2002

Spiritual experience: The relationship with the grief process

Amy Renee Shahbaz

SPIRITUAL EXPERIENCE: THE RELATIONSHIP

WITH THE GRIEF PROCESS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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June 2002

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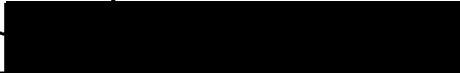
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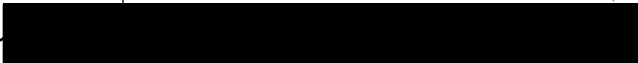
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ABSTRACT

The inclusion of spiritual issues in grief group
process is key to holistic practice. The relationship
between grief experience, spiritual experience, and
demographic and grief/spirituality-related variables was
examined. Data from 57 participants of grief-support or
grief psycho-education groups was analyzed using
univariate and bivariate statistics. There was an
interesting pattern of grief-related factors (i.e. time
range since loss, attendance range in grief group, status
of relationship with deceased, closeness to deceased,
unanticipated loss, traumatic loss, multiple losses) that
may have impacted the severity of the grief reactions. A
significant relationship was found between the level of
spiritual experience and participants desire to discuss
spiritual issues related to grief. The correlation
between the level of grief experience and spiritual
experience was not found to be statistically significant.
However, a significant relationship was found between
spiritual experience and the sample participant's view
that spiritual or religious beliefs assisted in coping
with their loss. Grief group facilitators are encouraged
include spiritual issues related to grief within the group
process.

ACKNOWLEDGEMENTS

DEDICATION

"I lift my eyes to the hills-where does my help come from? My help comes from the Lord, the Maker of heaven and earth." Psalm 121 (New International Version)

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CHAPTER ONE

INTRODUCTION

The contents of Chapter One present an overview of
the project. The problem statement, policy, and practice
context are discussed. The purpose of the study and
context of the problem are also examined. Finally, the
significance of the project for social work is presented.

Problem Statement

Bereavement has been described as a life-crisis that
challenges one's assumptions about human existence and
provides grounds for spiritual change (Balk, 1999). Grief
can be defined as deep sorrow, heaviness of heart, and
agony of soul (Abi-Hashem, 1999). Spiritual beliefs
represent one way in which human beings create a structure
of meaning that gives a sense of order and purpose to
one's existence and to death (Golsworthy & Coyle, 1999).

The inclusion of spiritual issues in counseling is
central in the formation of coping skills, worldview,
personality, and impacting human behavior (Rose,
Westefeld, & Ansley, 2001). This study proposed that
there was a positive correlation between the grieving
process and the spiritual experience. In considering a
holistic approach to counseling bereaved individuals,

social work practice should include an assessment of spiritual coping skills.

A 1984 Gallop poll indicated that 94 percent of the United States population believed in God, 90 percent of the population prayed, and 75 percent of the population believed that religious participation had been a positive activity for them (Gilbert, 2000). Despite the substantial evidence that religion and spirituality are an integral part of human existence for a majority of persons, the religious and spiritual components have been largely ignored in the social work profession. The social work profession has recently begun a renewed interest in the inclusion of religious or spiritual issues.

Current studies have shown significant links between spiritual variables and mental health (Bergin, Masters, & Richards, 1987; Koenig, 1997; Schumaker, 1992, cited in Pargament, Koenig, & Perez, 2000, p.520). Spiritual coping has been associated with lower depression rates, improved mental-health status, good physical health, stress-related growth, spiritual growth, and reduced rates of mortality. These findings suggest implications for including spiritual dimensions in counseling (Pargament, Koenig, & Perez, 2000). Regardless of the increased awareness of the importance of religion and spirituality,

there remains a scarcity of information on the impact of spiritual beliefs on the grieving process (Gilbert, 2000).

It is important to first differentiate between spiritual and religious issues. Religiosity represents the commitment to the beliefs and practices of institutions and organized religions. Spirituality signifies the beliefs, experiences, and practices involving the individual's relationship with a higher being or the universe (Lukoff, Turner, & Lu, 1992; Grimm, 1994; Goldfarb, Galanter, McDowell, Lifshutz, & Dermatis, 1996, cited in Rose, Westefeld, & Ansley, 2001, p.61). For the purpose of this study, the term "spirituality" will be used to denote spiritual or religious experiences and traditions.

Shneidman shared, "The deep capacity to weep for the loss of a loved one and to continue to treasure the memory of that loss is one of our noblest human traits" (cited in Marrone, 1999, p.6). Individuals are faced with a loss of a loved one at some time in their life. The grief experience varies for every person as they seek to cope with the crisis of death. Some have found their spiritual beliefs to be a significant strength in dealing with the loss of a loved one. Spirituality is a human need, and is too important to be misunderstood, avoided, or viewed as

regressive, neurotic, or pathological in nature (Angell,

Dennis, & Dumain, 1998). The ability to draw upon

spirituality gives meaning to life, and during crisis,

allows comfort and direction for individuals to navigate

change.

Policy Context

Social work was founded on Judeo-Christian values of

charity. For many pioneers of the profession, social work

was a "calling from God" that offered opportunities to

help the poor, seek social justice, and love one's

neighbor. For example, Jane Addams was spiritually

motivated to improve social conditions and opened the Hull

House. In 1931 Addams received the Nobel Peace Prize for

her works of service to the poor (Gilbert, 2000).

However, with the increasing emphasis on the division

of church and state, there has been a shift away from

incorporating the religious roots of social work. Some

practitioners and educators are firm in their belief that

issues of spirituality are to be addressed by other

professionals (Gilbert, 2000).

The current Council on Social Work Education has a

policy statement that suggests content on spirituality be

directly related to issues of diversity. As a result,

content on spirituality should be included in the study of

human behavior in the social environment (Cascio, 1999).
Sheridan et al. (1992) found that 79 percent of randomly
selected licensed counselors, clinical social workers, and
psychologists in Virginia stated that spiritual issues
were rarely or never addressed in their graduate training
(cited in Gilbert, 2000, p.68)..

Practice Context

There has been an increasing interest in spirituality
among health-care professionals over the last several
decades. Mahoney & Graci (1999) found that specialists in
the areas of trauma, grief, death, and dying have been
among those who have shown particular interest in
religious and spiritual issues. Spiritual issues often
become magnified as death approaches. As a result,
spiritual care has proven to be an integral part of
terminal care programs such as "Hospice". Traditionally
the topics of spirituality were left for clergy to discuss
with patients. In an effort to treat clients
holistically, social workers have acknowledged the need
for a spiritual assessment as part of their counseling
practice.

The National Association of Social Workers (NASW)
Code of Ethics (1996) suggests that social workers have an
ethical responsibility to be culturally competent

practitioners. The word "culture" includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Cultural-competence builds on the social worker's ethical responsibility to respect their client's self-determination and promote individual dignity and worth. Cultural competence requires the social worker to examine their cultural background. Social workers are challenged to seek out knowledge, skills, and values that enhance the delivery of services to people with different cultural experiences, including those experiences relating to spirituality.

In terms of practice approaches, social workers are unique in looking at the "whole person" in the context of their environment. The "person-in-environment" framework for assessment looks at the bio-psycho-social needs of a client (Zastrow & Kirst-Ashman, 2001). To incorporate a holistic approach, the spiritual aspects of a client also need to be included.

The "strengths perspective" also offers guidance to social workers by identifying the client's personal and environmental strengths as central to the helping process. The profession's acceptance of spirituality as a strength has assisted with empowerment of clients (Hodge, 2001).

Purpose of the Study

There were four major purposes of this study: (1) to evaluate the level of grief experienced by bereaved individuals who attend either a grief support group, or grief psycho-educational group in the Inland Empire, (2) to evaluate the level of spirituality experienced by bereaved individuals who attend either a grief support, or grief psycho-educational group in the Inland Empire, (3) to correlate the level of grief reactions with the level of spiritual experience within bereaved individuals, and (4) to describe demographic and grief/spirituality-related factors that may influence a bereaved individual's spiritual experience and grief process.

Research has found that grief reactions often address issues that have spiritual implications, such as beliefs about the purpose of loss and life-after-death (Marrone, 1999). Spiritual beliefs often influence the way individuals construct the meaning of life events. Beliefs also offer coping strategies for individuals in order to deal with life conflicts. It is also important for social workers to fully understand the bereaved individual's spiritual concerns in order to understand their responses to loss (Mahoney & Graci, 1999).

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A quantitative approach was utilized for the purpose of surveying bereaved individuals. Participants were selected through their involvement in grief-support or grief psycho-educational groups within the Inland Empire. The study sought to explore the grief experiences of the widest range of ethnicities, religious traditions, and age groups. A quantitative study was found to be the most realistic design in terms of confidentiality, funding available, and time appropriated for the study.

Significance of the Project
for Social Work

The significance of this project for the field of Social Work was to further the body of knowledge on the therapeutic aspects of spirituality in counseling. This study provided insight useful for the training of practitioners in grief counseling. The results of the study also held implications for the development of support groups, which utilize spiritual beliefs as part of the group rationale. This design had been proven to be effective in rehabilitation groups such as Alcoholics Anonymous (Steigerwald, Stone, & Stone, 1999).

