THE ROLE OF RELIGION AND SPIRITUALITY AS PROTECTIVE FACTORS AGAINST DEPRESSION IN AN AFRICAN AMERICAN BEREAVEMENT POPULATION

by

DANIELLE MCDUFFIE

REBECCA S. ALLEN, COMMITTEE CHAIR
MARTHA R. CROWTHER
SHEILA BLACK

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ABSTRACT

Bereavement within the older adult population has been repeatedly studied by virtue of the fact that with increased age, the likelihood of losing a close loved one increases. In most bereavement and grief literature, partner loss is the focus of investigation. This study investigated whether or not religion and spirituality, often studied as coping mechanisms in bereavement and grief literature, have an effect on depressive outcomes specifically within the African American population, such that religious and spiritual endorsement act as protective factors against the onset and development of depression, without the influence of perceived social support. Fourteen African American adults aged 45 and older participated in a semi-structured interview detailing their grief experience, and thirty-one participants were administered the Prolonged Grief 13 (PG-13), Texas Revised Inventory of Grief (TRIG), Duke University Religion Index (DUREL), the Spirituality Scale (SS), the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R), and the Multidimensional Scale of Perceived Social Support (MSPSS) through the online Qualtrics survey platform. A series of multiple regression analytic techniques yielded non-significant results for the role of religion and spirituality in protecting against depression in grieving African American middle to older aged adults. However, in analyses of qualitative interview data, the majority of participants reported a beneficial role of religion and spirituality in their grief experience. Implications suggest more heavy integration of bereavement treatment groups into religious settings and the potential for implementation of positive psychological interventions into bereavement treatment.
DEDICATION

This thesis is dedicated to my family, specifically my grandfather, mother, and grandmother. To my grandfather, my heart misses you every day, but thank you for every second of the 20 years I was blessed to spend with you. To my mother and grandmother, thank you for teaching me how to be the strong, outspoken young woman I am today. And lastly, to all the Black girls and women who dream of going to higher heights and achieving more, but when you look around there is no one that looks like you in the places you are and want to go. You are seen. You are heard. Your dreams are valid and attainable.
LIST OF ABBREVIATIONS AND SYMBOLS

\(\alpha\)   Cronbach’s index of internal consistency

\(b\)   The unstandardized regression coefficient

\(\beta\)   The standardized regression coefficient

\(df\)   Degrees of freedom: the number of values in the final calculation of a statistic that are free to vary

\(F\)   Fisher’s \(F\) ratio: A ratio of two variances

\(M\)   Mean: the average of all the scores based on summing the scores then dividing by the number of scores

\(MS\)   Mean squared error: the squared difference between the value estimated and the value found

\(p\)   The level of marginal significance within a statistical test that dictates the probability of occurrence of a given event

\(r\)   Pearson product correlation

\(R^2\)   The proportion of error for a dependent variable that is explained by the independent variable(s) in the analysis

\(R^2\Delta\)   The change in the amount of error explained in the model when another factor is added to the statistical analysis

\(SD\)   Standard deviation: the amount of variation of a set of data values

\(SE\ b\)   Standard error of \(b\): the measure of statistical accuracy of an estimate

\(X^2\)   Chi squared: A hypothesis test that tells how likely it is that an observed distribution is due to chance. Based on a “goodness of fit” hypothesis.

=   Equal to

<   Less than
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INTRODUCTION

Bereavement becomes more frequent as people age (Torges, Stewart, & Nolen-Hoeksema, 2008). One of the most dominant themes that has arisen within the literature is that of using religion, spirituality, and religious coping as a way of constructing some form of meaning from the death of a loved individual.

Grief and Bereavement Literature Overview

Grief and bereavement are conceptualized in the literature in multiple slightly different but mostly converging ways. Stroebe and Schut (1998) define grief as the experience of someone responding to the death of another human being that they once loved and/ or to whom they felt an attachment. Grief is further defined as a subjective psychological and physiological reaction to loss (Marwit, 1991). Marwit (1991) also defines bereavement as the objective state of having experienced a loss. In accordance with Marwit’s definitions of grief and bereavement, grief is the subjective response to experiencing bereavement.

A consistent theme that is discussed in grief and bereavement literature is “meaning” making. Meaning making is the tendency for a bereaved individual to attempt to find meaning in the death event, and is an important aid in the bereavement process (Davis, Wortman, Lehman, & Silver, 2000). In general, meaning making for bereaved individuals includes questioning why the death of a loved one occurred. However, religion and spirituality bereavement literature questions the relevance of engaging in meaning making. Overall, the majority of religious and spiritual individuals see attempting to make specific meaning of the death as irrelevant because it involves a questioning of God (Golsworthy & Coyle, 1999). African American widows who
displayed high levels of religiosity and spirituality were less likely to attempt to make meaning of the death of their loved one compared to African American widows who displayed low levels of religiosity and spirituality (Harrison, Kahn, & Hsu, 2005). Possibly, this was because finding meaning meant attempting to understand “the Lord’s decision.” These widows felt as though the Lord made the decision to take their spouses, and that was not something they needed to question or understand. Their journey instead highlighted accepting the Lord’s decision rather than attempting to understand it (Harrison et al., 2005). This implies that though meaning making might be a dominant theme within the literature, religion and spirituality as forms of coping with grief might serve in other capacities in aiding the bereaved individual.

**Religion and Spirituality in Bereavement and Grief Literature**

Of the bereavement and grief literature that highlights religion and spirituality, there are many contradictory findings. Spirituality, in its distinction from religion, is defined as a personal search for answers regarding life in itself, meaning, and relationships in association with something sacred and/ or transcendent that may or may not lead to and/or arise from religious rituals (Koenig, McCullogh, & Larson, 2001). Religion, defined by the same authors, is an organized system of beliefs, practices, rituals, and symbols that foster closeness to a higher power (including but not limited to “God”) and that aid in understanding one’s relation and responsibility to the other people living within the community (Koenig et al., 2001). In conjunction with the definition of religion, religiosity is characterized as the strong feelings and/or beliefs relating to religion. Therefore, an individual can be both spiritual and religious, or they can be one or the other. Oftentimes, spirituality may be more readily endorsed because it can highlight a connection with a higher being without taking on the stereotypes and/or stigmas associated with a specific religion.
Several studies have found spirituality to have an important role in the grieving process. Initially, people who are experiencing bereavement and solely have strong spiritual beliefs (irrespective of religiosity) have been found to have a faster and more complete resolution of their grief symptomology compared to bereaved individuals who do not have spiritual beliefs (Walsh, King, Jones, Tookman, & Blizard, 2002). The effect of spirituality in a bereaved individual’s life may be advantageous to them managing the process of dealing with bereavement, including a belief in the afterlife which might allow the bereaved spouse to have more of an acceptance of their spouse’s death (Walsh et al., 2002). Further, when controlling for religiosity, spirituality has been found to significantly predict positive mood though it was unrelated to emotional loneliness and depressive symptoms (Van der Houwen, Stroebe, Stroebe, Schut, Bout, & Wijngaards-de Meij, 2010). In a qualitative study using therapy groups of bereaved older adult participants, Damianakis and Marziali (2012) found multiple themes relating spiritual engagement positively to the grieving experience. Participants’ belief in a spiritual being (not specifically God or another deity, which would be more indicative of religion) helped them deal with the social loneliness they faced as a result of losing their spouse. Spiritual belief by way of engaging in spiritual rituals enhanced navigation of the grief process by allowing bereaved individuals to express their emotions such as anger and loss. Spiritual rituals were defined as actions including visiting cemeteries, praying, meditating, and/or worshipping (Damianakis & Marziali, 2012). A further positive function of spirituality within the grieving process stems from social support provided by religious/spiritual institutions and members. Participants in Damianakis et al. (2012) noted that religious and/or spiritual community members would “reach out” to them. These religious/spiritual community members
engaged in behavior such as offering to pray for the bereaved individual and their deceased spouse (Damianakis et al., 2012). This finding emphasized the role of social support in religion.

Complimentary to the role of spirituality in the bereavement process (e.g. Damianakis and colleagues, 2012) is the role of religion and religiosity. Support in the literature of this assumption comes from McGloshen and O’Bryant (1988). McGloshen and colleagues (1988) utilized phone interviewing techniques to assess the psychological well being of recently widowed older women. Results of these interviews indicated that when controlling for health, age, income, and level of education, frequency of attendance at worship services and participation in religious activities were significantly related to positive affect among the participants. As a result of this, McGloshen and colleagues (1988) concluded that religion has been found to be beneficial in the daily lives of widows. An additional example is the finding that the institution of the church (a distinctly religious institution) aided African American widows in their bereavement process by providing them with opportunities to step into new roles within their communities and to keep busy (Harrison et al., 2005). African American widows cited being able to keep active by frequent church service attendance, attendance of related church meetings, and engaging in mission work such as visiting community members in need. Church members also helped to make sure recently bereaved African American widows kept engaged in social interactions (Harrison et al., 2005). Further, personal religiosity in a Muslim religious sample, defined as self-identified importance of religion and performing private prayer, when defined by researchers as and added to the analysis as a mediator variable, was found to attenuate the negative effect of widowhood on psychological well-being outcomes (Momtaz, Ibrahim, Hamid, & Yahaya, 2010).
Two aspects directly stemming from religion have been found to help older adults cope with bereavement – internal beliefs and external factors. Internal beliefs include beliefs that help explain the consequences of the loss (e.g. grief or suffering) and beliefs about the afterlife. External factors include social support from the religious community (Higgins, 2002). Consistent with these two factors, Michael, Crowther, Schmid, and Allen (2003) found that religious coping, which is the utilization of religious beliefs to alleviate negative emotional consequences resulting from life circumstances, helps bereaved individuals acquire social support, construct meaning from the death experience, and maintain a connection with the deceased person. The findings of these two studies converge in that the utilization of religious coping mechanisms seems to aid in acquiring the internal beliefs and external factors from religion that have been found helpful in coping with bereavement.

