

The effects of a perceived 'double loss' during times of grief

A thesis about the difference in psychological wellbeing between people who lost their religion as a meaning-making system due to the loss of a loved one and people who did not in a multi-cultural and religious perspective.

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Insomnia

*[Thinking of death, I'm unable to sleep,
And sleepless, I think of death and the dead,
And life speeds on as it always sped,
And all that lives is doomed to the Deep.
How impotent the thin, weak noise
The life force makes it with its 'fight or die',
Compared with death's shrill clarion cry
That summons both greybeards and young boys.
Just as she who once lay down and gave
Must give birth to the child, if she will or no,
For the babe grows big inside her, so
Each being too is pregnant with death,
And the preordained goal of exchange of breath
Is no whit less than the cradle the grave.]*
- J.C. Bloem (Translated by James Brockway)

Abstract

[Many studies have been conducted on how religion can be a protective factor against longer lasting grief, however it is underemphasized that, under certain conditions, religion can make grief worse. Specifically, this research investigates if there is a difference in psychological wellbeing between people who lost their religion as a meaning-making system due to bereavement, also designated as 'double loss', and people who did not. Religious environment (liberal or traditional) was taken into account across cultures. For this purpose, The BRIEF RCOPE, Integration of Stressful Life Experiences Scale (ISLES) and Inventory of Complicated Grief (ICG) were used and distributed in Germany, Lebanon, Greece, The Netherlands, The United States, Serbia and Turkey. In total 1136 bereaved participants were included, with 403 describing their religious environment as traditional compared to 384 liberal participants. The expectation that the religious environment has an influence on the role of religion in the process of dealing with bereavement was met. However, surprisingly and contrary to the expectations, participants suffering from a double loss seemed to report less psychological health problems and more ability to make meaning. Since this study needs to be viewed as exploratory and has some limitations, future research should focus on measuring grief more deliberately in a cross-cultural way. Nonetheless, this study shows the importance of providing insight into the influence of (religious) environment on the individual grieving process.]

Keywords: Grief, Religious crisis, Meaning-making, Double loss, Culture, Religious environment

1 | INTRODUCTION

Death is a presence in each person's life and is, as is described in 'Insomnia' (Bloem, 1953/2000), unavoidable. Still, despite the universal inevitability of death, the way grief is expressed is far from universal. Stroebe and Schut (1998) define grief as: "the primarily emotional reaction to the loss of a loved one through death, which incorporates diverse psychological and physical symptoms and is sometimes associated with detrimental health consequences" (p. 7).

The way grief is expressed, is influenced by amongst others culture. In 'Insomnia' death is described as undesirable, but inevitable. Still, in some cultures and religious communities death is actually regarded as having a higher purpose (Parkes, Laungani, & Young, 2015). Rosenblatt (2012) suggests that the perspective on what should be considered 'normal' grief is heavily influenced by Western culture. What is seen as problematic grief in Western societies could be a normal grieving process elsewhere. As suggested by Pressman and Bonanno (2007), the loss of a child is easier to overcome in China than in the United States due to different forms of attachment to family. However, when viewed from a socio-economic perspective, losing a child in China would mean a less secure future and thus have greater implications (Gao, Chan, & Mao, 2009; Hesketh, Lu, & Xing, 2005; Kyung-Hoon, 2015). According to the study of Mantala-Bozos (2003), a society which encourages the expression of grief is facilitating a healthier grieving process. Regardless of this cultural influence on grief, the bereaved are beyond dispute going through one of the most stressful experiences in life (Lee, Roberts, & Gibbons, 2013; Rozalski, Holland, & Neimeyer, 2017). And even though the expression of grief thus varies in different contexts, few are able to escape the emotional, psychological and spiritual suffering (Pressman and Bonanno, 2007; Wess, 2007).

One context that can provide support and answers to questions about death is a religious community (Lee et al., 2013). The way the religious community responds to a bereaved person can influence how grief is experienced (Tedeschi & Calhoun, 2006). Many studies have been conducted on how religion can be a protective factor against longer lasting grief (Crunk, Burke, & Robinson, 2017; Rosenblatt, 2012). As such, faith provides reassurance, helps reduce depression and hopelessness, increases the perception of social support and facilitates the attribution of meaning to the loss of a loved one (Hess, Maton, Pargament, 2014; Mantala-Bozos, 2003; McLellan, 2015; Stroebe, 2004). Still, one issue which is underemphasised in literature, is that under certain conditions religion can have a deteriorating effect on already prevalent problems (Braam, Klinkenberg, Galenkamp, & Deeg, 2012; Lee et al., 2013; Snodgrass, 2009).