Suggestions for the content of Social Work education include further training on comparative religions and spiritual practices in an effort to understand the

"holistic client" (Gotterer, 2001). In addition,
promoting an ethical decision-making process in the
utilization of spirituality in social work practice. This
ethical decision-making process would be helpful for
supporting the inclusion of the client's spiritual beliefs
in practice, yet ensure that the practitioner does not
assume the role of a spiritual advisor. Expanding the use
of spiritual assessment tools is also crucial for ensuring
a holistic assessment.

The research questions for the study included: "What
is the level of grief experienced by individuals who
attend either a grief support group, or grief psycho-
educational group in the Inland Empire; What is the level
of spirituality experienced by individuals who attend
either a grief support group, or grief psycho-educational
group in the Inland Empire; Does the level of spiritual
experience of a bereaved individual influence the grief
process; What demographic and grief/spirituality-related
factors influence the bereaved individual's level of
spirituality and grief process?" The research hypothesis
proposed a positive correlation between the level of
spiritual experience and the grief experience.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a discussion regarding

relevant theories and previous literature that guided this

study. The terms associated with grief will first be

defined. Common grief reactions will be described, as

well the grief process. Theories guiding human behavior

in the social environment will be explored. Spirituality

in the context of counseling will be examined, as well as

the coping mechanisms offered through spiritual beliefs.

The growing body of clinical observations and empirical

research surrounding the topics of spirituality and grief

will be discussed in terms of the implications for this

study. Finally, the measurement tools for grief and

spiritual experience will be explored.

Definition of Terms

Grief, bereavement, and mourning are common terms

associated with the loss of human life. Grief is the

normal mental, emotional, and behavioral response to loss.

It is unique to the individual experiencing it and there

is no general timetable for completing it. Wolfelt (1988)

describes grief as both a process and an outcome (cited in

Abi-Hashem, 1999, p. 310). Bereavement is the state of having suffered a loss or is a state caused by the loss. Bereavement is a global term that describes the immense range of experiences, changes, and conditions that take place after the loss (Parrott, 1999). Mourning is the outward expression of grief. The specific ways in which people mourn is influenced by the customs of their culture (Balk, 1999).

Grief Reactions

The study of the nature and the impact of loss have resulted in an extensive body of literature this century. Freud first described the effect of loss in 1917 (cited in Abi-Hashem, 1999, p. 311). Lindeman (1944) later described normal grief as having both psychological and somatic dimensions. In Lindeman's study of survivors of the Coconut Grove Fires in Boston, the researcher found grief reactions to include: lack of concentration, guilt, preoccupation with envisioning the deceased, hostility, increased social isolation, emptiness, and a sense of living in a dream. Somatic symptoms included fatigue, tightness in the throat, shortness of breath, and frequent sighing.

Recent literature has expanded the psychological and somatic grief reactions to include behavioral, social, and spiritual responses. On the behavioral level, the bereaved may engage in unhealthy and compromising behaviors as a response to their loss. On the social-interpersonal level, there may be a disruption to a meaningful relationship, increase in marital conflicts, and for some, over-dependence or enmeshment with other survivors (Abi-Hashem, 1999).

On the spiritual-existential level, there may be doubts about their previously held belief system, a crisis of faith, and fluctuations between hopefulness and hopelessness. Extreme reactions are common, such as the tendency of over-spiritualizing and activating one's spiritual faith. Some under-spiritualize the loss and distance themselves for their previous spiritual life and religious activities. It is very common for the bereaved to go through phases of blaming oneself and other family members, as well as feeling very angry toward society, life, and God in general (Abi-Hashem, 1999).

There are a number of factors that determine the severity of grief reactions. These factors commonly determine the nature and intensity of bereavement and eventually the outcome of the mourning process. The

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following are the most recognized factors (Abi-Hashem, 1999):

1) the timing and magnitude of loss

2) any pre-existing psychological conditions of the survivor(s)

3) the circumstances of the loss or death (sudden or expected)

4) the nature of relationship with and the degree of attachment to the deceased person (the stronger the attachment, the more intense the grief)

5) the experience of handling previous losses (successful or still unresolved)

6) the availability of a meaningful support system before, during, and after the loss (lack of support and emotional isolation can be very harmful)

7) the emotional stability and personality traits of the survivor(s)

8) the socioeconomic status of the
   grieving individual or family

9) the turn of events after the loss

10) the existential hope and spiritual
    faith of the survivors (the more
    active and mature is the faith, the
    higher is the resiliency, and the
    better outcome)

11) the cultural background, personal
    heritage, and set of traditions,
    norms, and customs of the bereaved
    (p.314).

The majority of these signs, changes, or symptoms are
part of the normal grief patterns. However, grief can
remain unresolved, unfinished, delayed, or masked for an
extremely long period of time. When the disturbances
become chronic or increase in time, then the bereaved may
develop serious psychological conditions. In this case,
bereavement is referred to as complicated or pathological
bereavement (Abi-Hashem, 1999).

Grief Process

Various theorists have proposed stage-models
regarding the grief process. Kubler-Ross's (1969) work

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served as a focus for understanding grief during the death and dying movement of the 1960's. Kubler-Ross describes the grieving process as a progression through denial, anger, bargaining, depression, and acceptance. Kubler-Ross (1982) noted that some people remain grieving and never reach the final stage of the grief process. The theorist also found that bereaved persons would fluctuate between different stages, at times returning back to previous experienced stages (Zastrow & Kirst-Ashman, 2001).

Critics of the Kubler-Ross (1969) grief model comment that the stages are too narrow and rigid. The model fails to account for individual grief experiences outside of the reactions listed in the models. Critics fear that individuals who experience a grief reaction outside of the "norm" may be pathologized (Corr, 1993).

Marrone (1999) proposed the most recent model of the grief process and seeks to bring many of the different loss reactions together. This model will guide this study in terms of defining the grief process. The first stage is "cognitive-restructuring". This stage involves the reorganization and restructuring of one's thoughts and concepts to assimilate the news that a loved one no longer exists. The second stage is "emotional-expression". This

stage involves the challenge of feeling, identifying, accepting, and giving some form of expression to all of the turmoil, confusion, and pain experienced.

"Psychological-reintegration", the third stage, is concerned with integrating new coping strategies in place of the deceased. The final stage, "psycho-spiritual transformation", involves a profound, growth-oriented spiritual transformation that fundamentally changes an individual's central assumptions, beliefs, and attitudes about life, death, love, compassion, or God (Marrone, 1999).

<div align="center">

Human Behavior in the Social
Environment Theories Guiding
Conceptualization

</div>

James Fowler developed a stage-model of progressive-faith-consciousness that is dependent on the development of cognitive-operations and life-experiences (cited in Balk, 1999, p.3). Fowler considered all humans to be on a quest for meaning. Changes in faith consciousness are considered the products of this quest for meaning (Zastrow & Kirst-Ashman, 2001). Fowler's theory of faith-development can be applied to the spiritual-change-process that a bereaved individual experiences. Interventions may be targeted to support a client's ability to advance to

the next stage in faith development. However, the spiritual assessment must indicate the client's increased quest for meaning.

Maslow (1971, 1973) proposed a view of human beings within the context of a "hierarchy of needs". Maslow acknowledged the importance of spiritual beliefs within "higher psychological needs," such as the need for love, knowledge, order, self-fulfillment and "something bigger than we are to be awed by" (cited in Marrone, 1999, p. 14). Experiences such as the loss of a loved one may be the foundation for personal theologies that are later developed. Maslow's developmental theory suggests that experiences are components of learning, and growing towards "self actualization" (cited in Richards, Acree, Folkman, 1999, p.11).

Spirituality and Counseling

Rose, Westefeld, & Anley (2001) assessed clients' beliefs about the appropriateness of discussing religious and spiritual concerns in counseling. Consistent with past studies (Doughety & Worthington, 1982, Misumi, 1993; Wyatt & Johnson, 1990, cited in Rose, Westefeld, & Ansley, 2001, p.68), clients indicated that discussing religious concerns in counseling was appropriate. The level of the

client's spiritual experience was correlated with the client's preference for dealing with spiritual issues in counseling.

Gilbert (2000) examined the attitudes of clinicians regarding the inclusion of spirituality in social work group practice. Practitioners concurred that holistic treatment of clients must embody spiritual issues. Gilbert also suggested spiritual content should be included with group work courses. The author explored the potential harm and legal implications for the failure to assess or treat spiritual issues appropriately. He cautioned clinicians against viewing religious practices that they are unfamiliar with as pathological.

Gilbert's outcomes validated previous study findings (Sheridan, 1992; Bergin, 1993, cited in Gilbert, 2000, p. 80) that most clinicians respected the function of spirituality in their clients' lives. Bergin (1993) identified no support for the view that religious beliefs or activities are correlated with psychopathology (cited in Gilbert, 2000, p. 80).