Despite distinctions in the overall conceptualizations of religion and spirituality, both seem to have a positive effect on the coping ability of the bereaved individual. In light of such, both religion and spirituality were investigated within the scope of the present study.

The Present Study

The gap in the current literature is in looking at religion and spirituality protecting against depression specifically, rather than psychological well being in general. Further, most of the present research among the older adult bereaved population focuses on partner loss. It is an interesting direction to assess whether or not these same trends are present concerning the loss of close family members other than spouses. It has been posited in literature on spousal bereavement that whereas the death of a spouse is impactful and devastating, the death of the spouse might not be the only death that is causing grief to the bereaved individual (McGloshen et al., 1988; Harrison et al., 2005). Additionally, there is a dearth of African Americans in not only
psychological research as a whole, but specifically in bereavement/grief literature (Granket & Peleg-Sagy, 2015). When African Americans are studied in the literature, it is often solely comparatively to other racial/ethnic groups.

In light of such gaps, we proposed the following hypotheses. We primarily expected that regardless of level of religious and spiritual endorsement, bereaved older individuals who reported higher levels of grief would report higher depressive symptomology than those who reported lower levels of grief. We proposed that religion and spirituality would act as protective factors against depressive symptomology among African American populations of middle aged and older grieving men and women, such that the bereaved men and women who endorsed higher religiosity and spirituality would report lower levels of depressive symptomology. We also hypothesized that bereaved African American middle aged and older individuals who endorsed higher levels of grief symptoms would report lower depressive symptomology if they also reported high religious and spiritual endorsement compared to bereaved middle and older aged individuals who reported higher levels of grief and lower religious and spiritual endorsement, such that religiosity/spirituality would moderate the relation between grief and depressive symptoms (Figure 1). The present study is being considered a pilot study by virtue of the fact that depression alone, not in the context of psychological wellbeing or other psychosocial outcomes, has yet to be investigated in a solely African American middle to older aged population while utilizing a mixed-methods study design.
Figure 1. Hypothesized Association between Religion, Spirituality, Grief, and Depression
METHODS

Participants

In the current study, inclusion criteria consisted of participants who were aged 45 or older, African American, and had lost a loved one within the past 18 months or less. Timing of bereavement was limited to eighteen months after the loss of the loved one, following literature that depressive symptomology is significantly predicted by time since the loss such that depressive symptoms seem to decrease with increased time (Spahni, Bennett, & Perrig-Chiello, 2016). Bereaved individuals who encountered a loss of loved one more than eighteen months prior were excluded from the study. The quantitative sample consisted of 31 adults (48.4% male) between the ages of 47 and 75 years ($M=61.6$ years, $SD=5.98$ years). The smaller sample size used for the quantitative portion of this study was consistent with the parameters of the study being a pilot study. Participants were asked their highest education level, marital status, who they lost, and the time since they experienced their loss. The education levels for the quantitative sample were: ‘high school diploma’ (32.3%), ‘associate’s degree/ 2 years’ (38.7%), ‘bachelor’s degree/ 4 years’ (19.4%), ‘some graduate school’ (3.2%), and ‘master’s’ (6.5%). Marital status was broken into 6 categories. Among those in the sample, 9.7% were single/never married, 25.8% were divorced, 6.5% were either widowed or living with a partner/never married, and 3.2% were separated. The majority of quantitative participants were married (48.4%). Quantitative participants reported losing a parent (29%), sibling (25.8%), child (6.5%), cousin (12.9%), aunt/uncle (9.7%), close friend (12.9%), or spouse (3.2%). The minimum amount of
time since their loss was 1.5 months, with the maximum being 18 months ($M=9$ months, $SD=4.56$ months).

The qualitative sample consisted of 14 middle to older aged adults (78.6% female). Those in the sample were between the ages of 46 and 86 years old ($M=62.6$, $SD=11.39$ years). The education levels for the sample were: ‘associate’s degree/ 2 years’ (35.7%), ‘bachelor’s/ 4 years’ (21.4%), ‘master’s’ (28.6%), and ‘doctorate’ (14.3%). Among the qualitative sample, 7.1% were single/ never married, 28.6% were married, 21.4% were divorced, 35.7% were widowed, and 7.1% were living with a partner but not married. Participants in the sample spoke about losing a sibling (7.1%), aunt or uncle (7.1%), spouse (28.6), or other relative (14.3%). The majority of the qualitative participants spoke about the loss of a parent (42.9%). The minimum amount of time since the loss of a loved one was 1 month, and the maximum was 18 months ($M=8.36$ months, $SD=5.00$ months). All participants in both samples were African American.

**Recruitment**

Recruitment of participants was conducted at multiple locations. Quantitative participants were recruited solely through study postings within the Amazon Mechanical Turk (MTurk) system. Participants were compensated $4 through the MTurk system. This amount was comparable to compensation awarded in similar studies and deemed appropriate for eliciting interest in study participation without being coercive or violating any other ethical standards/principles (Feldman, Fischer, & Gressis, 2016). In the recruiting of qualitative participants, African American men and women involved in local churches (irrespective of religious denomination) were contacted and presented with the offer to participate in the interview portion of the study. All of the qualitative participants recruited through church involvement attended Christian churches. We also utilized a snowball technique such that bereaved individuals referred
other individuals they knew who were recently bereaved as well. Qualitative participants were
given typed information at the conclusion of the interview sessions regarding treatment
resources, including local bereavement support groups. Compensation for qualitative study
participation was $10, presented in the form of a Visa gift card.

Procedures

A mixed-methods design was used to assess whether or not religion and spirituality
served as protective factors against depression in a midlife to older adult bereavement sample.
The methodological design used for the present study was the convergent parallel mixed
methods design (Creswell, 2014). Using this design, quantitative and qualitative data were
collected separately, then analyzed side-by-side to explore confirmatory and/or contradictory
findings. This particular design was chosen due to the primarily qualitative body of literature on
African American bereavement outcomes. In line with expanding on this literature, it seemed
imperative to collect quantitative data to add directly measurable credence to these results.
Utilizing a solely quantitative method was deemed insufficient due to the restrictions it might
have placed on participants in explaining their grief experience. Utilizing a solely qualitative
method for the present study was also deemed insufficient, due to notion that quantitative
measures can aid participants and researchers in operationalizing and conceptualizing outcomes
more distinctly. A visual model illustrating the chosen research strategy is depicted below
(Figure 2).
The quantitative portion of the study was conducted exclusively online. The label of the MTurk study posting was “MUST BE AFRICAN AMERICAN AND HAVE LOST SOMEONE WITHIN 18 MONTHS. Please tell us who you lost, when they passed, and the way you felt after their loss in terms of your grief, depression, support you received, and possible religious and spiritual feelings.” The specificity of the introductory sentence of the posting was in response to initial respondents who indicated belatedly that they were not African American and that the posting was not explicit in the specific racial/ethnic requirements of desired participants. After potential participants responded to the posting, they were directed to the Qualtrics website to complete the questionnaires. Included on the Qualtrics website before the administration of questionnaires was the online consent statement detailing the purposes of the research, the expectations of participants, and who could be contacted in the case of adverse events. Upon completion of the questionnaires, participants were prompted to generate a unique 8-digit code to enter into the MTurk system. Only upon the entering of the code was the participant eligible to receive compensation. The awarding of compensation was contingent on meeting the participant
qualifications (as assessed in the introductory question section of the Qualtrics website) and full completion of the questionnaires. The average time of completion for the questionnaires was 38 minutes, 39 seconds.

For the qualitative portion of the study, a semi-structured interview was used to assess participant loss. We interviewed 14 individuals who reported losing someone within the prior 18 months. We verbally assessed for the 9 symptoms of depression as outlined in the Major Depressive Disorder section of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5; American Psychiatric Association, 2013). The interviews consisted of in-person interaction, with the option of audio recording. Participants were free to choose whether or not they wanted to be audio recorded. Those who agreed to be interviewed were given an opportunity to review the general and audio recording consent forms at the beginning of the interview period and ask any questions. All interview locations were either proposed by the participant, or mutually agreed upon by the participant and researcher. The majority of the interviews were conducted in public settings (e.g., restaurants and churches) with the exception of three interviews that were conducted in the participants’ homes per participant request. The average interview time was 15 minutes, 27 seconds. This study was approved by the University of Alabama Institutional Review Board.

Measures

Quantitative measures were utilized to empirically assess grief, levels of religiosity, levels of spiritual belief, and depressive symptomology. A measure was also utilized to assess the potential third variable of perceived social support. Bereavement literature highlighting the advantages of religious coping has suggested that the true benefit of religion to the bereaved individual could be the result of the social support gained from fellow members of religious
institutions (Higgins, 2002; Michael et al., 2003; Harrison et al., 2005). By utilizing a separate perceived social support measure, we sought to differentiate the effect of religious belief from the effect of social support on lowering depressive symptoms.

The Texas Revised Inventory of Grief (TRIG; Faschingbauer, 1981) is a 21-item self-report measure composed of two main factors affecting loss-related cognitions, affects, and behaviors: Past Behaviors (Part I) and Present Feelings (Part II). The “Present Feelings” subscale is composed of 13 person-first statements scored on a five-point scale ranging from “1” meaning “completely false” to “5” meaning “completely true”. Sample items from the “Present Feelings” subscale include “I still get upset when I think about the person who died” (item 2) and “I feel it’s unfair that this person died” (item 10). Only the “Present Feelings” subscale was utilized in this study to assess participants’ grief. Initial reliability reported by Faschingbauer (1981) in accordance with Cronbach’s alpha was 0.86 for the Present subscale. However, a 2016 meta-analysis of 30 studies utilizing the TRIG reported reliability coefficients of $\alpha = .90$ for the Present subscale (Montano, Lewey, O’Toole, & Graves, 2016). The three factors that compose the Present subscale (Thoughts, Nonacceptance, and Emotional Response) have been found to have good convergent validity in both widowed and community dwelling samples ($R^2=0.42$, 0.43, and 0.42; $R^2=0.40$, 0.40, and 0.43, respectively) (Futterman, Holland, Brown, Thompson, & Gallagher-Thompson, 2010). Validity data on the Past subscale is much more scarce.