Exline, Yali and Sanderson (2000) found that religious strain was associated with higher depression rates. Depression in turn was associated with religious rifts and feeling alienated from God. The world may be more likely regarded as unfair when God is perceived as malicious, which could lead to greater psychological distress (Exline et al., 2000). Therefore, for some people, bereavement could destabilize religious world views as it creates a feeling of being let down by spiritual powers (Stroebe, 2004). This implies that the presence of religious conflict causes problems in the processing of negative life experiences and has negative effects on mental health (Pargament et al., 2003). Besides struggling with meaning-making, a religious crisis means confusion about values, doubts about the belief system, relational conflicts and anger towards God (Pargament et al., 2003). Despite religious coping being common in every religious tradition, there are variations in the expression. Mehraby (2003) highlights two sides of being part of a more strict and traditional religious environment, namely the presence of guilt and fear of being punished when in doubt, but also stress reduction and feeling less responsible for failure due to faith in God. The latter is supported by the study of Abrums (2000), which states that routine and traditional religious teachings are supportive in finding meaning after bereavement. However, a religious environment that is unaccepting regarding doubts and religious conflict encourages distress,

bitterness and seeing God as a punisher – also known as negative religious coping (NRC; Abu-Raiya & Pargament, 2015; Lee et al., 2013; Tarakeshwar, Hansen, Kochman, & Sikkeman, 2005; Tedeschi & Calhoun, 2006). The framework of a traditional environment can thus be a hindrance of experiencing one's own individual and unique grieving process, but can also provide purpose and guidance.

Problems with meaning-making could be explained by the process/integration model of coping, which considers coping as follows: “the degree of integration among a person's values and beliefs, behaviour and emotions, social system, and demands raised by specific stressors” (Moos & Holohan, 2003, p. 1394). The lack of this integration, caused by an unbalanced religious world view due to bereavement, could result in the inability to cope with stressors (Pargament et al., 2003). Stroebe (2004) also describes that feeling that religion is helpful in the grieving process, needs to be distinguished from the objective outcome. This study claims to contribute to this area of research by exploring whether a decreased reliance on religion as a meaning-making system due to bereavement has an effect on psychological wellbeing. Even though earlier research has been conducted on the influence of culture on grief, it is of interest to look at cultural differences in a more elaborate manner (Kelley & Chan, 2012; Pressman & Bonanno, 2007). Additionally, religion and culture play a role in clinical practice (Summermatter & Kaya, 2017). The bereaved patient will possibly benefit when there is more understanding and knowledge about the individual factors that contribute to the grieving process. In this way, support and treatment are likely to be improved (Rosenblatt, 2012; Wess, 2007).

Although religious crisis is more than just having problems with meaning-making, the current study focuses on this angle. Attempts of meaning-making after a stressful event are reported by most individuals (Park, 2010). An earlier study of Park and Folkman (1997) came up with a meaning-making coping model, which is relevant when events, such as bereavement, cannot be solved by problem solving strategies. The model consists of *systems of global meaning* and *appraised meaning of specific events*. The system of global meaning contains global beliefs, which are internal cognitive structures that individuals hold about the nature of the world, and global goals, which are internal representations of desired outcomes (Park, 2005). The appraised meaning of specific events is mainly about why the events occurred. This means that the bereavement could be a coincidence, but also, in the case of many religious people, God's will. This model states that in order to reduce distress, views of the occurred event must be adjusted, or goals and beliefs about life and the world must be revised. After bereavement, beliefs about the fairness of the world will strongly contrast with the meaning of the event. This discrepancy must be reduced in order to alleviate distress (Park, 2005; Rozalski et al., 2017). However, amongst others a violent loss or the loss of a child could make this discrepancy too great to overcome (Lichtenthal, Currier, Neimeyer, & Keesee, 2010; Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008; Rozalski et al., 2017). In the case of religious meaning-making, this will most likely result in the change of fundamental religious beliefs (Neimeyer, Prigerson, & Davies, 2002). The impact of bereavement with a violent cause differs between contexts and does not always have to lead to the inability to make meaning (e.g., suicide bombers taking revenge, soldiers who die whilst fighting for their homeland; Speckhard & Akhmedova, 2006). The presence of doubts, struggles, religious conflict, anger and feeling unsupported by the religious community could lead to alienation, loneliness, longer lasting grief and poorer mental health (Abu-Raiya & Pargament, 2015; Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Robberts, 2011; Lee et al., 2013; Lichtenthal, Burke, & Neimeyer, 2011; Pargament et al., 2003; Rosmarin, Auerbach, Bigda-Peyton, Björngvinsson, & Levendusky, 2011). Conflict between the individual and the religious

environment could potentially lead to religious crisis that is nearly impossible to overcome and is accompanied by feeling degenerated (Pargament et al., 2003), also designated as ‘double loss’ in the current study.

Study aims

The aim of the current study is to explore the relationships between context, psychological wellbeing (symptoms of CG) and difficulties with meaning-making within religion. More specifically, the following research question will be discussed: Is there a difference in psychological wellbeing between people who lost their religion as a meaning-making system due to bereavement and people who did not? In accordance with the meaning-making coping model (Park, 2010; Park & Folkman, 1997; Rozalski et al., 2017), it is expected that: (1) When the bereavement is irreconcilable with meaning-making, the reliance on religion will decrease, (2) As stated by Lichtenthal et al. (2010), a crisis in religious meaning-making is expected to have an influence on levels of grief, and (3) Religious environment (traditional or liberal) affects the role of religion in the process of dealing with bereavement (Mehrabian, 2003; Tedeschi & Calhoun, 2006).

2 | METHODS

2.1 | Procedure and design.