Spirituality as a Coping Mechanism

Empirical research suggests that for individuals with religious commitments, a sense of security and comfort may

be found in a relationship with the supernatural (Ellison & Levin, 1998; Paragament, 1997; Perry, 1998, cited in Hodge, 2001, p. 209). Mahoney and Graci (1999) found that spiritual experiences were meaningful learning opportunities. Spiritual individuals tended to be more hopeful and to feel more meaning or purpose in life, as compared to their non-spiritual counterparts. Religious rituals have also been found to ease anxiety, alleviate isolation, promote a sense of security, and establish a sense of being loved and appreciated (Ellison & Levin, 1998; Jacobs, 1992; Pargament, 1997; Perry, 1998; Worthington, Kurusu, McCullough, & Sandage, 1996, cited in Hodge, 2001, p.209). Rituals include scripture reading, prayer, meditation, Holy Communion, ceremonial rites, rites of passage, baptisms, and confession of sins.

Participation in faith-based communities has also been noted as a major strength. Attending houses of worship (churches, synagogues, mosques, or temples) or faith-based groups (Bible studies, prayer meetings, tribal celebrations) have been shown to increase empowerment, realization of personal strengths, coping ability, self-confidence, and a sense of belonging (Hodge, 2001).

Cognitive Strategies on Death

Psychology has tended to reject and to pathologize matters of the spirit, as in Freud's psychoanalysis. Freud considered religion to be a "comforting illusion that was outgrown by the mature person" (Gilbert, 2000, p. 69). Freud (1909) described religious ceremonies as symptoms of neurosis (cited in Gilbert, 2000, p.69).

In the past thirty years, however, psychology has expanded the scope with the "cognitive revolution" (Marrone, 1999). Marrone (1999) proposed a cognitive basis of the spiritual experience and the use of cognitive assimilation and accommodation strategies during the grieving process. Marrone (1999) explains, "Individuals with strong religious beliefs will often rely on their faith, not only for emotional solace, but also for a quick and helpful explanation of why the death occurred (p.4)." From the cognitive perspective, this strategy involves assimilating the experience into already existing cognitive schema. The belief in afterlife is one of the most common religion-based assimilation strategies observed by individuals dealing with loss.

Ross and Pollio (1991) examined the role of religion-based cognitive strategies and beliefs in dealing with death (cited in Marrone, 1999, p.19). The results

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revealed that church members viewed death more often as a transformation of life's meaning, and appeared to have an easier time incorporating thoughts of death into already existing schemas (Marrone, 1999). On the other hand, participants who did not attend church viewed death more frequently as a barrier to life's meaning. Marrone (1999) proposed that the ability of a bereaved individual to place meaning to a changed world through spiritual transformation, religious conversion, or existential change may be more significant than the specific content by which that need is filled.

Klass (1995) studied bereaved parents participating in a chapter of Compassionate Friends, a grief support group for parents who have lost a child (cited in Marrone, 1999, p.7). Klass found that a majority of the parents rejected simple rationales for the death of their child; such as their child's death was "God's will". The parents sought to accommodate new assumptions about "self-in-the-world". Klass discovered that in most cases, profound forms of psycho-spiritual transformation were an integral part of the healing process for the bereaved parents (cited in Marrone, 1999, p.8).

Other research lends support to the important role of religious and spiritual beliefs to parents-in-mourning.

McIntosh, Silver, and Wortman (1993) studied 124 parents who lost an infant to sudden-infant-death-syndrome (cited in Marrone, 1999, p.8). The findings suggest that religious and spiritual beliefs were positively related to cognitive processing, meaning in death, the parent's perception of social support, and indirectly related to a greater well being (Marrone, 1999). Therefore, within the context of cognitive theory, it is important for the clinician to be aware of the impact of the client's beliefs on their grief process.

<div align="center">Spirituality and Grieving
Process</div>

Peterson and Greil (1990) examined data from the 1984 National Opinion Research Center. The findings suggested that death-experience was minimally related to greater levels of religious behavior and stronger religious orientations. However, the data used from the National Opinion Poll only measured the involvement in religious activity. The survey failed to assess the respondent's spiritual experience.

Austin and Lennings (1993) assessed whether the knowledge of Christian beliefs would moderate the grieving process. The study found that the degree of Christian knowledge and depth of commitment to Christian beliefs did

not moderate either depression or hopelessness. However,
reporting a belief in God, irrespective of the degree of
this belief, does appear to be associated with lower
levels of both depression and hopelessness. The study
suggested that a measurement tool that simply focuses on
the extent of knowledge about religion does not accurately
measure the comfort offered through spiritual beliefs
during the grief process.

Golsworthy and Coyle (1999) studied the role played
by spiritual beliefs in the process of "meaning-making"
among older adults following the death of a partner. The
findings were similar to Austin and Lenning's (1993)
study. The existence of religious meaning structure does
not appear to lessen feelings of grief. However,
participants in this qualitative study frequently stated
they found support and/or meaning in the loss, and in
their ongoing life through their spiritual beliefs.

Previous research on the spirituality and the grief
process failed to include key components (Peterson &
Greil, 1990; Austin & Lennings, 1993; Golsworthy & Coyle,
1999). These studies failed to include grief experiences
of individuals with non-Christian beliefs. They also
failed to address the experiences of different age cohorts
and various losses, such as the loss of a child, parent,

or grandparent. No previous studies have utilized a sample from grief-support or grief psycho-educational groups, to investigate the correlation between spirituality and the grieving process.

Qualitative Measurement Tools

The problem inherent in utilizing quantitative assessments of spirituality was finding a measurement tool that quantifies the subjective interior reality (Hodge, 2001). Previous studies have focused on involvement in religious activity (i.e. attending church, bible study, or praying privately) or the extent of knowledge about a religion (Paragment, Koenig, & Perez, 2000; Hays, Meador, Branch, & George, 2001). However, the number of religious services attended, or the knowledge base of one's religion does not define an individual's spiritual experience.

Kass, Friedman, Leserman, Zuttermeister, and Benson (1991) created an Index of Core Spiritual Experience (INSPIRIT) to measure two characteristic elements of the spiritual experience. First, a distinct event and a cognitive appraisal of the event that resulted in a personal conviction of God's existence (or some form of Higher Power as defined by the person). Secondly, the perception of a highly internalized relationship between

God and the person (i.e., God dwells within and a corresponding feeling of closeness to God) (Kass et al., 1991).

The preliminary version of the INSPIRIT consisted of 11 questions, including eight questions (or their modifications) developed by the National Opinion Research Center in conjunction with Greeley (Davis & Smith, 1985; Greeley, 1984, cited in Kass et al., 1991, p.204). Kass et al. developed three new items. Using the 11 preliminary items, a principle component analysis with orthogonal varimax was performed. Three factors were yielded with Eigenvalues greater than one. The first factor was considerably stronger than the other two factors.

The sample was composed of 83 outpatients in a hospital-based behavioral medicine program. Patients were taught to elicit the relaxation response in a 10-week treatment program for the stress-related components of illness. Multiple regression analyses showed the INSPIRIT to be associated with: (1) increased life purpose and satisfaction, a health-promoting attitude, and (2) decreased frequency of medical symptoms (Kass et al., 1991). The INSPIRIT is useful for the current study as it measures spiritual experience, rather than an adherence to

a particular creed or attendance at a specific place of worship.

Lev, Munro, and McCorkle (1993) conducted a study with the intent of developing a more effective, theoretically based instrument to measure bereavement. Starting with the Grief Experience Inventory (GEI)(Sanders, Mauger, & Strong, 1979, cited in Lev et al., 1993, p.213), Lev et al. revised the tool according to Parkes'(1972) framework of grief (cited in Lev et al., 1993, p.213). Twenty-two items were selected from the original 135-item GEI. Four areas of the grief experience, conceptualized by Parkes, were included: existential concerns, depression, tension and guilt, and physical distress. Changing from a nominal response of the original GEI, to a six-point Likert scale, increased the variability of response to each item in the Revised Grief Experience Inventory (RGEI).

Four hundred and eighteen hospice and oncology nurses completed the RGEI and a demographic questionnaire. The results of the study were mostly consistent with previous findings of the difference in bereavement between men and women. The closeness of the relationship with the deceased was predictive of the intensity of the grief reaction and time since loss, etc. The findings also

proved the RGEI to be a concise, valid, and reliable measure, sensitive to the grief experience.

Summary

The literature important to this project was presented in Chapter Two. The term's grief, bereavement, and mourning were defined and normal grief reactions were discussed. The grieving process was explored, as well as theories guiding human behavior in the social environment. Spirituality was examined in the context of counseling and as a means of coping with loss. Past research on grief and spirituality was considered for the purposes of this study. Also, qualitative measurement tools were critiqued in terms of reliability and validity.

CHAPTER THREE

METHODS

Introduction

Chapter Three documents the steps used in developing this project. Specifically, the design of the study is explored and the sample-group will be identified. The components of data collection are defined. The strengths and limitations of the two scales used in this study will be described. Finally, the procedures for data collection and analysis will be explained.