The Prolonged Grief 13 (PG-13; Prigerson, Vanderwerker, & Maciejewski, 2008) is a 13-item measure of Prolonged Grief Disorder (PGD), a disorder originally proposed for addition into the Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition (DSM-IV) by Prigerson and colleagues (2008), however currently listed in the “Conditions For Further Study” section of the DSM-5. Prolonged Grief Disorder is defined as a persistent experience of intense,
distressing, and disabling grief encountered by bereaved individuals at least 6 months after their experience of loss that is distinctly different from Major Depressive Disorder (Prigerson et al., 2008). The PG-13 is a short, yet comprehensive self-report diagnostic tool comprised of five criterion factors dictating whether or not a diagnosis of PGD is appropriate. The five criteria are as follows: experience of the loss of a loved one (Criterion A), experience of distress due to separation from loved one (Criterion B), an elevation of separation distress symptoms six months following the loss (Criterion C), frequent experience of cognitive, emotional, and/or behavioral impairment symptoms (Criterion D), and significant impairment in social, occupational, or other important areas of functioning (Criterion E).

Items 1-5 are assessed with a five-point rating scale, with a rating of “1” indicating “not at all” and a rating of “5” indicating “several times a day”, with the exception of item #3, which is responded to with “yes” or “no”. Criterion B is evidenced by a rating of “4” or higher on the first two questions (“In the past month, how often have you felt yourself longing or yearning for the person you lost?” and “In the past month, how often have you had intense feelings of emotional pain, sorrow, or pangs of grief related to the lost relationship”, respectively). Criterion C is evidenced by a response of “yes” on item 3 (“For the questions 1 or 2 above, have you experienced either of these symptoms at least daily and after 6 months have elapsed since the loss?”).

Items 6-12 are assessed with a five-point rating scale, with a rating of “1” indicating “not at all” and a rating of “5” indicating “overwhelmingly.” Criterion D is evidenced by a rating of “4” or higher on five of the nine items from 4-12. Sample items assessing this criterion include “have you had trouble accepting the loss?” (item 7) and “do you feel bitter over your loss?” (item 9). Criterion E is evidenced by a rating of “yes” on item 13 (“have you experienced a significant
reduction in social, occupational, or other important areas of functioning (e.g., domestic responsibilities)?”). The PG-13 exhibits good internal consistency (Cronbach’s $\alpha = 0.82$) (Prigerson, Horowitz, Jacobs, Parkes, Aslan, Goodkin, et al., 2009). No other analyses of psychometric properties have been evidenced in the literature at this time. This measure was selected for the current study due to its short length, good internal consistency, and the ability to detect strong grief symptoms in bereaved individuals even after delayed time since loss. Scores on the PG-13 were compared against scores on the TRIG to assess for consistency between measures of grief.

The Duke University Religion Index (DUREL; Koenig, Parkerson, & Meador, 1997) is a widely utilized, five-item questionnaire that is broken down into three subscales: organizational religious activity, non-organizational religious activity, and intrinsic religiosity. Organizational religious activity and non-organizational religious activity are measured using a six-point rating scale with ratings of “1” defined as “never” to “6” defined as “more than once a day”. A sample item indicating organizational religious activity is “how often do you attend church or other religious meetings”. A sample item of non-organizational religious activity is “how often do you spend time in private religious activities, such as prayer, meditation, or Bible study?”. Intrinsic religiosity is ranked from “1” to “5”, with a “1” indicating “definitely not true” and a “5” indicating “definitely true for me.” A sample item measuring intrinsic religiosity is “in my life, I experience the presence of the Divine (i.e., God).” A higher total score compiled from all the items indicates higher religiosity. The DUREL exhibited high test-retest reliability (intra-class correlation= 0.91), high internal reliability (Cronbach’s $\alpha =0.78-0.91$), and high convergent validity with other religiosity measures ($r= 0.71-0.86$) (Koenig & Bussing, 2010).
The Spirituality Scale (SS; Delaney, 2003) is a 23-item scale that assesses spirituality in terms of four domains: (1) higher power or universal intelligence, (2) self-discovery, (3) relationships, and (4) eco-awareness. Each item is measured on a six-point Likert scale with scores of “1” indicating “strongly disagree” and scores of “6” indicating “strongly agree”. The SS distinguishes spirituality from religiosity through its conceptualizations of its four domains (i.e. the “higher power or universal intelligence” domain measures a belief in higher power that may or may not include organizational religious practices). The utilization of Principal Factor Analysis (PFA) established three subscales. These three factors produced from the four domains are: “Self-Discovery”, “Relationships”, and a combination of eco-awareness and higher power or universal intelligence, subsumed under “Eco-Awareness” (Delaney, 2003). Reliability coefficients ranged from $\alpha=0.81-0.94$, with a reliability coefficient of $\alpha=0.95$ for the total measure. Content validity of the measure was 0.94 (Delaney, 2003). Sample items include “I believe in a Higher Power/ Universal Intelligence” and “prayer is an integral part of my spiritual nature”.

The Center for Epidemiologic Studies Depression Scale- Revised (CESD-R; Eaton, Muntaner, Smith, Tien, & Ybarra, 2004) is a revision of the original version of the CESD (Radloff, 1977) to align more with the symptom specifiers of a major depressive episode as dictated in the Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition (DSM-IV) and to alter some of the item wording perceived as being “outdated” (Eaton et al., 2004). Items on the CESD-R are assessed on a scale from “0” indicating “not at all or less than 1 day” to “4” indicating “nearly every day for 2 weeks”. Sample items include “I could not shake off the blues” (item 2) and “I felt like I was moving too slowly” (item 12). Internal consistency of the Revised form was found to be $\alpha=0.93$. Convergent validity of the measure when correlated with
measures of anxiety (based on knowledge that anxiety and depression are highly comorbid, which suggests a depression measure should have high correlation with an anxiety measure) was found to be $r=0.65$ (Van Dam & Earleywine, 2011).

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) is a 12-item measure that assesses the perceived presence and benefit of emotional and instrumental social support from three sources: friends, family, and significant others. The main focus of the MSPSS is not necessarily on the type of social support received, but rather the source it is coming from. For the purposes of the present study and with knowledge that the majority of the participant sample might have been encountering partner loss, the four “significant other” source questions were omitted from item administration. Items are rated on a 7-point Likert scale, with “1” labeled “very strongly disagree” and “7” labeled as “very strongly agree”. Sample items include “I get the emotional support and help I need from my family” (item 4) and “I have friends with whom I can share my joys and sorrows” (item 9). Internal reliability of the MSPSS was reported as $\alpha=0.82$ (Zimet et al., 1988). Each of the subscales was also found to have good validity (Zimet, Powell, Farley, Werkman, & Berkoff, 1990).

A semi-structured interview was utilized to build rapport with participants, ascertain the participants’ relationship with their lost loved one, and to gain insight into the factors participants found to be most beneficial in their grieving process. The interview included introductory questions to ascertain participants’ perceptions of their grief and coping experience. One of the introductory questions was: “what was your relationship to/with the person you lost?” Another introductory question asked participants at what age they encountered their most salient grief experience and how they coped with that loss. Questions such as: “what do you think has been the most helpful factor in dealing with the loss of your loved one?” were included to lessen
the potential for researcher bias in the answers participants provided by restricting the researcher from bringing up religion and/or spirituality in a way that might prime or lead the participants towards that answer. If religion and/or spirituality were cited in the before-mentioned question, the resulting question was “do you think there were specific aspects of your religious or spiritual experience that helped you cope with the loss of your loved one?” If the before mentioned question was met with a reply of “no”, the interview immediately segued to the concluding question. The closing question asked participants whether or not there was any information related to their grief or coping experience they believed imperative for the researchers to know that had not yet been highlighted. The nine symptoms of a Major Depressive Disorder, in accordance with the DSM 5 (American Psychiatric Association, 2013), were verbally assessed during this interview. Reporting 5 or more of the 9 symptoms was seen as clinically significant.

Analytic Strategy

The Statistical Package for Social Sciences (SPSS) software was used to conduct all analyses of data. A bivariate correlation matrix between all quantitative measures was computed, specifically to see how well score endorsements of the TRIG and PG-13 correlated in the sample. Chi-squared tests were used to compare participants on the basis of the categorical factors of gender, educational level, person lost, and marital status in the context of their reported depressive symptoms. Depressive symptoms in the chi-squared analysis were dichotomized as “high” and “low” depression based on a median split. We also used analyses of variance to compare levels of depression, religious endorsement, spiritual endorsement, age, and time since loss. The main data analysis was conducted through the use of a multiple regression statistical technique to assess whether or not religion and spirituality moderated the relation between grief and depression. We assessed whether perceived social support had any effect on depression in
our analyses in the relationship between religious endorsement and depressive symptomology by covarying perceived social support in the analysis.