The current study used a cross-sectional design and is part of a collaborative group project, consisting of sixteen international master students of Utrecht University, investigating grief across cultures. This group of researchers originated from seven different countries (Lebanon, Serbia, Turkey, the Netherlands, Germany, the United States and Greece) and joined forces to collect data. A collective questionnaire was designed with the help of the online program *Qualtrics* which could be distributed through a link. Informed consent was requested before participation in the study (see Appendix D). The distribution of the questionnaire started in January 2018 and ended in March 2018 via social media (e.g., Twitter, Facebook) and with the help of grief organizations, foundations, clinical health practices and grief support groups. In the light of the sensitive nature of the questions and the subject, forced choice has not been used. Since Serbia and Lebanon were the only countries that did not have any known grief support groups, its bereaved subsamples were recruited solely via the internet and social media. Inclusion criteria consisted of being a resident of the mentioned countries and having lost a loved one within the past five years. The current study focuses solely on bereaved participants.

2.2 | Study population.

A total of 1136 bereaved participants enrolled in the current study, with an age ranging from 16 to 78. The total number of religious participants was divided into two categories per country (i.e., orthodox and liberal environments). This division was made on the basis of the following two statements: ‘My religious beliefs are traditional’ and ‘My religious community’s beliefs are traditional’. The number of traditional bereaved, and therefore religious, participants was 403, with the liberal group amounting to 384 (see Table 1). Most of the traditional participants came from the United States (22.1%), whereas Greece represented most of the liberal participants (27.6%). A vast majority of the religious participants appeared to be Christian (85.9%).

Table 1
Descriptive Statistics for the Sample distributed by Group

	Traditional (n=403)	Liberal (n=384)	Non-religious (n=349)	No double loss (n= 301)	Double loss (n=150)
Country of residence (COR) N (%)					
Netherlands	39 (9.7)	96 (25.0)	60 (17.2)	79 (26.2)	26 (17.3)
Turkey	42 (10.4)	46 (12.0)	67 (19.2)	38 (12.6)	15 (10.0)
United States	89 (22.1)	26 (6.8)	56 (16.0)	38 (12.6)	6 (4.0)
Greece	71 (17.6)	106 (27.6)	89 (25.5)	49 (16.3)	21 (14.0)
Germany	18 (4.5)	44 (11.5)	28 (8.0)	24 (8.1)	1 (0.7)
Serbia	76 (18.9)	37 (9.6)	27 (7.7)	48 (15.9)	78 (52.0)
Lebanon	68 (16.9)	29 (7.6)	22 (6.3)	25 (8.3)	3 (2.0)
Age (in years)					
Range	18-77	16-78	16-76	16-76	18-76
Mean	38.47	37.94	33.23	37.83	36.54
SD	14.25	14.86	14.03	14.33	14.28
Gender N (%)					
Female	274 (67.0)	260 (67.9)	218 (63.0)	56 (67.5)	190 (62.5)
Male	135 (33.0)	123 (32.1)	127 (36.7)	27 (32.5)	114 (37.5)
Other	-	-	1 (0.3)	-	-
Religious affiliation (Rel. aff.) N (%)					
Christian	346 (85.9)	263 (68.5)	-	208 (71.7)	55 (66.3)
Jewish	1 (0.2)	1 (0.3)	-	-	1 (1.2)
Muslim	52 (12.9)	50 (13.0)	-	26 (8.9)	3 (3.6)
Buddhist	-	3 (0.8)	-	1 (0.3)	-
Other	4 (0.9)	67 (17.4)	-	55 (19.1)	24 (28.9)
Relation (to deceased)					
First-degree relatives	163 (40.5)	130 (33.9)	103 (29.5)	120 (39.3)	33 (40.2)
Second-degree relatives	163 (40.5)	172 (44.8)	156 (44.7)	121 (39.7)	33 (40.2)
Friend	43 (10.6)	55 (14.3)	68 (19.5)	39 (12.8)	12 (14.6)
Other	34 (8.4)	27 (7.0)	22 (6.3)	25 (8.2)	4 (5.0)
Cause of death (COD)					
Long illness	177 (43.9)	115 (33.9)	130 (39.9)	34 (41.0)	135 (44.6)
Sudden illness	133 (33.0)	139 (41.0)	109 (33.4)	30 (36.1)	98 (32.3)
Sudden violent death	54 (13.4)	45 (13.3)	52 (16)	12 (14.5)	35 (11.6)
Other	16 (3.9)	10 (2.9)	5 (1.5)	5 (6.0)	24 (7.9)
Unknown	23 (5.8)	30 (8.9)	30 (9.2)	2 (2.4)	11 (3.6)

Note. See Table 3 for group differences between subgroups.

2.3 | Instruments.

The BRIEF RCOPE, Integration of Stressful Life Experiences Scale (ISLES) and Inventory of Complicated Grief (ICG) were used. Furthermore, an additional meaning-making question was designed to provide information about whether the participant suffered from 'double loss'. These instruments were distributed into all seven countries and as a result translated into Turkish, German, Dutch, Greek and Serbian by native speakers. No translation was needed for participants from the United States and Lebanon, who received the original questionnaires in English. Reliability rates of translated versions of the questionnaires are shown in Table 2.