Study Design

There were four major purposes of this study: (1) to evaluate the level of grief experienced by bereaved individuals who attend either a grief support group, or grief psycho-educational group in the Inland Empire, (2) to evaluate the level of spirituality experienced by bereaved individuals who attend either a grief support, or grief psycho-educational group in the Inland Empire, (3) to correlate the level of grief reactions with the level of spiritual experience within bereaved individuals, and (4) to identify demographic and grief/spirituality-related factors that may influence a bereaved individual's spirituality and grief process.

A quantitative research design was utilized for the purpose of surveying bereaved individuals. The least intrusive means of surveying bereaved individuals was considered. A self-administered questionnaire was thought to be the most sensitive means of collecting the data. A group-survey appeared to be the best opportunity to survey the widest range of people with diverse ethnic backgrounds, religious traditions, and age groups.

The results of the study were limited to the experiences of bereaved individuals who sought the services of grief support or psycho-education groups. The grief process may be different for individuals who do not participate in a grief support or psycho-educational group. Language was a limitation of the study as the bereavement groups surveyed were conducted in English. Individuals who lack the resources, transportation, motivation, need, or time to attend a group may also have been excluded from the results.

The geographic location of the Inland Empire may also have impacted the findings. A majority of the sample was surveyed in urban settings. As a result, the experiences of individuals living in a rural environment were excluded. The possibility that certain cultural groups may be excluded from the study was likely. This is

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dependent on the cultural group's acceptance of seeking help outside of the family. Also, cultural traditions surrounding the grief process may impact utilization of grief support or psycho-educational groups. For example, some ethnic groups have a time period for grieving alone (Abi-Hashem, 1999).

The research questions for the study included: "What is the level of grief experienced by individuals who attend either a grief support group, or grief psycho-educational group in the Inland Empire; What is the level of spirituality experienced by individuals who attend either a grief support group, or grief psycho-educational group in the Inland Empire; Does the level of spiritual experience of a bereaved individual influence the grief process; What demographic and personality factors influence the bereaved individual's level of spirituality and level of grief?" The research hypothesis proposed a positive correlation between the level of spiritual experience and the grief experience.

Sampling

Questionnaires were administered to a non-random sample in nine different grief support groups, or psycho-educational groups. Selection criteria was based on age,

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participation in a grief support or psycho-educational

grief group, and if the individual was currently grieving

a death. The sample size was 56. All subjects who

participated in the study ranged from age 21 to 90 years

old.

Participants with broad and diverse background were

selected, as previous studies have not considered the

multitude of independent variables addressed in this

study. Past studies (Peterson & Greil, 1990; Austin &

Lennings, 1993; Golsworthy & Coyle, 1999) have limited

their study to a single religious tradition, age cohort,

or type of loss (i.e. loss of a child). This study was

representative of participants in grief-support and

psycho-educational groups within the urban community.

The grief support groups surveyed were offered

through Inland Hospice Association (n=13), Riverside

Hospice (n=12), Redlands Church of Christ (n=4),

Compassionate Friends (n=14), Arrowhead Regional Medical

Center (n=2), and Saint Francis Xavier of Cabrini (n=4).

A grief psycho-educational group offered through Loma

Linda University Medical Center (n=14) was also surveyed

(APPENDIX A). The groups met at churches/parish, senior

centers, hospice organizations, and hospitals. The grief-

support and psycho-educational groups offered in the

Inland Empire varied depending on their mission statement and the context of their services. The length of treatment also varied among agencies. The psycho-educational group was time limited, whereas the support groups were ongoing.

Groups also differed in terms of the population they served and the focus of treatment. Compassionate Friends offers support groups for parents who have lost a child. Whereas a support group offered through hospice or a hospital, such as Riverside Hospice or Arrowhead Regional Medical Center, were inclusive of various types of losses (i.e. loss of a parent, spouse, or sibling). Groups offered through a parish or church, such as Saint Francis Xavier of Cabrini and Redlands Church of Christ, may have focused more on the spiritual issues.

Another factor to be considered was the role of the facilitator within the broad range of grief groups and psycho-educational groups surveyed. The role and expertise of the facilitator varied depending on the context of the group. Groups were facilitated by paraprofessionals, Chaplains, and trained counselors (including Master's of Social Worker, Licensed Clinical Social Worker, and Psychologist).

Data Collection and Instruments

Data was collected by means of self-administered questionnaires in a group setting. The Revised Grief Experience Inventory (RGEI) (APPENDIX B) measured this study's dependent variable; grief experience (Lev, Munro, & McCorkle, 1993) The independent variable, spiritual experience, was measured by the Index of Core Spiritual Experience (INSPIRIT)(Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991)(APPENDIX C). This study also included the independent variables of demographic and grief/spirituality-related data (APPENDIX D).

The RGEI is a 22-item instrument that assesses four areas of the grief experience as conceptualized by Parkes (1972): existential tension, depression, guilt, and physical distress. A six-point Likert scale, ranging from "strong disagreement" to "strong agreement", assesses the respondents feelings related to the four areas of grief experience defined. The scale offers five dependent variables: an overall grief experience measurement and separate measurements for each of the four sub-scales. The reliability of the four sub-scales was: existential tension, six items (alpha = 0.87); depression, six items (alpha = 0.80); guilt, three items (alpha = 0.72);

physical distress, seven items (alpha = 0.83) (Lev et al., 1993).

The INSPIRIT is a seven-item scale which measures the experiences that convince a person that God exists. The scale also measures the perception of an internalized relationship with God. Various four-point ordinal scales are used for each question on the scale. Three items represent experiences that may have led to a conviction of God's existence. Four items identify behaviors and attitudes that may be present in a person who feels close to God and holds the perception that God dwells within them. The INSPIRIT scale displays a strong degree of internal reliability and concurrent validity (alpha = 0.90) (Kass et al., 1991).

The final section of the questionnaire included demographic, grief-related, and spirituality-related variables. The independent variables were measured with nominal, ordinal, ratio, and interval scales. Nominal scales were used for the following independent variables: gender, education, ethnicity, employment status, relationship with the deceased, traumatic loss, anticipated loss, social support, multiple losses, common beliefs, religious coping, change in religion, inclusion of spirituality in group, current grief, living status,

and religion. An ordinal scale was used for the independent variable, closeness of the relationship with the deceased. A frequency distribution chart was used to display the interval-data, income status. Ratio data such as age, length of attendance in grief group, and length of bereavement were also included.

Procedures

The researcher contacted identified grief support and psycho-educational groups in the Inland Empire. Group facilitators were asked to review the questionnaire and offered a copy of the research proposal. With the written permission from the agency offering the grief support or psycho-educational group, arrangements were made to come at the end of the session to recruit participants (APPENDIX E).

A research description was read to inform group members of the purpose of the study and their voluntary participation (APPENDIX F). Questionnaires were distributed to individuals interested in staying after the group and participating in the study. The researcher was present for any questions or concerns while the respondents completed the questionnaire. The respondents were encouraged to answer the question to the best of

their ability. A brief description of the two scales was offered in some of the groups when the respondents expressed difficulty in understanding how to complete the scales. Data was collected between January tenth and February nineteenth, 2002.

<div align="center">Protection of Human Subjects</div>

The confidentiality and anonymity of the study participants was a primary concern of this project. To protect the participants' anonymity, a numbering system was utilized. Study participants were asked to sign informed-consent forms (APPENDIX G) before they participated in the study by marking an "X". The participants were told that they could stop at any time during the study. Individuals who did not want to participate were given the opportunity to leave the room.

A debriefing statement (APPENDIX H) was distributed with the names of the researcher and the advisor. Respondents were given the phone number to contact the research advisor, Dr. Trang Hoang, if they had any questions concerning the study. The questionnaires were also destroyed after the study was completed to ensure confidentiality.

Data Analysis

The RGEI and the INSPIRIT were recoded to effectively represent the data. REGEI data was recoded according to Lev et al., 1993, codebook. The level of grief was determined by the sum of the scales of the REGEI. The higher the grief score represented the higher level of grief experienced. Interval categories were created by this researcher to represent the intensity of the grief experienced by the sample (slight level of grief: 1-44, moderate level of grief: 45-88, strong level of grief: 89-132).

The INSPIRIT was recoded according to Kass, 2000, scoring instructions in the Revised Research Format. Each of the seven questions had a score ranging from one to four, with four being the most positive. At least six questions required non-missing values in order to create a scale score. The INSPIRIT score is the mean of the non-missing values, with each of the seven questions weighed equally. This researcher used the three to five point ordinal scales from Kass, et al., 1991 in the questionnaire completed by the sample. Three questions were later modified according the revised 2000 format to create a four point ordinal scale. This researcher recoded "can't answer" in question 24, "powerful spiritual

force," and question 25, "close to God," to represent a missing variable. Question 26, "convinced that God exists," did not have a three-point value and "can't answer" was recoded to a two-point value of "I don't know".

Data analysis was conducted using univariate statistics and bivariate statistics. Frequency distributions, measures of central tendency and dispersion were run on the demographic data and on the RGEI and INSPIRIT. The correlation between the RGEI and INSPIRIT, as well as between the demographic data and grief/spirituality-related variables, were examined by t-tests, and Pearson's r correlation coefficients.