Qualitative interview data was assessed using a loosely based grounded theory approach (Glaser & Strauss, 1967). First, the audio-recorded interviews were transcribed. Along with the transcriptions, analytic memos were written by the primary investigator, detailing themes that presented themselves throughout the interviews, impressions of the interview participants, and reactions the investigator had to the interviews and interviewees. Subsequently, a coding team was created including the primary investigator, two outside coders, and a faculty coding expert who was versed in qualitative methodology. All coders on the team wrote subjectivity statements explaining the potential biases they might introduce into the coding process. The outside coders were initially given two de-identified interview transcriptions and instructed to identify themes they felt were repetitive, important, or central to the interview. No other prompting was given. Following this, the coding team gathered, discussed the themes found by each respective team member in the transcriptions, and compiled the resulting themes into a codebook. The codebook listed the code name, a description of the code, and an exemplar quote demonstrating the code (Decuir-Gunby, Marshall, and Mcculloch, 2011; Guest, MacQueen, & Namey, 2012). All discrepancies between codes, definitions, and exemplar quotes were resolved through discussion by the coding team until a consensus was reached. Each coder was given a blank copy of the mutually established codebook and was instructed to identify codes in the remaining interview transcriptions. Each coder was given half of the remaining interview transcriptions to code and used dichotomous coding to indicate whether a theme was present (indicated with a “1”) or not present (indicated with a “0”) in each of the transcripts (Sandelowski, Voils, & Knafl, 2009). The coding expert supervised the meeting to ensure the methodological soundness of the coding.
process. Interrater reliability was established using Cohen’s Kappa coefficient comparing the number of similarly endorsed codes by the raters to the number of similarly endorsed codes expected by chance (Cohen, 1960). Quantitative and qualitative results were then compared for confirmatory and contradictory outcomes, in line with the convergent parallel mixed methods design (Creswell, 2014).
RESULTS

Quantitative Results

Preliminary analyses were conducted to identify potential differences between demographic and other categorical variables in depressive endorsement. Initially, to ascertain the strength of the relationship between the two grief measures (the TRIG and PG-13) along with the association between the other measures, bivariate correlations were conducted. Pearson correlation coefficients showed a highly significant positive correlation between grief endorsements on the TRIG and the PG-13 in the sample ($r = .750, p = .000$). This indicates that both measures were accurate measures of grief in the sample. It was suggested by Koenig and colleagues (1997) that in using the DUREL analytically, the three subscales be analyzed separately, rather than computing a combined total score. We found organizational religious activity (e.g., attending church) to be significantly correlated with perceived social support ($r = .441, p = .013$). Both non-organizational religious activity (e.g., spending time engaged in private religious activities such as meditation) and intrinsic religiosity were significantly associated with spirituality ($r = .375, p = .037; r = .637, p = .000$, respectively). This provides additional support for our decision to assess both religion and spirituality within this study, despite the two factors being studied separately in prior literature.

In accordance with chi-squared testing, the high and low depressive groups did not differ on the basis of gender, educational level, person they lost, or marital status ($X^2 = 1.998, p = .157; X^2 = 7.433, p = .115; X^2 = 4.433, p = .618; X^2 = 3.657, p = .600$, respectively). Analyses of variance provided no significant group differences in religion, $F(5, 30) = 1.148, p = .362$ (organizational
religious activity), $F(5, 30) = .637, p = .674$ (non-organizational religious activity), $F(6, 30) = .768, p = .602$ (intrinsic religiosity); age, $F(16, 30) = 1.036, p = .478$; and time since loss, $F(15, 30) = .875, p = .600$, regarding depressive symptom endorsement. However, spiritual endorsement did show significant group differences in depressive endorsement, $F(18, 30) = 3.770, p = .012$. When this effect was parsed apart, it was found that the significance was likely attributable to the large amount of variability in endorsed spirituality. When spirituality was grouped by the four cut scores suggested by Delaney (2003), no group differences in depression were found ($F(2, 30) = .739, p = .487$). Of the men and women in the sample, 9.7% endorsed scores consistent with low spirituality, 35.5% endorsed scores consistent with moderate spirituality, and 54.8% endorsed scores consistent with high spirituality. Additionally, cut scores for depressive symptomology were assessed in accordance with the CESD-R. Among the sample, the majority of the men and women fell into the “no clinical significance” category (80.6%). The other men and women scored in the “sub-threshold depression symptoms” (16.1%) and “possible major depressive episode” (3.2%) groups.

Table 1. Bivariate Correlations Between Quantitative Measures ($N=31$).

<table>
<thead>
<tr>
<th>Measure</th>
<th>TRIG</th>
<th>PG-13</th>
<th>DUREL-ORA</th>
<th>DUREL-NORA</th>
<th>DUREL-IR</th>
<th>SS</th>
<th>CESD-R</th>
<th>MSPSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIG</td>
<td>1</td>
<td>.750**</td>
<td>.064</td>
<td>.246</td>
<td>.053</td>
<td>.074</td>
<td>.183</td>
<td>.194</td>
</tr>
<tr>
<td>PG-13</td>
<td>.750**</td>
<td>1</td>
<td>-.039</td>
<td>.244</td>
<td>.047</td>
<td>.014</td>
<td>.316</td>
<td>.100</td>
</tr>
<tr>
<td>DUREL-ORA</td>
<td>.064</td>
<td>-.039</td>
<td>1</td>
<td>.513**</td>
<td>.536**</td>
<td>.225</td>
<td>-.011</td>
<td>.441*</td>
</tr>
<tr>
<td>DUREL-NORA</td>
<td>.246</td>
<td>.244</td>
<td>.513**</td>
<td>1</td>
<td>.712**</td>
<td>.375*</td>
<td>.249</td>
<td>.067</td>
</tr>
<tr>
<td>DUREL-IR</td>
<td>.053</td>
<td>.047</td>
<td>.536**</td>
<td>.712**</td>
<td>1</td>
<td>.637**</td>
<td>.192</td>
<td>.144</td>
</tr>
<tr>
<td>SS</td>
<td>.074</td>
<td>.014</td>
<td>.225</td>
<td>.375*</td>
<td>.637**</td>
<td>1</td>
<td>.020</td>
<td>.442*</td>
</tr>
<tr>
<td>CESD-R</td>
<td>.183</td>
<td>.316</td>
<td>-.011</td>
<td>.249</td>
<td>.192</td>
<td>.020</td>
<td>1</td>
<td>-.009</td>
</tr>
<tr>
<td>MSPSS</td>
<td>.194</td>
<td>.100</td>
<td>.441*</td>
<td>.067</td>
<td>.144</td>
<td>.442*</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>


**Correlation significant at the 0.01 level (2-tailed)
*Correlation significant at the 0.05 level (2-tailed)
Table 2. Comparative Description of Gender, Educational Level, Person Lost, and Marital Status in the High and Low Depressive Endorsement Sample.

<table>
<thead>
<tr>
<th></th>
<th>( X^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>1.998</td>
</tr>
<tr>
<td><strong>Educational Level</strong></td>
<td>7.433</td>
</tr>
<tr>
<td><strong>Person Lost</strong></td>
<td>4.433</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>3.657</td>
</tr>
</tbody>
</table>

*Note.* None of the results reached statistical significance.

Table 3. Analyses of Variance with the Factors Spirituality, Organizational Religious Activity, Non-Organizational Religious Activity, Intrinsic Religiosity, Time Since Loss, and Age for Depressive Symptomology.

<table>
<thead>
<tr>
<th></th>
<th>( df )</th>
<th>( MS )</th>
<th>( F )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spirituality</strong></td>
<td>18</td>
<td>247.042</td>
<td>3.770*</td>
</tr>
<tr>
<td><strong>Organizational Religious Activity</strong></td>
<td>5</td>
<td>195.408</td>
<td>.362</td>
</tr>
<tr>
<td><strong>Non-Organizational Religious Activity</strong></td>
<td>5</td>
<td>118.195</td>
<td>.674</td>
</tr>
<tr>
<td><strong>Intrinsic Religiosity</strong></td>
<td>6</td>
<td>140.552</td>
<td>.602</td>
</tr>
<tr>
<td><strong>Time Since Loss</strong></td>
<td>15</td>
<td>162.792</td>
<td>.600</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>16</td>
<td>177.308</td>
<td>.478</td>
</tr>
</tbody>
</table>

*Note.* “Spirituality” based on Spirituality Scale total scores; “Organizational Religious Activity” based on Duke University Religion Index- ORA total scores; “Non-Organizational Religious Activity” based on Duke University Religion Index- NORA total scores, “Intrinsic Religiosity” based on Duke University Religion Index- IR total scores; “Depressive Symptomology” based on The Center for Epidemiologic Studies Depression Scale- Revised total scores. “df”= degrees of freedom; “MS”= Mean Squared. 
*\( p < .05 \).*

The initial regression conducted was used to predict depression from the two measures of grief endorsement. A multiple regression was used to predict depression from spiritual and religious endorsement. The third regression used was a two-step hierarchical multiple regression used to predict depression from grief, with religion and spirituality playing a moderating role. The final multiple regression technique used was a two-step hierarchical multiple regression to assess whether or not perceived social support had any effect on the predictive nature of religion on depression. Alpha levels were set at a minimum .05 significance level.

Table 4 represents the results of the linear regression analysis with grief, as defined by the TRIG and PG-13, as independent variables predicting depression. Interestingly, grief and depression were not found to have a significant relationship (\( R^2 = .107 \)). In the next regression
analysis (Table 5), religious and spiritual endorsement were tested as predictors of depression. Consistent with the findings for grief, religion and spirituality also were not found to be significantly predictive of depression in this sample ($R^2=.112$). Of interest with these results, though not significant, only organizational religious activity was found to have a negative predictive effect on depression ($\beta=-.239$). Both non-organizational religious activity and intrinsic religiosity yielded positive beta coefficients. In the third regression analysis (Table 6), step 1 tested grief as a predictor of depression. The effect of grief on depression was again non-significant ($R^2=.107$). In step 2, religion and spirituality were added to the model. The model including religion and spirituality was also not found to be predictive of depression in this sample ($R^2=.177$, $R^2\Delta=.70$). In the final multiple regression analysis (Table 7), perceived social support was assessed to determine if it had any effect on the prediction of depression from religious endorsement. Accordingly, religion, as included in step 1, was not found to be predictive of depression ($R^2=.093$). The addition of perceived social support in step 2 did not explain any more of the variance than did religion ($R^2=.096$, $R^2\Delta=.003$). These results suggest that perceived social support likely is not influencing the role of religious endorsement on depression.