Table 2

Reliability rates in Cronbach's alpha of the translated questionnaires

	ISLES			RCOPE			ICG
	ISLES-C ^c	ISLES-F	Overall ^b	PRC	NRC	Overall ^b	Overall ^b
Dutch	.66	.92	.92	.91	.89	.91	.94
Turkish	.59	.85	.86	.97	.86	.92	.93
German	.43	.88	.87	.90	.79 ^a	.85	.93
Serbian	.61	.93	.92	.93	.89	.89	.93
Greek	.59	.89	.90	.94	.88	.90	.94

^a After deleting item 14 of the German translation of the RCOPE Cronbach's alpha became .79 instead of .57.

^b The average reliability of the translated versions of the ICG appeared to be excellent. For the translated versions of the RCOPE and ISLES the average reliability appeared to be good (Field, 2013).

^c If only item 2 ('I have made sense of this loss') would have consistently been deleted from the ISLES-C in all translated versions, the average reliability of the ISLES-C would have been acceptable instead of poor (Field, 2013). Because of its importance, the decision has been made to preserve the item.

2.3.1 | Demographics.

The following variables were conducted: Gender, Age, Country of residence, Religious affiliation, Traditionalism and religion, Level of religious activity. Religious helpfulness, Relation, Time since loss, Cause of Death and Closeness were used to provide further description of the sample in relation to the loss.

2.3.2 | Psychological wellbeing

The *Inventory of Complicated Grief* (ICG; Prigerson et al., 1995) was used to assess the level of symptoms of complicated grief. This scale consists of nineteen items and is divided into different subscales. The ICG measures the level of grief-related symptoms that are helpful in distinguishing between uncomplicated and complicated grief. A high score meant that the participant shows a high level of the described behaviour. According to Prigerson et al. (1995), the ICG has good internal consistency, with a Cronbach alpha coefficient reported of .92.

2.3.3 | Religious coping.

The *BRIEF RCOPE* (Pargament, Feuille, & Burdzy, 2011) was used to measure the role of religion in the process of dealing with stressful life events. This scale consists of fourteen items and is divided into two subscales. The BRIEF RCOPE consists of *positive religious coping* and *negative religious coping*. The BRIEF RCOPE measures religious coping with major life stressors. A high

score meant that the participant showed a high level of the described behaviour. The reliability of the BRIEF RCOPE could be labelled as good (Pargament et al., 2011), with a Cronbach alpha coefficient reported of .92 for the PRC subscale and .81 for the NRC subscale.

2.3.4 | Meaning-Making.

The *Integration of Stressful Life Experiences Scale* (ISLES; Holland, Currier, Coleman, & Neimeyer, 2010) was used to measure the amount of meaning made after a stressful life event. This scale consists of sixteen items and is divided into two subscales. The ISLES consists of *comprehensibility* (ISLES-C) and *footing in the world* (ISLES-F). This scale measures the degree of discrepancy between situational meaning made of bereavement and the sense of global meaning. All the items needed to be recoded, except for item 2, which was already reverse scored. A high score on the ISLES meant a greater integration of the stressful event. The reliability of the ISLES appeared to be excellent (Holland et al., 2010). According to Holland (2015), the ISLES has good internal consistency, with a Cronbach alpha coefficient reported of .80 to .92.

2.3.5 | Double loss.

The *additional meaning-making question* was used to measure the degree in which the participant would say to have lost religion as a meaning-making system due to bereavement. This item is specifically designed for this thesis and consists of one item (e.g., 'I have lost my religion as a meaning-making system due to the loss of my loved one'). This additional meaning-making question was only administered to bereaved and religious participants who had lost a loved one within the past five years. The answers were measured on a seven-point scale ranging from 1=*strongly disagree* to 7=*strongly agree*. A high score on this scale meant that there is a higher degree of double loss.

2.4 | Data-analysis

Normality was checked based on visual inspection of the histograms, whereby boxplots were analysed to detect outliers and accordingly were filtered out. Hypothesis 1 and 2: In order to compare the differences on the ISLES and ICG between the participants suffering from a double loss or not an Independent Samples t-Test was used, just as for the scale variables. Group differences for ordinal variables were tested with a Mann-Whitney U Test whereas nominal variables were tested with a Chi-Square test of Contingencies. Hypothesis 3: To compare the differences between liberal, traditional or non-religious participants on the BRIEF RCOPE a One-Way Between Groups ANOVA was used, the scale variables. A Kruskal-Wallis One-Way ANOVA was executed in order to compare the ordinal variables. Nominal variables were in turn tested with a Chi-Square Test for Contingencies. Subsequently a post-hoc analyses was performed to explore which groups significantly differed. All three hypotheses have been tested with a hierarchical linear regression, with double loss and religious environment as dichotomous variables. An alpha level below .05 was used to explore significances.

3 | RESULTS

3.1 | Double loss

A double loss resulted in a significantly higher score on the ISLES in comparison with no double loss. Furthermore, a double loss significantly showed more comprehension (ISLES-C) and footing in the world (ISLES-F) than no double loss. Psychological wellbeing has been explored with the help of the ICG, which indicates the number of symptoms of complicated grief. A double loss

resulted in significantly less symptoms than no double loss. Also, a double loss resulted in significantly less religious helpfulness in dealing with the grief compared to no double loss. Moreover, a double loss significantly implied a lower level of religious activity than no double loss. There were no significant differences between groups when it comes to cause of death, relation to the deceased, closeness to the deceased, and time since loss. For an overview of the group differences see Table 3.