Summary

Chapter Three reviewed the methods and design of this study. The purpose of this quantitative research project was addressed and the non-random sample was described. The demographic and grief/spiritual-related variables, spiritual experience, and grief experience were explained in terms of data collection and level of measurement. The steps involved in gathering data were explored. The means for data analysis were also analyzed.

CHAPTER FOUR

RESULTS

Introduction

Chapter Four presents the results of this study. Significant demographic and grief/spirituality-related factors will be described. The results of the two scales, RGEI and INSPIRIT, will be presented. Finally, the correlation between the RGEI and INSPIRIT will be analyzed.

Presentation of Findings

Of the 63 participants who gave consent to participate in the study and completed the questionnaire, seven questionnaires were deleted as they did not meet the selection or scoring criteria. Two of these questionnaires were omitted as the respondents indicated they were not currently grieving a loss. Four questionnaires were deleted from the results due to the amount of missing values in the INSPIRIT scale. The questionnaire of a 17 year-old participant was also deleted because the age requirement of this study was not met. The following results were based on the remaining 56 questionnaires.

Univariate analysis was conducted initially to describe the most relevant characteristics of the sample population. Frequencies and means were established for all variables. All statistical calculations were computed using the SPSS 9.0 version. Limited revisions were made to demographic and grief/spirituality-related data to more effectively represent the data.

Modifications included new categories to represent ethnicity, as three respondents circled two ethnic groups. The category "Native American" was combined with "White" for two respondents. "Latino/a" and "White" was combined for one respondent. Therefore, the category "other" was deleted.

The terms "Christian, Baptist, Lutheran, and Calvary Chapel" were included under the religion category "Protestant," since several respondents wrote these religious traditions beside the question. One respondent indicated "other" in the variable "religion," but did not specify the religious tradition.

The variable specifying with whom the respondent currently lived with (i.e. spouse or significant other, children, roommate) was recoded to indicate whether the respondent lived alone or with others. The variable was

recoded as a significant number of respondents indicated "other" and did not specify with whom they lived with.

The category "two losses" was added to the variable, "relationship with deceased", because two participants circled two responses. The variable "multiple losses" was modified to represent whether the respondent indicated they experienced "multiple losses" or "none". Therefore the type of loss (i.e. other deaths besides your current loss, retirement or loss of a job, divorce, diagnosis of a major illness) was excluded.

Demographic Data

The majority of those the survey participants were white, Protestant females. The study population did not represent ethnic diversity as 87.5% of the participants were White (n=49), 3.6% African American (n=2), 3.6% Native American and White (n=2), and 3.6% Latino/a (n=2). Expressed religious preference was 67.9% Protestant (including Christian, Calvary Chapel, Baptist, Lutheran)(n=38), 21% Catholic (n=12), 3.6% Atheist (n=2), and 3.6% Jewish (n=2). Female participants represented 71.4% (n=40), while male participants consisted of 28.6% (n=16) of the sample size. They ranged in age from 22 to 81 years, with an average age of 53.77 years. There was a wide dispersion of social economic status. The results of

the analysis of demographic data are summarized in Table

1.

Table 1. Demographic Data

Age Ranges

		Frequency	Percent
Valid	20-39	12	21.4
	40-59	22	39.3
	60-79	19	33.9
	80-100	3	5.4
	Total	56	100.0

Gender

		Frequency	Percent
Valid	Male	16	28.6
	Female	40	71.4
	Total	56	100.0

Ethnicity

		Frequency	Percent
Valid	White	49	87.5
	African American	2	3.6
	Native American/White	2	3.6
	Latino/a	2	3.6
	Latino/a/ White	1	1.8
	Total	56	100.0

Religion

		Frequency	Percent
Valid	Protestant	38	67.9
	Catholic	12	21.4
	Atheist/ Agnostic	2	3.6
	Jewish	2	3.6
	Other	1	1.8
	Total	55	98.2
Missing	9	1	1.8
Total		56	100.0

Education

		Frequency	Percent
Valid	High School Graduate	13	23.2
	Some College	21	37.5
	College Graduate	14	25.0
	Some Graduate	1	1.8
	Graduate Degree	7	12.5
	Total	56	100.0

Income

		Frequency	Percent
Valid	0-10,000	4	7.1
	10,001-20,000	10	17.9
	20,001-30,000	9	16.1
	30,001-40,000	9	16.1
	40,001-50,000	6	10.7
	50,001-more	16	28.6
	Total	54	96.4
Missing	System	2	3.6
Total		56	100.0

Employment

		Frequency	Percent
Valid	Employed	32	57.1
	Retired	18	32.1
	Disability	1	1.8
	Unemployment	5	8.9
	Total	56	100.0

Grief-Related Factors

There were several interesting trends in the responses to grief-related factors. In terms of the status of the relationship with the deceased, 46.4% of the sample lost a spouse or significant other (n=26), 28.6% lost a child (n=16), and 10.7% lost a parent (n=6). A high percentage, 92.9% of the sample indicated they were very close to the deceased (n=52). Of the sample, 39.3%

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(n=22) did not anticipate the death of their loved one and 37.5% of the losses were associated with a traumatic event (n=21). A high percentage, 66.1%, of the sample experienced multiple losses (n=37).

The time since the loss occurred spanned from less than a month to 240 months, or 20 years. The mean time since the loss occurred was 23.95 months. In analyzing the time range, 76.7% of the sample lost their loved within the past two years (n=43). Attendance in a grief group ranged from less than a month to 60 months, or 5 years. The mean length of attendance in a grief group was 12.35 months. In analyzing the length of grief group attendance, 82.1% attended less than two years (n=46). The results of the analysis of the grief-related factors are summarized in Table 2.

Table 2. Grief-Related Factors

Time Range Since Loss

		Frequency	Percent
Valid	0-6 months	18	32.1
	7-12 months	16	28.6
	13-18 months	5	8.9
	19-24 months	4	7.1
	25-36 months	1	1.8
	37-48 months	5	8.9
	49-60 months	4	7.1
	61-240 months	3	5.4
	Total	56	100.0

Attendance Range in Grief Group

		Frequency	Percent
Valid	0-6 months	33	58.9
	7-12 months	6	10.7
	13-18 months	3	5.4
	19-24 months	4	7.1
	25-36 months	2	3.6
	37-48 months	6	10.7
	49-60 months	1	1.8
	Total	55	98.2
Missing	System	1	1.8
Total		56	100.0

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Relationship to the Deceased

		Frequency	Percent
Valid	Spouse/ Significant Other	26	46.4
	Child	16	28.6
	Sibling	2	3.6
	Parent	6	10.7
	Close Friend	1	1.8
	Other	3	5.4
	Two Losses	2	3.6
	Total	56	100.0

Closeness to the Deceased

		Frequency	Percent
Valid	Very Close	52	92.9
	Close	2	3.6
	Not Very Close	1	1.8
	Not Close At All	1	1.8
	Total	56	100.0

Anticipated Loss

		Frequency	Percent
Valid	Yes	22	39.3
	No	34	60.7
	Total	56	100.0

Traumatic Loss

Trauma tic		Frequency	Percent
Valid	Yes	21	37.5
	No	35	62.5
	Total	56	100.0

Multiple Losses

		Frequency	Percent
Valid	None	18	32.1
	Multiple Losses	37	66.1
	Total	55	98.2
Missing	9	1	1.8
Total		56	100.0

Spirituality-Related Factors

   In the discussion of spirituality-related factors,
78.6% indicated that their spiritual/religious beliefs
assisted them in coping with their loss (n=44). Where as
10.7% did not feel their beliefs assisted with the loss
and 10.7% did not know if their spiritual/religious
beliefs assisted in coping with the death. A large
percentage, 64.3%, of sample indicated that their
spiritual/religious beliefs did not change after their
loss (n=36); 28.65% changed their beliefs (n=16); and 7.1%
did not know if their beliefs were changed as a result of
their loss (n=4).

   Another important finding was 89.3% of the sample
indicated they were comfortable discussing how their
spiritual/religious beliefs impacted their grief process
in the grief group (n=50). A small proportion, 10.7%,
indicated they would not feel comfortable with
spirituality-related issues to be discussed in a grief
group (n=6). The results of the analysis of the
spirituality-related factors are summarized in Table 3.

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Table 3. Spirituality-Related Factors

Religious Coping

		Frequency	Percent
Valid	Yes	44	78.6
	No	6	10.7
	I do not know	6	10.7
	Total	56	100.0

Religious Change

		Frequency	Percent
Valid	Yes	16	28.6
	No	36	64.3
	I do not know	4	7.1
	Total	56	100.0

Discuss Beliefs

		Frequency	Percent
Valid	Yes	50	89.3
	No	6	10.7
	Total	56	100.0

Revised Grief Experience Inventory

The results of the RGEI grief score ranged from 21 to 123, with a mean of 88.78. The highest percentage, 55.4%, of the sample had a strong level of grief; 39.3% had a moderate level; and 5.4% were categorized as having a slight amount of grief.

