpet to pass on their condolences. Traditionally, black clothes or veils are not worn during bereavement most people wear plain simple clothes with no make up or jewellery. It is not customary to send wreaths or flowers. No collection is made or donations given. The extended family network provides a great deal of support for the bereaved. Because of the physical proximity of family members and the custom of talking through the experience a feeling of loneliness and isolation is less common. Most Muslims have religious explanations for a person's death, particularly that of a child. Guilt is a common component of bereavement10 and is incorporated into the grieving process, which is dealt with openly. Religion encourages sharing of grief and provides the means for absolving it. This should be appreciated before any counselling

is attempted." There is no information which states in which ways it would be appropriate to incorporate counselling in the bereavement process for Muslims, nor whether Muslim religious leaders could or should help with this process.

11. McEvoy, James, 'Pastoral Help in Bereavement', *The Furrow*, 34. 11 (1983), 680-691. http://www.jstor.org/stable/27677733

Published Abstract:

'Blessed are those who mourn.' The thoughts which I have gathered into this article can be looked on as a sort of catena, linked together by this beatitude. I want to offer a commentary on these words which may help priests, first and foremost, but also everyone who is called upon in the course of his or her work to help and comfort the bereaved. For the priest should be an expert on death; the faithful look to him for prayerful support and often for guidance at the time of death and afterwards, and even in fairly secular societies, where religion has been dislodged from its traditional centrality in life, people of all sorts still expect that the priest should have a special role at the time of death. My purpose is not to give guidelines for the priest who is attending the dying, since every priest is prepared in some measure by the theology and pastoral theology of death in that respect, and he learns the sacramental side of his office in practice, enriching it by reflection on his own experience, and being helped, especially in his first years, by the practical wisdom of his colleagues. What I hope to do is to fill what has often been a gap in the formation of priests, by reflecting upon the priest's role in helping the bereaved family, and especially the widowed. It is my experience that the priest can play a vital role in helping the bereaved during the course of their mourning and their grieving; that people are open to a deeper experience of life, and of faith in the cross and the resurrection, when they have just lost someone close to them; that they welcome the priest's ministration and counsel then, as perhaps never before; and that the priest who rises to the continuing challenge placed before him by the bereaved of his parish is blessed in and through helping those who mourn, in a way that affects all other aspects of his ministry. His familiarity with death and grief can be either superficial or profound; it is an important criterion of the quality of his ministry.

12. Lenore B. Weinstein, 'Bereaved Orthodox Jewish Families and Their Community: A Cross-Cultural Perspective', *Journal of Community Health Nursing*, 20. 4 (2003), 233-243. http://www.jstor.org/stable/3427694

Published Abstract:

This article examines the laws and customs of bereavement in Orthodox Jewish families and their community. It considers definitions of bereavement, the need for health care team members' cross-cultural understanding of bereavement, the community's role, and the role of the community health nurse and health care team with this particular group.

Further Analysis:

This article explores the following: definitions with its related concepts support for the importance of cross-cultural bereavement, and community roles. The purpose of this article is to equip the community health nurse and other heath care team members with "a perspective of bereavement in Orthodox Jewish families by presenting their particular mourning process with its associated laws and customs". The emphasis of this text is on providing nurses and health care professionals with knowledge, and there is no suggestion that orthodox Jewish leaders should attempt to fulfil a counselling role.

13. O'Kane, Seamus and Miller, Rob, 'An investigation into the counselling-type work of Roman Catholic priests: A survey of one diocese in Northern Ireland', *British Journal of Guidance and Counselling*, 29.3 (2003), 323-335**.** DOI:10.1080/03069880120073030; http://dx.doi.org/10.1080/03069880120073030

Published Abstract:

Professional counselling has been criticised as being the preserve of the elite, and neither available nor affordable for the vast majority of society. However, there are other sources of help which people avail themselves of in times of need. One such source has been the local clergyman. This study looked at the helping service provided by Catholic priests working in pastoral situations in a Northern Irish diocese. Based on a questionnaire survey of 32 Catholic priests (25% of the diocese) the study looked first at the types of problems being presented to clergy, and how they responded to them. It examined their training for this work, as well as their attitudes to it, support for Catholic priests in this aspect of their work and also at their referral practices. Findings in respect of problems presented and training were in line with previous research. A wide variety of problems was encountered by Catholic priests where the most common were bereavement, alcohol or substance abuse, marital disharmony, relationship problems and terminal illness. Despite very positive attitudes towards counselling-type work and its importance in their ministry, Catholic priests' initial training in this area was reported as largely irrelevant to their current needs and there was a prevailing view of dissatisfaction. A level of self-confidence was displayed that seemed incongruent with the training in this field. Responses in respect of support and referral were contrary to previous studies. Priests seemed to be engaging

in referral and reported high levels of personal but mainly informal support for this work. The findings are discussed in relation to priests continuing to undertake counselling work.

Further Analysis:

The first author has worked as a priest for over 15 years. During that time he became aware that a sizeable proportion of priests' time is taken up with meeting and dealing with parishioners who come to them with problems. This author, being aware of his own lack of training for this aspect of ministry, set about acquiring training, which culminated in gaining a Masters in Guidance and Counselling at the University of Ulster. The present work reported formed part of the Masters dissertation that sought to investigate the counselling dimension of priestly pastoral care.

14. Furness, Sheila and Gilligan, Philip, 'Social Work, Religion and Belief: Developing a Framework for Practice', *The British Journal of Social Work*, 40. 7 (2010), 2185-2202. http://www.jstor.org/stable/43688029

Published Abstract:

This article explores the need for a framework that will assist social workers to identify when religion and belief are significant in the lives and circumstances of service users and how to take sufficient account of these issues in specific pieces of practice. It outlines the Furness / Gilligan framework and suggests that such frameworks should be used as a part of any assessment, while also being potentially useful at all stages of intervention. It reports on feedback gathered by the authors from first and final MA Social Work students who were asked to pilot the framework. It analyses their responses, in the context of national and international literature. It concludes that such a framework provides the necessary structure and challenge to assist social workers in acknowledging and engaging with issues arising from religion and belief that otherwise may remain overlooked, ignored or avoided, regardless of how significant they are to service users.

Further Analysis:

This article contributes to the significant wealth of material for mental health practitioners and social workers to raise awareness of cultural and spiritual sensitivity and to promote the importance of incorporating religious understanding in the work with patients facing death.

15. Puchalski, Christina; Ferrell, Betty; Virani, Rose; Otis-Green, Shirley; Baird, Pamela; Bull, Janet; Chochinov, Harvey; Handzo, George; Nelson-Becker, Holly; Prince-Paul, Maryjo; Pugliese, Karen; Sulmasy, Daniel, 'Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference', *Journal of Palliative Medicine*, 12.10 (2009), 885-904. DOI:10.1089/jpm.2009.0142.

Published Abstract:

A Consensus Conference sponsored by the Archstone Foundation of Long Beach, California, was held February 17–18, 2009, in Pasadena, California. The Conference was based on the belief that spiritual care is a fundamental component of quality palliative care. This document and the conference recommendations it includes builds upon prior literature, the National Consensus Project Guidelines, and the National Quality Forum Preferred Practices and Conference proceedings.

16. Norris, Kaye; Ohmaier, Gretchen Str; Asp, Charles; Byock, Ira, 'Spiritual Care at the End of Life: Some Clergy Lack Training in End-of-Life Care', *Health Progress*, 85.4 (2004), 34-9. http://irabyock.org/wp-content/uploads/2015/01/spiritualcarehp0704.pdf.

Published Abstract:

The importance of religion and spirituality in people's lives and the relatively low prevailing expectations of faith communities and their leaders have led researchers at the Institute of Medicine to raise questions about the training ministers receive. Two writers, K. J. Doka and M. Jendreski, suggest that clergy's lack of education about grief is an obstacle that prevents them from being of greater solace to the bereaved.