3.2 | Liberal, traditional or non-religious

PRC, other than NRC, differed significantly between groups. Post-hoc analysis revealed that only the liberal and traditional participants differed significantly on the BRIEF RCOPE, with religion playing a greater part in dealing with the loss for traditional participants than for liberal participants. Likewise, traditional participants reported significantly more PRC than liberal participants. Significant differences between groups were also found for religious helpfulness, relation to the deceased and religious activity. After performing a post-hoc analysis religious helpfulness appeared to be significantly lower for non-religious participants than for liberal and traditional participants, whereby the latter experienced the most helpfulness. Religious activity appeared to be the highest for traditional participants. For an overview of the group differences see Table 3.

Table 3
Differences between subgroups

	Traditional	Liberal	Non-religious	p-value	Test statistic	Double loss	No double loss	p-value	Test statistic
	Mean (SD)	Mean (SD)	Mean (SD)			Mean (SD)	Mean (SD)		
Age	38.22 (14.22)	37.41 (14.69)	33.21 (14.03)	<.001*	F (2) = 1.945	39.07 (14.93)	38.54 (14.15)	.764	t (382) = .301
Gender	1.36 (0.48)	1.34 (0.48)	1.37 (0.49)	.648	χ ² (4) = 2.484	1.38 (0.49)	1.33 (0.47)	.410	χ ² (1) = .678
RCOPE	1.81 (0.57)	1.49 (0.53)	1.76 (0.75)	<.001*	F (2) = 13.193	-	-	-	-
PRC	2.26 (0.94)	1.73 (0.85)	2.07 (1.13)	<.001*	F (2) = 14.677	-	-	-	-
NRC	1.35 (0.51)	1.26 (0.43)	1.45 (0.58)	.119	F (2) = 2.137	-	-	-	-
ISLES	-	-	-	-	-	4.03 (0.72)	3.57 (.080)	<.001*	t (368) = 5.168
ISLES-F	-	-	-	-	-	4.14 (0.74)	3.68 (0.82)	<.001*	t (373) = 5.129
ISLES-C	-	-	-	-	-	3.78 (0.87)	3.32 (0.90)	<.001*	t (376) = 4.246
ICG	-	-	-	-	-	1.82 (0.69)	2.13 (0.73)	.001*	t (357) = -3.359
COR	3.74 (1.90)	3.15 (1.72)	3.41 (1.68)	<.001*	χ ² (12) = 101.979	3.66 (1.94)	3.16 (1.48)	<.001*	χ ² (6) = 68.742
Rel. help.	2.04 (1.03)	2.82 (1.27)	3.89 (1.18)	<.001*	χ ² (2) = 253.505	2.33 (1.30)	3.23 (1.30)	<.001*	U = 6675.000
Rel. aff.	2.16 (2.10)	3.21 (2.82)	-	<.001*	χ ² (18) = 1094.249	3.91 (3.44)	3.98 (3.92)	<.001*	χ ² (8) = 32.749
Activity	2.31 (1.27)	3.18 (1.19)	3.72 (0.67)	<.001*	χ ² (2) = 174.218	2.59 (1.32)	3.42 (0.94)	<.001*	U = 6746.500
Closeness	4.41 (0.83)	4.12 (0.94)	4.13 (0.76)	.092	χ ² (2) = 4.776	4.23 (0.87)	4.29 (0.84)	.384	U = 11410.500
Relation	5.55 (2.41)	5.76 (2.31)	6.19 (2.01)	.014*	χ ² (14) = 28.015	5.87 (2.28)	5.58 (2.27)	.486	χ ² (6) = 4.492
TSL	26.47 (19.88)	54.22 (241.19)	30.03 (20.01)	.142	F (2) = 1.955	43.00 (182.21)	28.64 (19.43)	.531	t (360) = .627
DL	2.66 (1.77)	2.78 (1.84)	3.07 (2.01)	.661	χ ² (2) = .828	-	-	-	-
COD	2.09 (1.62)	2.45 (1.92)	2.20 (1.71)	.053	χ ² (12) = 21.553	2.24 (1.78)	2.19 (1.66)	.512	χ ² (6) = 5.255

Note. A lower mean score means higher religious helpfulness (Rel. help.) and religious activity (Activity).

3.3 | Double loss and the ability to make meaning of the loss (ISLES)

Hypothesis 1: Religious helpfulness and level of activity were entered at step 1, explaining 0.7% of the variance in meaning-making. After entry of the variable double loss at step 2 the total variance explained by the model as a whole was 9.5%, $F(3, 328) = 11.51, p < .001$. Double loss explained an additional 8.9% of the variance in meaning-making, after controlling for religious helpfulness and level of activity, $R^2_{\text{change}} = .089, F_{\text{change}}(1, 328) = 32.11, p < .001$. By Cohen's (1988) conventions, a combined effect of this magnitude can be considered 'medium' ($f^2 = .11$). In the final model religious helpfulness and double loss were significant. Double loss showed the strongest relationship ($\beta = 3.13, p < .001$) (see Table 4).