The RGEI also included four grief experience sub-scale scores. The mean score for "existential tension" was 24.71 (total points possible: 1-36); "depression" had a mean of 27.48 (total points possible: 1-36); "guilt" demonstrated a mean of 11.09 (total points possible: 1-18); and "physical distress" displayed a mean of 25.69

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(total points possible: 1-42). The results of the

univariate analysis of the RGEI are summarized in Table 4.

Table 4. Univariate Analysis

Index of Core Spiritual Experience/
Revised Grief Experience Inventory

		INSPIRIT	RGEI
N		56	56
Mean		Valid	88.7857
		Missing	

Revised Grief Experience Inventory Subscales

		Existent. Tension	Depress
N	Valid	56	56
	Missing	0	0
Mean		24.7143	27.4821

Revised Grief Experience Inventory Subscales Continued

		Guilt	Phys. Distress
N	Valid	55	56
	Missing	1	0
Mean		11.0909	25.6964

Index of Core Spiritual Experience Subscales

		Conviction of God's Existence	Percept God Dwell Within
N	Valid	56	56
	Missing	0	0
Mean		3.0060	3.3006

Revised Grief Experience Inventory

		Frequency	Percent
Valid	Slight (1-44)	3	5.4
	Moderate (45-88)	22	39.3
	Strong (89-132)	31	55.4
	Total	56	100.0

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Index of Core Spiritual Experience

		Frequency	Percent
Valid	not very strong (1.1-2.0)	6	10.7
	somewhat strong (2.1-3.0)	9	16.1
	Strong (3.1-4.0)	41	73.2
	Total	56	100.0

Index of Core Spiritual Experience

The mean overall INSPIRIT score was 3.17 (total score: 1-4). Interval categories were created to represent the level of spiritual experience of the sample. A majority of the sample, 73.2%, had a "strong" level of spiritual experience (total score: 3.1 to 4.0). Where as 16.1% of the sample had "somewhat strong" spirituality scores (total score: 2.1 to 3.0) and 10.7% had "not very strong" spirituality scores (total-score: 1.1-2.0). Therefore, none of the INSPIRIT scores fell below 1.0 to represent no spirituality.

The INSPIRIT also included two sub-scale scores to measure spiritual experience. The mean score of "experiences that had led to a conviction of God's existence" was 3.00. The mean of "behaviors and attitudes that would be present in a person who felt close to God and held the perception that God dwells within" was 3.30.

The results of the univariate analysis of the INSPIRIT are summarized in Table 4.

Correlations

Bivariate correlations were calculated to determine possible relevant relationships between variables. The correlation matrix provided information regarding the relationship between the demographic and grief/spirituality-related independent variables and the dependent variables, RGEI and the INSPIRIT. The null hypothesis was not rejected because there was a slight negative correlation between the RGEI and the INSPIRIT. This finding was not statistically significant at the $p<0.05$. The results of the bivariate analysis are summarized in Table 5.

Table 5. Bivariate Analysis

Index of Core Spiritual Experience/
Revised Grief Experience Inventory (Pearson's R)

		INSPIRIT	RGEI
INSPIRI	Pearson Correlation	1.000	-.036
	Sig. (1-tailed)	.	.397

Index of Core Spiritual Experience/ Discuss Beliefs
(Independent T-Test)

Sig.	t	df	Sig. (2-tailed)
.074	3.396	54	.001

Index of Core Spiritual Experience / Religious Coping
(Independent T-Test)

Sig.	t	df	Sig. (2-tailed)
.049	7.098	48	.000

Bivariate correlations were also run with both the RGEI and the INSPIRIT with the following variables: age, time since the loss, and length of attendance in the grief group. No significant correlations at the .05 levels were found.

Independent sample t-test showed that there was a statistically significant difference (t=3.396, df=54, p<.001) between the INSPIRIT score and the respondents comfort level in discussing religious beliefs in a grief group (discuss beliefs). Also, the independent sample t-test between the INSPIRIT and the respondents view that spiritual/religious beliefs assisted with coping with their loss (spiritual coping) displayed statistical significance (t=7.098, df=48, p<.000).

Summary

Chapter Four reviewed the results of the analysis of the research questions. Significant findings related to the demographic and grief/spirituality-related characteristics were presented. The levels of grief and

spiritual experience of the sample population were described. Lastly, correlations between the two scales were analyzed.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five discusses the results of study pertaining to grief experience, spiritual experience, and demographic and grief/spirituality-related factors. The limitations of the study are presented, in addition to the recommendations for social work practice, policy, and research. The Chapter ends with conclusions gathered from the completed research.

Discussion

The correlation between the Revised Grief Experience Inventory (RGEI) and the Index of Core Spiritual Experience (INSPIRIT) was not found to be statistically significant. This finding was consistent with past literature (Austin & Lenning, 1993, Golsworthy & Coyle, 1999) that indicated the existence of spiritual beliefs does not lessen the feelings of grief. However, spiritual beliefs do offer support and provide meaning in the loss during the grief process (Marrone, 1999). The value of spiritual coping was shown through the statistical significant relationship found between the INSPIRIT and the respondents' view that spiritual or religious beliefs

assisted in coping with their loss (spiritual coping)(t=7.098, df=48, p<.000). These findings suggest implications for including spiritual dimensions in counseling and supporting grief group participants to utilize the resource of spiritual coping in the healing process. Pargament, Koenig, & Perez (2000) found that spiritual coping has been associated with lower depression rates, improved mental-health status, good physical health, stress-related growth, spiritual growth, and reduced rates of mortality.

Grief Experience

The majority of those who participated in the study were white, Protestant, females with an average age of 53.77 years old. About half of the sample, 55.4%, had a strong level of grief and 39.3% had a moderate level of grief. The high grief experience scores may be correlated with a number of grief-related factors. The following grief-related factors displayed interesting patterns.

Consistent with literature, which indicated that multiple losses could trigger a more intensive grief reaction (Abi-Hashem, 1999), a high percentage of the sample, 66.1%, experienced multiple losses. Other variables that may account for the high grief scores were sudden loss and traumatic events associated with loss. In

the sample, 39.3% experienced a sudden loss and 37.5% of the losses were associated with a traumatic event. Of the sample, 76.7% lost their loved ones within the past two years. Lev, et al. (1993) indicates that a higher level of grief is experienced when less time has elapsed since the loss. In terms of the length of grief group attendance, the average length of attendance was one year (12.35 months). Previous research has also found that a higher level of grief may be experienced in the beginning stages of a grief group as repressed grief issues may surface (Humphrey & Zimpfer, 1998).

Literature has also shown that the nature of the relationship and the degree of attachment to the deceased also impacts the grief experience. Abi-Hashem (1999) found that the stronger the attachment to the loss, the more intense level of grief experienced. In this research sample, 85.7% of the participants lost a spouse/significant other, child, or parent. A majority of the sample, 92.9%, indicated they were "very close" to the deceased.

Spiritual Experience

Consistent with past studies (Doughety & Worthington, 1982, Misumi, 1993; Wyatt & Johnson, 1990, cited in Rose, Westefeld, & Ansley, 2001, p. 62), 89.3% of respondents in

this study indicated that discussing spiritual or religious concerns during the grief group was appropriate. Additionally, 89.3% of the Index of Core Spiritual Experience (INSPIRIT) scores showed that participants had a "strong" to "somewhat strong" spiritual experience. The level of the respondents' spiritual experience showed a statistically significant difference with the respondents' comfort level in discussing religious beliefs in a grief group (discuss beliefs)(t=3.396, df=54, p<.001). Therefore, it appears crucial for grief group facilitators to include the spiritual component within the grief group process.

In 10.7% of the sample that stated spiritual discussions pertaining to the grief process are not appropriate in grief groups, four participants offered insight. One participant responded that it would be "embarrassing" to discuss how their spiritual or religious beliefs had influenced the grief process. One participant explained, "I sometimes envy people who have a faith strong enough to help". "Because this group is not structured around such emphasis," said another participant. Taking these responses into consideration, it would be important for group facilitators to introduce the topic of spirituality pertaining to the grief process.

The group participants would make the decision of whether they felt comfortable furthering the discussion of spiritual issues related to the grief process.

In terms of spiritual or religious beliefs that had changed since the loss, 28.6% indicated a change in beliefs. This coincides with Marrone's (1999) research on the role of religion-based cognitive strategies and beliefs in dealing with death. One participant expressed their spiritual or religious beliefs since their loss with a verse, "I found the truth. 'Jesus is the way, the truth, and the life. No one comes to the Father but by me'. James 14:16 Amen." Through the inclusion of spirituality in the grief group process, participants can be supported toward the final stage of Marrone's (1999) grief process, psycho-spiritual transformation. This stage involves a spiritual transformation that may change an individual's central assumptions, beliefs, and attitudes about life, death, love, compassion, or God.