Further Analysis:

This is a community-based study in Missoula, Montana. The hypothesis was that "faith community leaders who lack training in areas of illness, death, funerals, and bereavement will: Experience lower levels of comfort ministering to people in end-of-life situations; Provide end-of-life spiritual care services less frequently; Provide a narrower range of spiritual care services to people at these times of life." Despite the small sample size, which inevitably limits the study, the conclusions exposed current deficiencies in training for bereavement and dying and emphasized the importance of clerical training in these aspects of spiritual care. Strong positive associations

were found between training and perceived professional preparation and personal preparation for dealing with illness, death, funerals or memorials, and bereavement support.

17. A. Scheurs, 'Spiritual Relationships as an Analytical Instrument in Psychotherapy with Religious Patients', *Philosophy, Psychiatry and Psychology,* 13.3 (2006), 185-196. DOI: 10.1353/ppp.2007.0022; https://muse.jhu.edu/article/218233

Published Abstract:

This article offers a rational approach for understanding and dealing with a patient's spiritual concerns. Insight into the relational structure of a particular person's spirituality may help to (1) analyse in what way psychological and spiritual factors are interconnected and in what way the patient's "spiritual relationship" influences his mental health problems either positively or negatively and (2) identify the latent opportunities for therapeutic and spiritual healing that are present within their spiritually minded patients' own religious frame of reference. This article offers an approach for understanding and dealing with spiritual concerns that has shown to be particularly helpful to psychotherapists who are not familiar with religion or spirituality.

18. Byock, Ira; Norris, Kaye; Curtis, J. Randall; Patrick, Donald L., 'Improving End-of-Life Experience and Care in the Community: A Conceptual Framework', *Journal of Pain and Symptom Management,* 22.3 (2001). DOI: http://dx.doi.org/10.1016/S0885-3924(01)00332-3

Published Abstract:

End-of-life research and interventions have mostly focused on patients and family. There are compelling reasons for studying end-of-life experience and care from a community perspective. "Whole community" approaches to end-of-life care have been endorsed by the Institute of Medicine Committee on Care at End of Life. Building on the model developed by Stewart and colleagues, which integrates quality of life and quality of health indicators, a conceptual framework is presented that describes pertinent whole-community characteristics, structures, processes, and outcomes. The framework offers a map for whole-community research, intervention, and evaluation with the goal of changing the community culture related to life's end and thereby improving the quality of life for dying people and their families.

19. Burke, Laurie A., Neimeyer, Robert A., 'Spiritual Distress in Bereavement: Evolution of a Research Program', *Religions,* 5.4 (2014), 1087-1115. DOI:10.3390/rel5041087; http://www.mdpi.com/2077-1444/5/4/1087/htm

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Published Abstract:

Many mourners turn to their spiritual beliefs and traditions when confronted by the death of a loved one. However, prior studies have either focused primarily on the benefits of faith following loss or studied spiritual struggle outside the context of bereavement. Moreover, scales to measure bereavement-related crises of faith and interventions specifically designed for spiritually inclined, distressed grievers are virtually non-existent. Our program of research, which to date has consisted of working with Christian grievers and is outlined below, elucidates *complicated spiritual grief (CSG)*—a spiritual crisis following the loss of a loved one. For example, our longitudinal examination of 46 African American homicide survivors established the relation between positive religious coping, CSG, and complicated grief (CG), to clarify whether religious coping more strongly predicted bereavement distress or *vice versa*, with a follow-up study that determined the relation between religious coping and posttraumatic stress disorder (PTSD) and depression. We replicated and expanded these findings with a diverse sample of 150 grievers to explore the complex relation between CSG, CG, and meaning making in a comparison study of mourners who had experienced traumatic-versus natural death losses. In a companion study, we qualitatively analyzed 84 grievers' narratives and interviewed a 5-member focus group to capture and learn from their firsthand experiences of spiritual distress. To close the gap in terms of CSG assessment, we also developed and validated the *Inventory of Complicated Spiritual Grief* (ICSG). Currently, our ongoing CSG investigation extends in several directions: first, to a sample of family members anticipating the loss of their hospice-eligible loved one in palliative care; and, second, to the development and testing of a writing-intensive intervention for newly bereaved, spiritually inclined grievers.