### Table 4. Linear Regression Analysis Summary for Grief Predicting Depression ($N=31$).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Texas Revised Inventory of Grief (TRIG)</th>
<th>Prolonged Grief-13 (PG-13)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$</td>
<td>$b$</td>
</tr>
<tr>
<td></td>
<td>(SE $b$)</td>
<td>(SE $b$)</td>
</tr>
<tr>
<td>Grief</td>
<td>$\beta$</td>
<td>$\beta$</td>
</tr>
<tr>
<td></td>
<td>-.205</td>
<td>.610</td>
</tr>
<tr>
<td></td>
<td>.447</td>
<td>.403</td>
</tr>
</tbody>
</table>

*Note.* SE $b$ = Standard Error. $\beta$ = standardized beta coefficient. $R^2=.107$. 

24
Table 5. Multiple Regression Analysis Summary for Religion and Spirituality Predicting Depression (N=31).

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>(SE b)</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational Religious Activity</strong></td>
<td>-1.681</td>
<td>1.600</td>
<td>-.239</td>
</tr>
<tr>
<td><strong>Non-Organizational Religious Activity</strong></td>
<td>2.128</td>
<td>2.205</td>
<td>.262</td>
</tr>
<tr>
<td><strong>Intrinsic Religiosity</strong></td>
<td>1.295</td>
<td>1.745</td>
<td>.250</td>
</tr>
<tr>
<td><strong>Spirituality</strong></td>
<td>-1.79</td>
<td>.239</td>
<td>-.184</td>
</tr>
</tbody>
</table>

*Note. SE b= Standard Error. β= standardized beta coefficient. R²=.112.*

Table 6. Hierarchical Multiple Regression Analysis Summary for Variables Grief, Religion, and Spirituality Predicting Depression (N=31).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Step 1</th>
<th>Step 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grief</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas Revised Inventory of Grief</td>
<td>b</td>
<td>-.205</td>
</tr>
<tr>
<td>(SE b)</td>
<td>.447</td>
<td>.475</td>
</tr>
<tr>
<td>β</td>
<td>-.124</td>
<td>-.093</td>
</tr>
<tr>
<td><strong>Prolonged Grief-13</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>.610</td>
<td>.496</td>
</tr>
<tr>
<td>(SE b)</td>
<td>.403</td>
<td>.432</td>
</tr>
<tr>
<td>β</td>
<td>.409</td>
<td>.332</td>
</tr>
<tr>
<td><strong>Organizational Religious Activity</strong></td>
<td>1.640</td>
<td>1.81</td>
</tr>
<tr>
<td>(SE b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Organizational Religious Activity</strong></td>
<td>1.187</td>
<td>2.345</td>
</tr>
<tr>
<td>(SE b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intrinsic Religiosity</strong></td>
<td></td>
<td>1.468</td>
</tr>
<tr>
<td>(SE b)</td>
<td>1.782</td>
<td>.284</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Step 1</th>
<th>Step 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$</td>
<td></td>
</tr>
<tr>
<td>Organizational Religious Activity</td>
<td>-1.497</td>
<td>-1.754</td>
</tr>
<tr>
<td></td>
<td>$(SE\ b)$</td>
<td>1.568</td>
</tr>
<tr>
<td></td>
<td>$\beta$</td>
<td>-0.213</td>
</tr>
<tr>
<td>Non-Organizational Religious Activity</td>
<td>2.308</td>
<td>2.426</td>
</tr>
<tr>
<td></td>
<td>$(SE\ b)$</td>
<td>2.174</td>
</tr>
<tr>
<td></td>
<td>$\beta$</td>
<td>0.284</td>
</tr>
<tr>
<td>Intrinsic Religiosity</td>
<td>0.535</td>
<td>0.533</td>
</tr>
<tr>
<td></td>
<td>$(SE\ b)$</td>
<td>1.409</td>
</tr>
<tr>
<td></td>
<td>$\beta$</td>
<td>0.103</td>
</tr>
<tr>
<td>Perceived Social Support</td>
<td>0.075</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$(SE\ b)$</td>
<td>0.239</td>
</tr>
<tr>
<td></td>
<td>$\beta$</td>
<td>0.066</td>
</tr>
</tbody>
</table>

Note: SE $b$ = Standard Error. $\beta$ = standardized beta coefficient. Step 1 $R^2$ = 0.107. Step 2 $R^2$ = 0.177.

Qualitative Results

As noted previously, all of the interviewed participants were verbally assessed for depressive symptomology consistent with the nine symptoms reported in the DSM 5 (American Psychiatric Association, 2013). Among the men and women interviewed, 42.9% reported 5 or more depressive symptoms. This would align them with a clinical diagnosis of major depressive disorder. The highest amount of reported symptoms was 8, and the lowest was zero ($SD=3.02$ symptoms). Of the interviewed men and women, the majority agreed to be audio recorded with the exception of three women. One of the women proclaimed not wanting to be recorded due to not being fond of the way her voice sounded on audio recordings. The impetus behind the other two women’s refusal to be recorded became evident throughout the interviews. Both of these
women became tearful throughout the interviews when recollecting their grief experiences, and desired not to be recorded in conjunction with that reason. Six themes emerged from the qualitative data analysis: 1) Coping, 2) The Role of Faith in Coping, 3) Religion, 4) Spirituality, 5) Social Support, and 6) Reminiscence. Interrater reliability for the occurrence of these themes was found to be Kappa=0.574 ($p=.000$) for the first 7 interviews, and Kappa=0.387 ($p=.000$) for the latter 7 interviews. These Kappa values indicate moderate and fair agreement, respectively, between the raters (Landis & Koch, 1997).

**Coping.** Many of the men and women interviewed discussed occurrences during their grief experiences that were consistent with various ways of coping with the loss. The majority of the men and women gave responses consistent with feeling hurt in response to the loss, or missing the deceased person. For example, one woman, in describing the sudden loss of her nephew, stated, “It’s still fresh and, it’s almost unbelievable. And, still trying to sort it out. Uh, it was very hard seeing him go through those last days of his life.” (Participant 5). Another participant, an African American man describing the earlier loss of his mother, gave the following account:

> When she died I felt really empty and of course, I felt very sad, but I just felt, felt empty. It was hurtful too, a lot of pain involved. Lot of pain. You know, just felt a great sense of loss, emptiness. (Participant 2)

An additional subtheme addressed by the majority of the men and women in response to coping with their bereavement was engaging in activities and/or continuing on with their normal daily life. Participants who spoke about continuing on with their normal activities often spoke about it as a coping mechanism they engaged in either to provide them with distractions from dealing with the loss directly, or because they did not know what else to be doing. Many of the men and women who reported behaving in this manner also endorsed it as something their deceased loved one would expect of them. One woman expressed, “So all those things, that we
know, had to get on our jobs. Couldn’t sit around.” (Participant 8). An additional response consistent with the former was given by a middle aged male participant in response to what helped him overcome the loss of his grandmother’s husband. He stated, “I just, stayed in school and just did the things that I had to do.” (Participant 11).

Furthermore, in coping with their loss, a little less than half of the participants described accepting their current loss, or looking at bereavement overall as preparation for further loss. The men and women who detailed responses consistent with this subtheme often discussed the fact that grief and/or bereavement was something that everyone has to encounter. Thereby, they implied that grief and/or bereavement was something people should work to become accustomed to, should discuss early with their loved ones, or should prepare for as a family. One illustration of this trend came from an older woman interviewee. She voiced the following: “I think we all better try to benefit from each grief experience so we’re better prepared for the next because it’s coming.” (Participant 5). A male participant communicated similar sentiments: “The thing is, is that, you may not grieve today, but you’ll grieve tomorrow. You’ll grieve at some point in time. It’s just the pain of missing someone. Not the death itself. Just have to separate them to understand.” (Participant 11).

A subtheme that interestingly emerged with a little less than the majority of participants was feeling at peace with the loss due to their loved one no longer suffering. Men and women in the sample who reported feeling this way either spoke about their loved one aging and becoming sick or their loved one experiencing a chronic illness. The men and women in this group expressed feeling a sense of relief that their loved one was no longer suffering with their respective ailments. Statements consistent with this subtheme included: “I’m glad she’s at peace. Cause, you know, it wasn’t a day that go by that something was [not] bothering, you know,
hurting her, or she was worrying about something.” (Participant 4). “I’m at peace with it because I know my mother is in a better place. You know, she’s much better off.” (Participant 7).

Consistent with the theme of coping, participants endorsed two subthemes analyzing the most difficult aspect of dealing with their loss. The two dominant trends that emerged within this subtheme were helping others cope with the loss and having a hard time coping with the physical absence of the deceased for various reasons. Those who spoke about helping others deal with the loss of their shared loved one often were further removed from the deceased, meaning that the deceased was not someone within the bereaved’s immediate nuclear family. One woman, in detailing the childhood loss of her grandfather, reported, “The saddest thing for me was seeing my mother’s sadness.” (Participant 8). An additional woman in speaking about the loss of her mother-in-law voiced the most difficult part of her grief experience as being worrying about her husband and son’s wellbeing and attempting to help them cope. She stated often feeling that she did not know what to do or say to aid her son and husband in coping. (Participant 6). There was one exception, which was a woman speaking about the loss of her father and her role in aiding her mother with the loss. When prompted about whether there were potential difficulties with her grief experience, she iterated, “…keeping my mother from being depressed.” (Participant 1).