Limitations

The variance in the Revised Grief Experience Inventory (RGEI) results may be attributed to fact that participants had difficulty understanding the scale. This researcher verbally explained the scale in later groups

surveyed to help reduce the amount of frustration. In the first groups surveyed, some respondents circled two responses for each question. For future use of the RGEI, it is recommended that a line be drawn between "agreement" and "disagreement" to denote a separation between the terms. Additionally, it is recommended to include a statement that responses should reflect how the bereaved is currently feeling, as opposed to when they first experienced their loss. The RGEI also had a high number of missing values that may have affected the range in grief experience score.

The Index of Core Spiritual Experience (INSPIRIT) was useful for this study as it measured spiritual experience, rather than an adherence to a particular creed or attendance at a specific place of worship. However, several respondents reported their frustration with the content of the INSPIRIT. The INSPIRIT solicited the highest amount of written comments to closed-ended questions in the survey. This could be accounted for by several factors.

Some respondents appeared frustrated that they could not find categories to represent the value they placed on their personal beliefs. One respondent described their connection with a "powerful spiritual force;" "I am filled

daily with the Lord Jesus Christ through the Holy Spirit".
Others described their conviction that "God exists" as
"only by faith" and "one experience is not responsible for
my conviction, it is a chain of events".

Other respondents told the researcher that they were
not familiar with the spiritual terms utilized in the
INSPIRIT. As a majority of the sample represented
Protestant religious traditions (67.9%), the language used
in the INSPIRIT may not have been familiar to this
religious tradition. The generations represented by the
sample (78.6%>40 years old) may also have impacted the
level of familiarity with spiritual/religious terms used
in the INSPIRIT.

The high number of incomplete answers to the INSPIRIT
may be attributed to several factors. First, this
researcher told one group verbally that if they did not
feel comfortable answering the INSPIRIT, they did not have
to. The number of incomplete INSPIRIT scales were higher
in this group. Also, the INSPIRIT score may have been
influenced by the recode this writer completed after
receiving the scoring instructions (Kass, 2000). This may
have influenced the mean spiritual experience score as the
questionnaire contained three to five point ordinal scales

which were modified to four-point ordinal scales to compute the INSPIRIT score.

The format of the INSPIRIT questions may also have impacted the results. For future research, it is recommended that the terms "definitely disagree" and "definitely agree" be in bold type or place the most positive response first in all of the scales.

In terms of the demographic and grief/spirituality-related section of the questionnaire, certain questions may not have included all the pertinent categories. The traumatic events given as examples (i.e. accident or suicide) may have limited the responses. One participant wrote beside the closed-ended question, "we had to make the decision to let her go".

Recommendations for Social Work Practice, Policy and Research

Grief group facilitators are encouraged to include spirituality in group practice to incorporate holistic treatment. It is recommended for facilitators to include an assessment of spirituality to their pre-group assessment. A spiritual assessment tool is helpful for evaluating the level of support gained from spirituality. A spiritual assessment can also evaluate for problems associated with defining or changing past spiritual

beliefs, or coping patterns as a result of the grief process.

Social workers are also urged to develop an ethical decision-making process in the utilization of spirituality in social work practice. This ethical decision-making process would be helpful for supporting the inclusion of the client's spiritual beliefs in practice, yet ensure that the practitioner does not assume the role of a spiritual advisor.

Suggestions for the content of social work education include further training on comparative religions, spiritual practice, and spiritual coping skills in an effort to understand the "holistic client". Spiritual content related to the grief process should also be included in-group work courses.

Social workers are implored to incorporate spirituality in grief groups. Specifically, social workers should develop a grief self-help group modeled after the group rationale in Alcoholics Anonymous. Future studies on spirituality and the grief process should focus on spirituality as a coping mechanism for grief. A further examination of the impact of religious rituals on the grief process is also suggested.

Conclusions

The spiritual or religious components of social work practice have largely been ignored. This study sought to further the knowledge of the therapeutic benefit of including spirituality in grief work. Literature indicates that spiritual beliefs represent one way in which individuals create a structure of meaning that gives a sense of order and purpose to their existence and to death (Golsworthy & Coyle, 1999). Grief reactions often address issues that have spiritual implications. As a result, it is especially pertinent to include spirituality in grief work.

The results of this study indicate that a majority of grief participants have a high level of spiritual experience and credit spirituality as a strength and support during the grieving process. It was interesting that the survey prompted spiritual discussion in the grief groups surveyed. Several participants approached the researcher and expounded on how their spiritual beliefs had provided hope and comfort through their devastating loss.

Group facilitators are encouraged to include spirituality in group practice to incorporate holistic treatment. Further use of spiritual assessment tools is

suggested. Additionally, further literature is needed on social work intervention related to spiritual issues in-group process. Social workers are implored to incorporate spirituality in grief groups. Specifically, social workers should develop a grief self-help group modeled after the group rationale in Alcoholics Anonymous.

APPENDIX A

GRIEF GROUPS SURVEYED

1. Chino Senior Center (n=10): 13170 Central Avenue, Chino
   Facilitator: Dr. Edwin Aluzas, Inland Hospice Association.

2. First Congregational Church (n=14): 2nd West Olive, Redlands
   Facilitator: Marilyn Heavilin, Compassionate Friends

3. Arrowhead Regional Medical Center (n=2): 400 North Pepper, Colton
   Facilitator: Father Bob

4. Redlands Church of Christ (n=4): 1000 Roosevelt Road, Redlands
   Facilitator: Steven G Kay, MA, NCBF, Minister, Redlands Church of Christ and Chaplain,
   Hospice of Redlands Community Hospital

5. Riverside Hospice (n=12): 6052 Magnolia, Riverside
   Facilitator: Nancy Forster, LCSW, Riverside Hospice

6. Loma Linda University Medical Center (n=14): 11234 Anderson Street, Loma Linda
   Facilitator: Jim Greek, Chaplain for Loma Linda University Medical Center

7. North Kirk Presbyterian Church (n=3): 9101 19th Street, Rancho Cucamonga
   Facilitator: Victoria Jardine, MSW, Inland Hospice Association

8. Saint Francis Xavier Cabrini (n=4): 12687 California Street, Yucaipa
   Facilitator: Julie Larson, Saint Francis Xavier Cabrini

APPENDIX B

REVISED GRIEF EXPERIENCE

INVENTORY

Below are a series of general statements. You are to indicate how much you agree or disagree with them. Be as honest as possible. Remember, there are no right or wrong answers to these questions. Read each item and decide quickly how you feel about it; then circle the number of the item that best describes your feelings. Put down your first impressions. Please answer every item.

	Agreement			Disagreement		
	slight	moderate	strong	strong	moderate	slight
1. I tend to be more irritable with others since the death of my loved one.	1	2	3	4	5	6
2. I frequently experience angry feelings.	1	2	3	4	5	6
3. My arms and legs feel very heavy.	1	2	3	4	5	6
4. I have feelings of guilt because I was spared and the deceased was taken.	1	2	3	4	5	6
5. I feel lost and helpless.	1	2	3	4	5	6
6. I have had frequent headaches since the death.	1	2	3	4	5	6
7. I cry easily.	1	2	3	4	5	6
8. Concentrating on things is difficult.	1	2	3	4	5	6
9. I feel extremely anxious and unsettled.	1	2	3	4	5	6
10. Sometimes I have a strong desire to scream.	1	2	3	4	5	6
11. Life has lost its meaning for me.	1	2	3	4	5	6
12. I am not feeling healthy.	1	2	3	4	5	6
13. I frequently feel depressed.	1	2	3	4	5	6
14. I have feelings that I am watching myself go through the motions of living.	1	2	3	4	5	6
15. Life seems empty and barren.	1	2	3	4	5	6
16. I have frequent mood changes.	1	2	3	4	5	6
17. Small problems seem overwhelming.	1	2	3	4	5	6
18. I have lost my appetite.	1	2	3	4	5	6
19. I seem to have lost my energy.	1	2	3	4	5	6
20. I seem to have lost my self-confidence.	1	2	3	4	5	6
22. I am awake most of the night.	1	2	3	4	5	6

APPENDIX C

INDEX OF CORE SPIRITUAL

EXPERIENCE

22. How strongly religious (or spiritually oriented)
    do you consider yourself to be?
    ( ) strong
    ( ) somewhat strong
    ( ) not very strong
    ( ) not at all
    ( ) can't answer

23. About how often do you spend time on religious or spiritual practices?
    ( ) several times per day-several times per week
    ( ) once per week-several times per month
    ( ) once per month-several times per year
    ( ) once a year or less

24. How often have you felt as though you were very close to a powerful
    spiritual force that seemed to lift you outside of yourself?
    ( ) never
    ( ) once or twice
    ( ) several times
    ( ) often
    ( ) can't answer

*People have many different definitions of the "Higher Power"
that we often call "God." Please use YOUR DEFINITION of
God when answering the following questions.