Table 4

Hierarchical Multiple Regression Predicting meaning-making (ISLES) (N = 332)

Variable	B [95% CI]	p-value	β	sr^2
Step 1				
Religious helpfulness	.063 [-.023, .149]	.152	.111	.006
Level of activity	-.057 [-.146, .031]	.204	-.098	.005
Step 2				
Religious helpfulness	.095 [.012, .177]	.026*	.167	.014
Level of activity	-.028 [-.113, .057]	.520	-.048	.001
Double loss	.562 [-.757, -.367]	<.001*	.313	.089

Note. CI = confidence interval, B = Unstandardized beta, β = standardized beta

3.4 | Double loss and grief (ICG)

Hypothesis 2: On step 1 of the hierarchical MRA, religious helpfulness, level of activity and meaning-making (ISLES) accounted for a statistically significant 54.3% of the variance in complicated grief, $R^2 = .543, F(3, 312) = 123.44, p < .001$. Adding double loss on step 2 did not account for a significant additional variance $R^2_{\text{change}} = .000, F_{\text{change}}(1, 311) = .058, p = .810$.

3.5 | Environment on religious coping (BRIEF RCOPE)

Hypothesis 3: On step 1 of the hierarchical MRA, religious helpfulness and level of activity accounted for a significant 26.1% of the variance in religious coping, $R^2 = .261, F(2, 317) = 56.02, p < .001$. On step 2, religious environment was added to the regression equation, and accounted for an additional 1.2% of the variance in religious coping, $R^2_{\text{change}} = .012, F_{\text{change}}(1, 316) = 5.33, p = .022$. In combination, the three predictor variables explained 27.3% of the variance in religious coping, $R^2 = .107, \text{adjusted } R^2 = .273, F(3, 316) = 39.64, p < .001$. This combined effect can be considered as 'large' ($f^2 = .38$) (Cohen, 1988). In the final model religious helpfulness and environment were significant (see Table 5).

Table 5

Hierarchical Multiple Regression Predicting the role of religion in the process of dealing with stressful life events (BRIEF RCOPE) (N = 320)

Variable	B [95% CI]	p-value	β	sr^2
Step 1				
Religious helpfulness	-.207 [-.268, -.247]	<.001*	-.430	.106
Level activity	-.051 [-.107, .005]	.076	-.113	.007
Step 2				
Religious helpfulness	-.197 [-.258, -.137]	<.001*	-.409	.094
Level of activity	-.040 [-.097, .016]	.162	-.090	.004
Religious environment	.138 [.020, .256]	.022*	.118	.012

4 | DISCUSSION

This study examined the difference in psychological wellbeing between people who lost their religion as a meaning-making system due to bereavement and people who did not, with religious context taken into account. Based on the assumption that bereavement could lead to a 'double loss', the expectation, in accordance with the meaning-making coping model (Park, 2010; Park & Folkman, 1997; Rozalski et al., 2017), was that when the loss of a loved one is irreconcilable with meaning-making, the reliance on this meaning-making system will decrease. Additionally, the expectation, in accordance with Lichtenthal et al. (2010), was that a double loss had an influence on the levels of grief. Finally, living in a more traditional or liberal environment was expected to affect the role of religion in the process of dealing with bereavement (Mehraby, 2003; Tedeschi & Calhoun). These hypotheses were expected due to prior research stating that the inability to make meaning of bereavement leads to poorer mental health (Exline et al., 2000; Pargament et al., 2003), with the religious environment being a factor of influence (Abrums, 2000; Mehraby, 2003).

Consistent with previous research on religious crisis (Burke et al., 2011; Mantala-Bozos, 2003; Tarakeshwar et al., 2005), participants suffering from a double loss reported less perception of religious helpfulness and less activity in the religious community. A double loss appeared to be associated with the ability to make meaning. However, contrary to the expectations and prior research (Lichtenthal et al., 2010; Park, 2005; Rozalski et al., 2017), a double loss seemed to result in a better integration of the bereavement compared to the ability to make meaning of participants not suffering from a double loss. Similarly, a double loss resulted in less complicated grief symptoms and thus a better psychological health, which is also contrary to the prior research (Burke et al., 2011; Pargament et al., 2003). Moreover, there was no association between double loss and complicated grief symptoms, whereas the ability to make meaning did show an association in combination with religious helpfulness and level of activity.

An alternative explanation for those findings could be that religious crisis due to bereavement consists of more than just meaning-making, as is stated by Pargament et al. (2003), which implies that participants may not have lost their religion as a meaning-making system, but do experience problems in relationship with others, God and their values. Moreover, sensemaking in modern life is likely to be different, less prominent and less aware (Pargament, 2011; Pargament & Saunders, 2007), especially when the young age of the participants is taken into account (Neimeyer, Baldwin, & Gillies, 2006). This could possibly be supported by the statement 'I have made sense of this loss' being difficult and ambiguous to answer for participants across all seven countries. Also, measuring a double loss with just one question is most likely not sufficient for assessing religious crisis. This ambiguity surrounding the definition of a double loss might explain the outcome that a double loss, contrary to the expectations and research, resulted in a

better integration of the stressful life event and better psychological wellbeing. It could, however, also be possible that losing religion as a meaning-making system has a deliberating effect with less strain and stress on the long term, where other, more modern, forms of meaning-making can be found (Besecke, 2001).