Struggles in dealing with the physical absence of the deceased manifested in multiple ways through the participants’ recollections. Some of the men and women interviewed discussed difficulty with the physical absence of their loved one as a function of missing them and knowing that their loved one’s physical presence would no longer be available. One woman in discussing the loss of her father stated the following: “It’s kind of, sometimes, it’s kind of hard. Especially going to his house. He was with me a long time…he [will] no longer be [here]. Never. Ever.” (Participant 8). Another woman, detailing her difficulty with the loss of her aunt,
responded: “…going in the neighborhood and knowing I don’t really have a reason to turn down her street and go talk with her.” (Participant 3). Other participants spoke of strain with not having their loved one to consult concerning life matters. A male participant speaking about the hardest part of losing his mother voiced, “Well it’s just not having ‘the captain’ there to talk to, to um, that’s been in that world and I mean, not being able to talk to her and, uh, I guess, get a clarity of thought through her.” (Participant 11). Further participants spoke about the loss of their loved one leaving them lonely. An older man, during his recollection of feelings in response to the loss of his wife, asserted: “It’s been real difficult to deal with it. It’s because it was only us for 27 years. No kids, just us. And, it’s being alone right now. It’s difficult.” (Participant 9). A final emergence from this trend was an older woman speaking about the difficulty of losing her husband being consistent with having to handle the “business” he took care of within their relationship (e.g., bills and finances). She disclosed relying on her husband immensely until his passing shifted many of the things he did onto her. (Participant 13).

Overall, the men and women detailing the ways they coped with their loss voiced subthemes consistent with either actively processing and moving through their loss, or passively rejecting the loss. Another subtheme that was not largely endorsed, but that emerged and was consistent with actively processing the loss, was the man or woman reporting feeling at peace with their loss. Subthemes that emerged consistent with passively rejecting the loss were denial, feeling lost/confused/ and/or lacking understanding of the loss, and using the gradual passing of time and physical proximity from the deceased to help overcome their loss.

**The role of faith in coping.** An overwhelming majority of the men and women interviewed spoke about the role of their faith in aiding them in coping with their loss. Five subthemes emerged within this larger theme: 1) knowing the deceased’s belief in a Higher
Being/ the deceased’s preparedness for death, 2) the bereaved’s belief in the afterlife, 3) God giving the bereaved strength/helping them to cope, 4) God being a God of “history”/ repeatedly being good to the bereaved, and 5) God being in control/not questioning God’s decisions.

Men and women who were interviewed spoke mainly of their loved one’s preparedness for death and their relationship with God. Many of the participants, even if not endorsing religion as being personally helpful, made a special note of their deceased loved one’s relationship to God and the role religion played in the life of the deceased. An older woman who agreed to be interviewed about the loss of her husband, in sharing information on him said, “He was an, he was an ‘Elder’ here in the church. And uh, he was an active participant in the choir.” (Participant 14). Another woman explaining the loss of her mother stated, “I know in God’s timing we all have to go and my mom was a strong believer in God.” (Participant 10). A sentiment by the older man recollecting about the loss of his wife of 27 years was, “She was, she was a Christian. She was surely, uh, she loved the Lord, she loved the bible, she loved people, she loved church.” (Participant 9). Other participants along these same lines spoke of their deceased loved one being prepared or their concern about their loved one’s preparedness for death. The older woman divulging about the loss of her nephew affirmed, “People often talk about, that people who die, often having a feeling about death’s approach, a then-pending death. And uh, I just wonder that about him.” (Participant 5). In this way, the woman seemed concerned about whether or not her nephew was ready for his passing and whether he was able to prepare.

A smaller majority of men and women in the sample spoke about an afterlife. The men and women in the sample seemed to receive comfort from knowing that their loved one would be continuing on in some form of an afterlife, regardless of their physical absence from this world.
Most of the discussions on an afterlife were consistent with Heaven as it is described in the Christian faith. One woman expressed her personal interpretation of an afterlife:

Uh, being that, uh, I don’t believe that Christians that are saved, I don’t believe we die. I believe we go to sleep and once we go to sleep, I believe we are immediately present with God in heaven, whatever that is. And, you know, no worries. I mean you have no cares of this present world here.

A middle aged male participant stated dealing with his loss in a manner consistent with:

“…knowing that there’s a life after this life. Knowing that I’ll see my brother again.” (Participant 2). Similar sentiments were expressed by a woman expanding on the loss of her aunt: “I knew her beliefs and I knew that she was confident that she was saved and where she would, you know, spend eternity…” (Participant 3). It was implied that the place where the bereaved’s aunt would be spending eternity was Heaven, in conjunction with her being saved within the Christian faith. “Saved” was dictated as meaning being saved from sin and an afterlife with the Devil, in accordance with Christian principles.

Multiple participants spoke of God either giving them the strength to cope by themselves, or overtly helping them cope. One woman discussing the earlier influential loss of her grandmother endorsed her belief in God as playing an essential role in her coping. She stated having the belief that God would bring her peace through the loss of her grandmother. (Participant 6). Another woman fully attributed her ability to cope to her relationship with God. She reported: “…Because if it was not for Him, I would not have made it through and that’s the God truth.” (Participant 12). An additional woman expressed similar sentiments to the women prior, detailing her means of coping as, “always seeking a close relationship with the Almighty. That’s how I deal with everything.” (Participant 14). All participants aligning with this belief expressed both a reliance on God and a belief that God would aid them in their loss.
Similarly, participants expressed the belief that God would help them cope with their loss due to His history of helping them with other life difficulties. The men and women who aligned with this belief often reflectively described the life turmoil they had been through where God had previously come to their aid. A male participant who spoke of both his current loss of his brother and the prior loss of his mother declared: “…I lost my mother, getting through that loss and knowing how God worked that out for me, how He helped me get through that, gives me the hope and the sense that I can get through this.” (Participant 2). Another participant detailed her lifelong experience with God and his role in multiple life difficulties she has encountered: “So I got to trust Him. Yeah. ‘Cause he brought me through a lot of stuff. I mean, I’m a miracle sitting here.” (Participant 4). This same woman detailed having lost more than 10 people in her life, the majority of which had not reached the age of 55 years old, and feeling that God was guiding her path because she was not yet gone from this Earth.

Finally, there were a number of participants who spoke of God as being in control over their lives. God was said to be someone who those endorsing this trend followed unconditionally, regardless of their negative experiences. One woman reported her unconditional belief in God throughout the larger part of the interview. Excerpts of this affirmation included: “I have to trust God with the process of stuff whether I like it or not.” “You know, I used to think things happened because of the way I chose to live, but things happen because of the path God has already laid out for us.” “I trust him even though I don’t like it…I don’t have a choice…Well I have a choice, I don’t like the consequences of the choice.” (Participant 4). Other participants explicitly used the language of “God being in control” (Participant 2).

**Religion.** Religious belief was conceptualized by participants as personal definitions of their religious experiences and by breakdowns of the religious activities they engage in on a
frequent basis. A majority of the men and women in the sample endorsed religion as playing a role in their lives; however, their responses to the meaning of religion to them diverged slightly. Participants mainly described religion to them as being a personal relationship with God or substantial to their life. Of those who reported religion as being a personal relationship with God, the responses were mostly consistent. One woman described religion to her as, “being aware of God and being aware of where I am in that.” (Participant 3). Another woman said, “Religion, in the context that I understand, is about a relationship with our Lord Jesus Christ.” (Participant 7). An additional female participant explicitly stated religion as being “a personal relationship with God.” (Participant 4).

Those who responded that religion was substantial to their lives mostly described having a long-standing relationship with God. They expressed their religious experience as being deeply imbedded and integral to their lives. One man voiced that religion was “life sustaining.” He further elaborated that religion was his “lifeline to get through this life.” (Participant 2). A female participant explained religion as “a top, most important thing to me.” (Participant 8). Similarly, another woman declared that religion was “the backbone of her life.” (Participant 13). Conclusively, all of those highlighting a substantial role of their religious belief implied that God was immersed within their lives.

Other participants described religion as a belief in God or the specific breakdown of denominations. Religion to one woman was characterized by having faith and knowing that there’s someone you cannot see, but that you can believe in. (Participant 6). Correspondingly, another participant stated that religion to her was “…me believing [God] at His word.” (Participant 7). In accordance with religion manifesting as denominations, one woman voiced, “…when I think of religion, I think of denominational things and that’s not what it is for me.”
(Participant 5). In this light, religion was acknowledged as being attributable to different
dogmas; however, none of the participants specifically described the role of religion in their lives
as being solely contingent on religious denominations.

Religious activities participants reported engaging in were mostly consistent between
participants. Most of the participants who affirmed religion having a role in their life reported
engaging in private prayer. Praying occurred at least daily for most of the men and women, with
some people saying they prayed more than once a day. An example of this was expressed by one
woman: “…during the day and night if I hear a train, that’s my signal to whisper prayer, if it’s
nothing but to say ‘give thanks’.” (Participant 14). Another religious activity reported by most of
the participants citing the role of religion in their lives was attending church. A majority of the
participants who attended church reported engaging in weekly attendance. One participant
explained not physically attending church, but rather watching church services on her mobile
phone (Participant 4). Another participant reported attending church services across religious
denominations to gather insight from different interpretations of the bible (Participant 5).
Coinciding with church attendance, men and women in the sample attended either Sunday school
or bible study classes. A smaller group of the men and women detailed their religious activity as
reading scriptures or devotionals on a consistent basis. Final religious activity endorsements
were listening to religious/gospel music, sharing biblical teachings with others/ helping others,
and attending a church book club.