25. How close do you feel to God?
    ( ) extremely close
    ( ) somewhat close
    ( ) not very close
    ( ) I don't believe in God
    ( ) can't answer

26. Have you ever had an experience that has convinced you that God exists?
    ( ) yes
    ( ) no
    ( ) can't answer

27. Indicate whether you agree or disagree with the statement: "God dwells within you."
    ( ) definitely disagree
    ( ) tend to disagree
    ( ) tend to agree
    ( ) definitely agree

*The following list describes spiritual experiences that some people have had.
Please indicate if you have had any of these experiences and the extent to which
each of them has affected your belief in God.
Place the corresponding number in the line provided.

*The response choices are:
I had this experience and it:
(4)   Convinced me of God's existence
(3)   Strengthened belief in God
(2)   Did not strengthen belief in God
(1)   I have never had this experience

__ An experience of God's energy or presence
__ An experience of a great spiritual figure (e.g., Jesus, Mary, Elijah,
      Buddha)
__ An experience of angels or guiding spirits
__ An experience of communication with someone who has died
__ Meeting or listening to a spiritual teacher or master
__ An overwhelming experience of love
__ An experience of profound inner peace
__ An experience of complete joy and ecstasy
__ A miraculous (or not normally occurring) event
__ A healing of your body or mind (or witnessed such a healing)
__ A feeling of unity with the earth and all living beings
__ An experience with near death or life after death
__ Other (specify)_____

@2000, 1996 Jared D. Kass

APPENDIX D

DEMOGRAPHIC SURVEY

Please answer a few questions about yourself and the loss that you have experienced. Please write your answer in the line provided. Otherwise, mark an "x" next to your answer.

1. How old are you? _____ years

2. What is your gender?
   ( ) male
   ( ) female

3. What is your ethnicity?
   ( ) White
   ( ) African American
   ( ) Latino/a
   ( ) Native American
   ( ) Asian/Pacific Islander
   ( ) Other (please specify) _____

4. What is your spiritual/religious preference?
   ( ) Protestant
   ( ) Catholic
   ( ) Buddhist
   ( ) Muslim
   ( ) Atheist/Agnostic
   ( ) Jewish
   ( ) Other (please specify) _____

5. What is your highest level of education completed?
   ( ) Less than High School
   ( ) High School Graduate
   ( ) Some College
   ( ) College Graduate
   ( ) Some Graduate
   ( ) Graduate Degree

6. What is your income level?
   ( ) 0-10,000
   ( ) 10,000-20,000
   ( ) 20,001-30,000
   ( ) 30,001-40,000
   ( ) 40,001-50,000
   ( ) 50,001 or more

7. What is your current employment status?
   ( ) employed
   ( ) retired
   ( ) disability
   ( ) unemployed

8. Who do you currently live with (check all that apply)?
    ( ) live alone
    ( ) with spouse or significant other
    ( ) with children
    ( ) with roommate
    ( ) other (please specify) _____

9. Are you currently grieving the death of a loved one?
    ( ) yes
    ( ) no

10. How long ago did your loss occur? _____ (months, years)

11. Who did you loose?
    ( ) spouse/significant other
    ( ) child
    ( ) sibling
    ( ) parent
    ( ) close friend
    ( ) other (please specify) _____

12. How close were you were you with the deceased?
    ( ) very close
    ( ) close
    ( ) not very close
    ( ) not close at all

13. Did you know that the deceased was going to die before they did
    (was the loss anticipated) ?
    ( ) yes
    ( ) no

14. Was your loss associated with a traumatic event (ie. murder or
    suicide)?
    ( ) yes
    ( ) no

15. Do you have someone to talk to about your loss?
    ( ) yes
    ( ) no

16. Did any of the following occur in your life during the last year?
    ( ) other deaths besides your current loss
    ( ) diagnosis of a major illness (in you or a close family member)
    ( ) divorce
    ( ) retirement or loss of a job
    ( ) other major losses (please specify) _____
    ( ) none

17. Do your feel your spiritual/religious beliefs have helped you cope with your loss?
    ( ) yes
    ( ) no
    ( ) I do not know

18. Have your spiritual/religious beliefs changed as a result of your loss?
    ( ) yes
    ( ) no
    ( ) I do not know

19. Did the deceased have similar spiritual/religious beliefs as you?
    ( ) yes
    ( ) no
    ( ) I do not know

20. How long have you attended the group/class you are in right now?
    (days, months) _____

21. Would you feel comfortable discussing how your spiritual/religious beliefs have influenced your grief process in this group/class?
    ( ) yes
    ( ) no, why not _____

APPENDIX E

PERMISSION TO SURVEY SAMPLE

November 28, 2001

Institutional Review Board,

Amy Shahbaz is welcome to ask group members participating in our Bereavement Program to complete a questionnaire for her research project.

Ms. Shahbaz has presented herself in a professional manner with sensitivity and insight. Confidentially will be maintained, group members will be assured of this.

Respectfully,

Nancy Forster

Nancy Forster, LCSW

Rita Best

Rita Best, Executive Director
Riverside Hospice

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APPENDIX F

INTRODUCTION STATEMENT

INTRODUCTION STATEMENT

My name is Amy Shahbaz and I am a graduate social work student at California State University, San Bernardino. I am working on a research project that studies the relationship between the grief process and spiritual beliefs. The results of this study may offer insight for grief group facilitators on the role spiritual belief's play in the grief process. I am looking for participants who are currently grieving the loss of a loved to share with me your experience. This study seeks the opinion of those who do not have spiritual beliefs and those who do. The more participants I can recruit, the more applicable my findings will be for grief groups in the Inland Empire. You will not be asked to identify yourself and all information you provide will be anonymous.

If you are willing to stay for about 15 minutes to complete the questionnaire, please stay in this room. If you do not want to participate, that is fine, and I would ask you to leave the room to ensure a quiet environment for others to complete the survey. Participation in this study is completely voluntary and there are no penalties for not participating. I will pass out the questionnaire to those who remain in the room. Please read the first page and tear it off and place it in this manila envelope. After completing the questionnaire, please place it in the other envelope and pick up a debriefing statement. I appreciate you letting me talk to you. Thank you.

APPENDIX G

INFORMED CONSENT

INFORMED CONSENT

The study, in which you have agreed to participate, is designed to evaluate the impact of spiritual beliefs on the grief process. The results of this study may offer insight for grief group facilitators on the role spiritual belief's play in the grief process. Amy Shahbaz, a graduate student in Social Work, is conducting this study under the supervision of Dr. Trang Hoang, Professor of Social Work at California State University, San Bernardino (CSUSB). The Institutional Review Board, CSUSB, has approved this study.

In this study, you will be asked about your grief experience and spiritual beliefs. Completion of this questionnaire should take about 15 minutes. All information that you provide will be anonymous. You will not identify yourself on any of the forms that you complete and the results will be reported in-group form. If you do not feel comfortable answering a question, you do not have to. You will separate this signed consent from the questionnaire before you return all completed forms to me.

Please understand that your participation in this study is strictly voluntary, and you are free to withdraw at any time without penalty. If you are interested in the results of this study, copies will be available in the Phau Library at CSUSB after June 2002. If you have any questions regarding this study, you may contact Dr. Trang Hoang at (909) 880-5559.

Please mark an "x" below to indicate you have read this informed consent and freely consent to participate in this study.

PLEASE MARK WITH "X":_____

DATE:_____

APPENDIX H

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study you just completed was designed to compare the level of grief reactions with the level of spiritual experience of bereaved individuals. The results of this study may offer insight for grief group facilitators on the role spiritual belief's play in the grief process.

Thank you for participating in this study. If you feel uncomfortable or distressed as a result of participating in the study, please contact the facilitator of the grief group you are currently attending. If you have any questions regarding this study, you may contact Dr. Trang Hoang at (909) 880-5559. If you are interested in the results of this study, copies will be available in the PHAU Library at CSUSB after June 2002.

APPENDIX I

PERMISSION TO USE REVISED

GRIEF EXPERIENCE

INVENTORY

Subject: RGEI

Date : Thu, 10 Jan 2002 21:15:49 -0800

Dear Mrs. Shahbaz:

You have my permission to use the RGEI for your research, and to change the tool as necessary to meet the needs of your study.

I have attached the RGEI; please don't hesitate to let me know if I can assist you in any other way.

Good luck with your study and please share your results with me-

Elise Lev

APPENDIX J

PERMISSION TO USE INDEX OF

CORE SPIRITUAL

EXPERIENCE

LESLEY

Ms. Amy Shahbaz
1817 N. Solano Avenue
Ontario, CA 91764

December 21, 2001

Dear Ms. Shahbaz:

Thank you very much for your interest in the Index of Core Spiritual
Exerience (INSPIRIT) and my research in health and social psychology on the
relationship between spirituality and well-being. Your project and background
sound very interesting and I look forward to hearing about the results of your work.

I am happy to give you permission to use the INSPIRIT in your project.
Enclosed find a copy of the INSPIRIT with scoring instructions. As agreed, you will
inform me of the results from your work with the INSPIRIT.

In addition, I'm also enclosing several articles which further describe the
INSPIRIT and recent directions within my work, if I haven't sent these papers to you
already.

Sincerely,

Jared D. Kass, Ph.D. , Professor
Director, Study Project on Well-Being

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