Finally, this study found that, similar to previous studies and in accordance with the expectation (Abrums, 2000; Abu-Raiya & Pargament, 2015; Mehraby, 2003), religious environment did show an association with the role of religion in the process of dealing with bereavement. Moreover, liberal participants seemed to experience less religious helpfulness than traditional participants, whereby the latter were the most active in their religious community. In addition, religion played a greater part in dealing with the loss when living in a traditional environment compared to individuals living in a liberal environment. Thereby, PRC was more prevalent for the traditional sample. This seems to be partially in line with the outcomes of the study of Burke et al. (2011) in which was stated that less commitment to the religious community, and already existing doubts about the relationship with God before bereavement possibly results in higher levels of NRC.

4.1 | Limitations

However, this study has some limitations that should be taken into consideration when evaluating the present conclusions. Firstly, the items dividing participants in traditional or liberal subgroups and having experienced a double loss or not were not evidence-based. Despite the existence of research articles looking at meaning-making and the associated problems, there are no studies specifically investigating a double loss. Therefore, more research on this topic is needed in order to validate the categorization. Moreover, the used questionnaires were not culturally validated (Epstein, Santo, & Guillemin, 2015). Since important concepts or ideas in one culture are not necessarily existing or meaningful in another, there is a greater chance of misinterpretations and erroneous conclusions (Banville, Desrosiers, & Genet-Volet, 2000). Also, filling out the questionnaire through a link makes the data susceptible for bias, because of the uncontrolled environment (Nickerson, 1998). In addition, using a convenience/snowball sample procedure is likely to be biased and not representable of the aimed population (Etikan, Musa, & Alkassim, 2016). Furthermore, social desirability has not been taken into account (Regnerus & Uecker, 2007), whilst a subject as religion is likely to elicit embarrassment, guilt and denial, especially when it comes to judging God (Jones & Elliott, 2017). Reports on NRC might be affected by this social desirability in the form of underreporting, which could also result in overreporting of PRC to seem more religious. Another limitation of the study is the correlational approach and thus the attribution of causality. Whilst the current study suggests that there is a relation between psychological wellbeing and suffering from a double loss, it is also possible that this relation is caused by other factors such as secondary loss or other stressful life events (Krause, Pargament, Hill, & Ironson, 2016; Price, Choi, Vinokur, 2002). Moreover, future research might consider the use of forced choice, because it will possibly result in less missing data and eliminate effects as leniency and severity (Brown, 2016). The number of participants was, especially for the double-loss group, relatively small for the amount of tests that were executed, which means that some differences might not have been identified just because there is a too small number of people with a specific combination of values (e.g. double-loss, high complicated-grief symptoms, badly integrated in world view). The absence of an effect, may just as well be a result of the convenience sample. Finally, the current study did not control for multiple testing.

4.2 | Future directions and clinical implications

When the aforementioned limitations are taken into account, the current study should be seen as exploratory. It suggests that experiencing a double loss has positive effects on psychological wellbeing and does not support the expectancy of it having a negative effect. Moreover, religious environment does have an influence on the role of religion in the process of dealing with bereavement. Being more traditional seems to have a rather positive effect on the grieving process compared to being liberal. However, because the current study focuses on a small aspect of culture, namely religion, future studies should focus on developing more suitable instruments for measuring grief and religious coping in different cultures. These instruments should take culture and cultural values into account more deliberately with a broader sample that sufficiently represents a culture. Nonetheless, the current study emphasizes the importance of providing insight into the influence of religious environment on the individual grieving process. Especially when it helps facilitating the openness towards and paying more attention to spirituality and religion in clinical practice, which is still relatively limited (Oxhandler & Parrish, 2018).

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APPENDIX A

Inventory of Complicated Grief (ICG)

Please tick the boxes that best describe how you feel, where **never** is taken to mean less than once monthly, **rarely** means more than once monthly but less than once weekly, **sometimes** more than weekly but less than daily, **often** about daily & **always** means more than once daily:

	Never	Rarely	Sometimes	Often	Always
1. I think about this person so much that it's hard for me to do the things I normally do	1	2	3	4	5
2. Memories of the person who died upset me	1	2	3	4	5
3. I cannot accept the death of the person who died	1	2	3	4	5
4. I feel myself longing for the person who died	1	2	3	4	5
5. I feel drawn to places and things associated with the person who died	1	2	3	4	5
6. I can't help feeling angry about his/ her death	1	2	3	4	5
7. I feel disbelief over what happened	1	2	3	4	5
8. I feel stunned or dazed over what happened	1	2	3	4	5
9. Ever since s/he died it is hard for me to trust people	1	2	3	4	5
10. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about	1	2	3	4	5
11. I have pain in the same area of my body or I have some of the same symptoms as the person who died	1	2	3	4	5
12. I go out of my way to avoid reminders of the person who died	1	2	3	4	5
13. I feel that life is empty without the person who died	1	2	3	4	5
14. I hear the voice of the person who died speak to me	1	2	3	4	5
15. I see the person who died stand before me	1	2	3	4	5

16. I feel that it is unfair that I should live when this person died	1	2	3	4	5
17. I feel bitter over this person's death	1	2	3	4	5
18. I feel envious of others who have not lost someone close	1	2	3	4	5
19. I feel lonely a great deal of the time ever since s/he died	1	2	3	4	5

APPENDIX B
BRIEF RCOPE

The following 14 items are about how you dealt with the loss of your loved one in a religious way. Please rate the statements on how much it applies to you. After the death of my loved one I...