**Spirituality.** Spirituality, much like religion, was articulated in a definitional manner.
Further, much like with religion, there was not a clear consensus on the meaning of spirituality to
the men and women in the sample. Generally, spirituality was said to be either an overall belief
in God and/or his “word”, a personal relationship with God, or sharing God’s goodness with
others. Those who defined spirituality as a belief in God often noted the magnitude of God, such that he was all-encompassing and supernatural. One woman describes spirituality as, “believing that there is a power greater than yourself.” (Participant 4). This line of thinking is consistent with the belief that God as a Higher Being is on a more elevated level than human beings, highlighting his magnitude. Another participant noted spirituality as being more consistent with the bible and other written manifestations of God. She iterated, “Spirituality is, I would think, me believing in God’s word and me allowing his Holy Spirit to live inside of me.” (Participant 7). An older female participant reported, “To me it’s um, it’s just uh, accepting the presence of the Almighty. And, and I just always feel that I take his Word, the promise He’s always with me and I accept the fact that it’s really true.” (Participant 14). She went on to describe her relationship with spirituality as almost being overwhelming because she can so distinctly feel the presence of God at times.

An additional number of men and women in the sample went more into depth in describing spirituality as being their personal association with God. One woman reported experiencing God and His interactions with her (Participant 5). Another participant described what she felt it means for someone to describe another person as being “very spiritual”: “It means you have a great relationship with the Lord and you live your life according to biblical principles.” (Participant 8). Similarly, a middle aged woman described spirituality as something that is embedded in you. She voiced: “Spirituality to me is deep within you. I, I don’t know a better way to put it.” (Participant 12).

Comparatively, a smaller number of participants described spirituality as the act of sharing God’s goodness and his teachings with others. One woman illustrated the role of spirituality in her life as, “being… an asset to other people to draw other people to know that
that’s a special feeling just to have that, that awareness of, of that Superior Being.” (Participant 3). Another woman spoke about activities she engages in that she felt were consistent with her spiritual beliefs:

Well I get a chance to talk about, you know, God’s grace and His mercy and His promise on a daily basis. Um, which, you know, keeps me sane, that I’m able to share, you know, my spiritual beliefs with others. (Participant 4).

There was one male participant who described spirituality in a manner that was more tangible and alliterative than the other participants. He described spirituality as being, “food to my soul. It fills me up. It’s satisfying, satisfying, fills me up.” (Participant 2). Of overall interest, the majority of the participants, when prompted about their conceptualization of spirituality struggled to differentiate it from their religious conceptualizations. Many participants hesitated reflectively when attempting to explain their spiritual beliefs. It seemed that religion and spirituality were difficult to tease apart for the majority of men and women interviewed.

**Social support.** Social support was a prominent theme that emerged in the recollections of many of the participants. Participants either discussed the role of social support in them providing support to other family members during prior or current losses, or as looking to others for support throughout their grief experiences. Many participants spoke about being in the physical presence of other loved ones after a loss as being advantageous to them. One man spoke about spending time with his grandmother as being the predominant activity he engaged in following the passing of her husband (Participant 11). A female participant spoke about spending time with her parents after the loss of her grandfather as being the most helpful factor for her during that loss (Participant 3). Another woman spoke about “being close to [her] mother” as aiding with the passing of her grandmother (Participant 7).
Other participants described fostering new social connections or speaking with acquaintances as aiding them with their loss. A male participant voiced, “I met some new friends and that helped me out a lot.” (Participant 2). A woman spoke about being able to talk about the loss of her son with other people, in a manner that seemed therapeutic. (Participant 4). She described the parallel between herself, who was more open about the loss of her son, and her late husband who held his feelings on the loss inside. She noted that her late husband’s internalizing of his feelings potentially contributed to his own passing. In this way, she highlighted the ability to discuss her loss with others and bridging connections through this means as being advantageous during her grief experience. Another woman spoke about hearing people who knew her late nephew speak of him in high regard as being socially supportive to her: “People who knew him, uh, sharing their memories and their regard for him. Seeing all the accolades and uh, celebratory things people did because of him or because of their relationship with him and how helpful people have been.” (Participant 5).

An additional group of participants spoke about being able to discuss their loss and grief with loved ones as being beneficial. One woman explained that after the loss of her aunt, she turned to her husband and other family: “…talking with my husband about different things and with my other family members, some of, my other aunt that lives close to her, and my dad and mom.” (Participant 3). Another woman recollected shared time with her other siblings and their discussions after her father’s passing: “…And just getting together with, uh, with my other siblings, and remembering.” (Participant 8). An interesting instance of the discussion of the deceased with living loved ones came from a middle-aged woman. She stated that sometimes her grandson tells her that he speaks to her deceased mother in his dreams (Participant 10). She
described this as being very comforting to her, almost in knowing that her mother was still present in some manner. She felt her mother was indeed coming to her grandson through dreams.

Moreover, some men and women spoke about receiving actual support from loved ones resulting from their loss. One woman detailed, “…All of my immediate family like my grandchildren, my son, my grandchildren, great grandchildren, and great great grandchildren all live here and they are in my life…they are all so supportive.” (Participant 14). Another woman gave a specific example of her niece and nephew supporting her through her husband’s passing by helping her manage the financial aspects of her life (Participant 13). One woman mentioned her deceased husband having a twin brother who, after her husband’s passing, told her he promised his brother to take care of her (Participant 12). A man explicitly stated the role of his family in the loss of his wife: “Family members have been supporting.” (Participant 9).

Only a minimal number of participants spoke of social support originating from their faith community. One man spoke about members of his church congregation providing support for him after the passing of his brother: “…Church members also, they’ll call or, call or come by, or send me a text that inspires me to, you know, let me know that God still loves me.” (Participant 2). In this way, he endorsed the support of his church members as being specifically advantageous throughout his grief process. A woman in the sample voiced a source of social support emanating from the ability to seek bereavement counseling from her clergy. She stated that the most helpful part of her religious experience was being able to share her thoughts and feelings with her pastor without having to fear that he would breach her confidentiality (Participant 13). She also reported that church members had encouraged her throughout her loss.

It is important to note that while there was endorsement of the role of social support in conjunction with the beneficial influence of religion, both participants who spoke about church
members providing them support listed additional benefits from their religious experience aiding them through their bereavement. Social support from their church was mentioned largely in the realm of their complete religious experience, rather than separately.

**Reminiscence.** Reminiscence can be defined as the act or process of recalling past experiences, a recollection that is narrated or told, or the enjoyable recollection of past events (*Dictionary.com*, 2018). For the larger group of those in the sample, some aspects of them recounting their time with the loved one they lost currently or prior was characterized by them engaging in a period of fond remembrance. These recollections were often told in an anecdotal manner and accompanied by laughter from the men and women. Some examples of these recollections were:

“I guess the…thing I associate with knowing her is that she drank coffee and she let me drink a little bit from the saucer [laughs].” (Participant 5).

We always tried to take care of him, and [he] would tell us, “Look at you. Look at your glasses. I don’t have them.” He had his own, he still had his teeth at 95. Didn’t wear glasses. And his like, last couple years his sight was getting bad but, he was strong, uh, my brother called him stubborn. Not afraid of anything. A good, a good father. (Participant 8).

“We used to have a lot of fun and he taught me a lot of stuff. When I was growing up, we did a lot of things together…We were as close as we could be [laughs].” (Participant 1).

We did things together cause he, he had a farm and we would walk to take the mule back to the person he borrowed it from and walked through the, um, to the spring, get water from the well. We just did a lot of things together so it meant a lot to me ‘cause my friend was gone. (Participant 12).

“He used to take me to football practice and things like that. And uh, took me to the hospital for, I guess, when I injured my knee.” (Participant 11).

He and I were both big football fans, both loved Alabama football…In years past, that’s been time when he and I would really talk and we would talk and talk and talk about the upcoming season and the game, especially the first game of the year. (Participant 2).
One woman reflectively shared how when her and her husband first got married, they subscribed to different religious denominations (i.e., her husband was Baptist, and she was Methodist). However, she recalled that they mutually decided to join the Presbyterian church she now continues to attend because they wanted to be able to raise their family under one church (Participant 13).

An additional aspect of this trend was for the men and women interviewed to share that to help them with their loss, they spoke of memories of their lost loved one with others. One woman described experiences with her late mother as ways for her mother to provide her and her sister with happy memories of their mother before the mother’s passing: “…She wanted to have these special, wanted us to have these special memories of her, and we did.” (Participant 4). Another woman spoke about a helpful aspect of dealing with the loss of her grandfather as being able to reminisce about him with other family members: “We would, you know we talked about him. We talked about the things, you know, that he had done, and how we, what we remembered about him.” (Participant 8).

Very few participants did not share some variation of fond memory concerning their lost loved one. Many of the participants seemed to relish the opportunity to communicate the true essence of their deceased loved one in an anecdotal manner.
DISCUSSION

This study provided information about potential protective factors against depression in an African American bereavement population. Those protective factors were posited to be religious and spiritual belief. Religious and spiritual beliefs were predicted to moderate the relationship between grief and depression in middle to older aged African American men and women. In doing such, we sought to bolster existing literature on grief outcomes in African American adults and to address the dearth of literature on African American outcomes. We combined quantifiable data with verbal recollections of grief experiences in African American middle to older aged adults to attempt to construct a more holistic picture of the African American bereavement experience. We believe that the use of this conceptual model was upheld throughout our findings and appropriate for use with the data collected. Through the use of a mixed methods design, we found both confirmatory and dissenting evidence to support our claims.

Initially, quantitative analyses showed a non-significant association between grief and depression. Through the literature, it was expected that those who were experiencing higher levels of grief would also endorse higher levels of depressive symptomology (Boelen & van den Bout, 2005). However, statistical analyses did not support this claim. Qualitative data provided contradictory support to this claim as well. As reported in analytic memos, none of the African American men or women affectively presented as being depressed, despite endorsing depressive symptoms when asked. Rather, regardless of the perceived struggles of some of the men and women to discuss their grief experience or the feelings accompanying their loss, the majority of
the men and women presented with an air of stoicism. Even when a few of the participants became tearful, they either became less responsive or quickly segued to a different topic. Interestingly, compared to the 19.3% who reported clinically significant depressive symptom levels in the quantitative group, almost half (42.9%) of the men and women in the interview group reported clinically significant depressive symptoms. This incongruence was slightly surprising.

Unsurprisingly, this stoicism when in the face of hardship is consistent with literature on African American responses to mental health and psychologically based circumstances. There is a commonly known skepticism regarding mental health among African American men and women, including a largely held misconception that mental health disturbances are not problems African Americans can or should face (Alvidrez, Snowden, & Kaiser, 2008; Sibrava, Beard, Bjornsson, Moitra, Weisberg, & Keller, 2013). This skepticism, combined with a history of mistrust African Americans hold towards the mental health field in light of historical ethical violations of African Americans, often may lead to an underreporting of mental health symptoms among those in the Black population (Hunter & Schmidt, 2010). Thereby, it could be that the reported levels of grief and depression in this study are inaccurate portrayals of the true symptomology the men and women were experiencing.

A statistically non-significant relationship was also found between religion and depression. Religion, as divided into organizational religious behavior, non-organizational religious behavior, and intrinsic religiosity, was not found to be statistically associated with depressive symptomology. There was also statistically found to be no predictive relationship between religion, spirituality, grief, and depression. In spite of that, the majority of the African American men and women’s interview responses acknowledged the beneficial role of religion or
God specifically in their grief process. Some of the men and women even stipulated that their belief in God, or God in general, directly prevented them from feeling any of the associated symptoms of depression following their loss. Further, the responses from the African American middle to older aged adults in the present study confirmed many of the findings in the limited body of literature on African American bereavement outcomes. Of the African American men and women in this study who endorsed religion as aiding them with their bereavement, none of them reported any attempts to find meaning in their loss. This is consistent with the finding that with higher religious and spiritual endorsement, there is less of a necessity for African Americans to find meaning in the loss of their loved one because they trust God’s role in the loss (Golsworthy & Coyle, 1999; Harrison, Kahn, & Hsu, 2005).

Additionally, the African American men and women who endorsed religious belief as aiding them repeatedly described having a belief in the afterlife. They further outlined having the knowledge that their loved one had a relationship with a Higher Being and would end up with that Higher Being after their passing as being comforting to them in their grief process. This compliments prior findings on religion, spirituality, and bereavement in the African American population (Higgins, 2002; Walsh et al., 2002). Of further interest, the African American men and women, when prompted, seemed to have trouble distinguishing between their personal conceptualizations of religion and spirituality. It is unclear what the basis of this lack of distinction was; however, that provides credence to the decision for this study to not make a distinction between religion and spirituality as being protective factors in aiding the African American bereaved population.

As a final prediction of the study, it was posited that the role of social support would not play a mediating role in the association between religion and depression. It was found
statistically that perceived social support did not play any more of a predictive role in its relation
with depression than religion did. This finding was also consistent with the African American
men and women’s verbal reports. While social support was reported as being a helpful factor in
some instances of handling loss, with the exception of two people, the African American adults
did not endorse an associative role between the social support they received and their religious
experience. Most often, the role of a Higher Being was cited as being the most helpful factor in
dealing with loss. Interactions with church members were rarely mentioned as being the most
advantageous factor of the men and women’s religious experience, which contradicts literature
on the role of social support in religious coping (Higgins, 2002; Michael et al., 2003; Harrison et
al., 2005). The distinction established between social support and the positive role of religion in
the bereavement process among the African American middle to older aged adults in the present
study confirms the separation of the constructs as posited by the investigators.

An additional basis for the moderately contradictory results between the qualitative and
quantitative data could be a result of the characteristics of those who utilize MTurk. MTurk
workers have been found to be less religious than those within the general population (Goodman,
Cryder, & Cheema, 2013). Further, MTurk workers might inherently be different from those
within the general population based on their access to and consistent use of computer technology
(Follmer, Sperling, & Suen, 2017). While it is unclear what differences specifically might
become apparent when comparing more avid technology users to less avid users, it is fair to say
that differences could be present, particularly in sampling for and utilizing older minority
populations.
Limitations

This study was potentially limited by the geographic specificity of utilizing a solely Southern population for the qualitative portion. This might limit the generalizability of results, due to the common association of the South with being more religiously inclined. However, utilizing an online quantitative sample of African American men and women potentially aided with the generalizability of the study by nature of the fact that MTurk workers could be completing the questionnaires from any location in the United States (Follmer et al., 2017). It is imperative that the replication of results from this study be ascertained in different geographical locations.

An additional limitation is the self-reported and less-regulated nature of utilizing online platforms for data collection. It is not known whether or not the African American men and women who responded through MTurk were truthful in their responses to demographic questionnaires or to the measures. It further is not known whether or not those who responded through MTurk properly attended to each of the items, or whether they completed the items rapidly to obtain completion. A potential future direction could be to imbed data quality checks into the measures. An example of a data quality check could be asking a participant to rate an inserted, non-related item as “strongly agree”. If the individual messes up the data quality check, it could indicate that they are not properly attending to the questions, which could aid in the authenticity of the responses. For the qualitative data, a potential limitation could be tendency for respondents to be more or less articulate of their feelings (Creswell, 2014). With researching a potentially sensitive topic such as bereavement, it could be that the African American men and women were more hesitant to reveal their deeper feelings, or that they struggled to conceptualize and articulate their feelings of loss.
Another limitation highlights the many reported concerns with measures of religiosity. It has been posited that religious measures suffer from being too narrow in their worldviews and attempts to combine the multitude of religious dogmas into a single conceptualization of religion (Hall, Koenig, & Meador, 2008). While it is not known whether or not the men and women completing the religious questionnaire in the present study subscribed specifically to the Christian faith, it could be the case that the questionnaire was too narrow to embody the participants’ specific religious expression. This lack of accurate embodiment could potentially lend itself to unsuspected difficulty or inability for the men and women to accurately respond to the questionnaire.

Moreover, the population from which a majority of the qualitative participants were recruited could potentially be a confound as well as a limitation. A slight majority of the participants in the qualitative sample were recruited either from churches or from word-of-mouth interactions with church leaders. While we accounted for sampling from churches in the methodology, having the majority of the qualitative participants come from a religious environment could confound the results. Not all participants who were recruited through churches endorsed religion and spirituality as being helpful; however, the majority of those recruited from churches did. This could confound the results and raise debate as to whether the men and women’s endorsement of religion as being beneficial was consistent with their ethnic/cultural background, or whether it was due to the specific environment they were recruited from. Broader recruiting, including more heavily recruiting from secular environments, could have potentially yielded different results.
A final limitation of this study was the small sample size collected for the quantitative data. While the sample size was consistent with the parameters of this study being a pilot study, a future replication or extension of this study should obtain more participants.

**Implications and Future Directions**

Overall, results from this study add to the relatively non-existent bereavement/grief literature highlighting trends within the African American population. Further, the endorsement of religiosity and spirituality as beneficial factors in handling depressive symptom endorsement and grief among the African American men and women who provided oral recollections of their grief experiences bolster other qualitative findings hinting at the same effect (Damianakis et al., 2012). Additionally, the qualitative findings suggesting the beneficial role of religion and spirituality in the grieving process for African American middle to older aged adults could influence additional integration of bereavement counseling into local religious and spiritual institutions that do not already have these services. It likely is not ethical or culturally sensitive to propose adding religious and spiritual considerations to secular bereavement groups; however, the knowledge of the additive effects of such considerations can be shared with all bereavement groups.

A future direction the results from this study highlights is the use of positive psychology techniques in bereavement treatment. Positive psychology, created by Seligman and Csikszentmihalyi (2000), focuses primarily on building positive coping strategies in individuals before the experience of pathology, rather than attempting to diagnose and cure pathology after its inception. Two of the tenets utilized within positive psychology to improve well-being are gratitude and forgiveness, both of which are also prominent religious themes (Emmons & McCullough, 2003). Utilizing the gratitude and forgiveness tenets of positive psychology as an
intervention for the elderly population at large has shown promising effects, such that those who followed a gratitude- and forgiveness-centered experimental intervention displayed a significant decrease in depression, as well as other outcomes, and an increase in life satisfaction, amongst other outcomes (Ramirez, Ortega, Chamorro, & Colmenero, 2014). Particularly in the qualitative group, the majority of bereaved African American adults endorsed religion and spirituality as being the most helpful factors for them while dealing with their grief experience. Understanding the similarities between the use of gratitude and forgiveness in both religion and positive psychology, results of the present study could inform decisions about potential use of positive psychology as a long-term intervention in middle to older aged bereavement populations. The use of positive psychology could act as a preventive barrier against experiences of negative and detrimental pathology in response to the loss of a loved one.
REFERENCES


May 1, 2018

Danielle McDuffie
Department of Psychology
The University of Alabama
Box 870348


Dear Ms. McDuffie,

The University of Alabama Institutional Review Board has granted approval for your proposed research. Your application has been given expedited approval according to 45 CFR part 46. You have been granted a waiver of written documentation of informed consent for the online survey. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your approval will expire on April 30, 2019. If the study will continue beyond that date, you must complete and submit the Continuing Review Form within e-Protocol. If you need to modify the IRB protocol, please complete and submit the Amendment Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, please complete the Final Report Form. Please use the IRB-stamped flyer and Consent Forms.

Should you need to submit any further correspondence regarding this application, please include the assigned IRB approval number. Good luck with your research.

Sincerely,