	Not at all	Somewhat	Quite a bit	A great deal
Positive religious coping				
1. Looked for a stronger connection with God.	1	2	3	4
2. Sought God's love and care.	1	2	3	4
3. Sought help from God in letting go of my anger.	1	2	3	4
4. Tried to put my plans into action together with God.	1	2	3	4
5. Tried to see how God might be trying to strengthen me in this situation.	1	2	3	4
6. Asked forgiveness for my sins.	1	2	3	4
7. Focused on religion to stop worrying about my problems.	1	2	3	4
Negative religious coping				
8. Wondered whether God had abandoned me.	1	2	3	4
9. Felt punished by God for my lack of devotion.	1	2	3	4
10. Wondered what I did for God to punish me.	1	2	3	4
11. Questioned God's love for me.	1	2	3	4
12. Wondered whether my church had abandoned me.	1	2	3	4
13. Decided the devil made this happen.	1	2	3	4
14. Questioned the power of God.	1	2	3	4

APPENDIX C

Integration of Stressful Life Experiences Scale (ISLES)

Please indicate the extent to which you agree or disagree with the following statements with regard to your recent loss. Read each statement carefully and be aware that a response of agreement or disagreement may not have the same meaning across all items.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
1. Since this loss, the world seems like a confusing and scary place.	1	2	3	4	5
2. I have made sense of this loss.	1	2	3	4	5
3. If or when I talk about this loss, I believe people see me differently.	1	2	3	4	5
4. I have difficulty integrating this loss into my understanding of the world.	1	2	3	4	5
5. Since this loss, I feel like I'm in a crisis of faith.	1	2	3	4	5
6. This loss is incomprehensible to me.	1	2	3	4	5
7. My previous goals and hopes for the future don't make sense anymore since this loss.	1	2	3	4	5
8. I am perplexed by what happened.	1	2	3	4	5
9. Since this loss happened, I don't know where to go next in my life.	1	2	3	4	5
10. I would have an easier time talking about my life if I left this loss out.	1	2	3	4	5
11. My beliefs and values are less clear since this loss.	1	2	3	4	5
12. I don't understand myself anymore since this loss.	1	2	3	4	5
13. Since this loss, I have a harder time feeling like I'm part of something larger than myself.	1	2	3	4	5
14. This loss has made me feel less purposeful.	1	2	3	4	5
15. I haven't been able to put the pieces of my life back together since this loss.	1	2	3	4	5
16. After this loss, life seems more random.	1	2	3	4	5

APPENDIX D
Informed Consent

This form is to provide you information that may affect your decision as to whether or not to participate in this research study. If you decide to be involved in this study, this form will be used to record your consent.

Purpose of the Study

You have been asked to participate in a research study about grief experiences across cultures. The purpose of this study is to enhance understanding about grief.

What will you be asked to do?

If you agree to participate in this study, you will be asked to respond to questionnaires regarding your experience with grief. This study will take approximately 20 minutes.

What are the risks involved in this study?

The possible risk associated with this study are minimal. Risks associated with this study are emotional discomfort.

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study; however, by participating in this study you are contributing to further knowledge regarding the experience of a loss of an important person and findings from this study may lead to a better understanding regarding this experience.

Participation or Withdrawal

Your participation in this study is voluntary. You may decline to answer any question by skipping them and you have the right to withdraw from participation at any time. If you do not want to participate either simply stop participating or close the browser window.

If you would like to participate continue reading and click next once you have finished

Will there be any compensation?

There is **no** financial compensation for participation in this study.

How will your privacy and confidentiality be protected if you participate in this research study?

Limiting personal identifying information, including your name, will ensure your privacy and confidentiality. The information you provide will only be shared with the researchers involved in the project.

Whom to contact with questions about the study?

If you have any questions about the study or if you feel that you have been harmed, contact the principal researcher, Professor Henk Schut Ph.D. by sending an email to h.schut@uu.nl

Dr. Henk Schut is a professor at Utrecht University and has over 20 years of experience in research. Together with Dr. Margaret Stroebe, he developed the 'Dual process model of coping with bereavement'. The books he has edited include: "Handbook of Bereavement Research,

Consequences, Coping and Care." (2001), "Handbook of Bereavement Research and Care, Advances in Theory and Intervention" (2008) and "Complicated Grief: Scientific Foundations for Health Care Professionals" (2013).

Participation

If you agree to participate please select that choice and click next to begin.

I agree to participate in this study

I do not agree to participate in this study