

What Makes Grief Complicated?

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Mary's Mourning

In her first clinical consultation following the loss of her husband 9 months previously, Mary described John's death as "the gut-ripper of her life," the worst of a cascade of losses that had clustered in the last year. Although John had been troubled by vague and misdiagnosed symptoms for a few months, the actual diagnosis of metastatic bone cancer preceded his death by a mere three weeks. As a consequence, she said she felt "totally unprepared" for the loss of "the man who had been everything to me—my north, my south, my east, and my west." Most of all, Mary felt that with John's death she had lost her "anchor" in the world, and perhaps significantly in view of the cause of his death, describes her ongoing grief as "bone-shattering." She literally had been counting the days since his death, and had never missed a single day of visitation to his graveside in a cemetery over an hour from her home, even in forbidding winter weather that made the drive a life-threatening proposition.

The special intimacy that Mary and John shared through 15 years of marriage contrasted sharply with the "miserable" first marriages each had endured previously. Mary described John as a perfect partner—devoted, good-humored, an excellent provider, and her "buffer" from a harsh world. Now she felt a keen sense of abandonment by the man who promised he would "always be there" at a time of need, and subsequently had to cope with the death of her mother, who succumbed to advanced Alzheimer's, and her beloved aunt, who died of breast cancer within three months of

John's death. As a consequence she has felt vulnerable and alone, a feeling that had heightened in the context of an angry legal battle with family members over her husband's estate. This dispute, as well as the general societal pressure she felt "to be over it," has left her embittered and distrustful of the intentions of others.

At the time of the interview, Mary only experienced any respite from her grief when she sensed John's "presence." Her desperate yearning for contact with him was reflected in her hysterical attempt to climb into John's open casket at the funeral, and her still frequent calls to their answering machine "just to hear his voice." Sometimes this wished-for contact came in dreams, as she responded to the sound of his voice saying, "Honey, come snuggle up to me," or at night when she clearly felt his hand in hers. The most sustained sense of contact came during one of her daily visits to his grave, when she felt that the beautiful sunset, a flock of birds, and the whispering of his voice were signs of his heavenly existence. However, Mary shared that such moments accentuated the loss, as she awakened to the reality of his death. Accordingly, she ruminated frequently about death as a release from pain and about the heavenly reunion it could bring; but aside from the vague consideration of taking massive doses of the sleeping pills and anti-anxiety medication she had been prescribed, she had no clear plans to suicide.

Mary went on to say that she felt "so encased in grief" that she didn't even know who she was anymore. She saw no vestiges of the outgoing person she used to be, and felt enraged that "God would leave me here without any purpose for being left behind." Nothing about her present life made sense to her—as she summed it up, "the quality of my life is gone, and nothing is left but garbage." In her own words, she "couldn't accept that John is gone," and was left "in shock after losing the foundation he provided." In

many ways she felt much like she did nine days after his death, rather than how she had hoped to feel a full 9 months later.

Despite these many problems, Mary did have some resources. She had somehow managed to keep her sales job in the insurance industry, despite a visible deterioration in her performance, and “kept up appearances” despite her 20-pound weight loss, frequent sleeplessness, and pervasive sadness and anger. Her adult son and daughter from her previous marriage were as attentive as possible, although neither lived nearby. Perhaps because of her absorption in her marriage, she had “given up all other friends,” even prior to John’s death. She did show a spark of pride, however, in producing a handsome laminated memorial card for John that she designed, which she spoke hopefully of using as the starting point for a book about him and about their relationship. She didn’t want the memory of John to be “erased,” and she somehow hoped that such a project would help her “get back some of the person she used to be.”

When grief is complicated

Bearing in mind the criteria for *complicated grief* (Shear et al., 2011), alternatively termed *prolonged grief disorder* (Prigerson et al., 2009), Mary clearly meets criteria for a marked and intense preoccupation with the loss of her husband, to a degree that greatly limits her ability to function in important social and occupational roles. She also struggles with a diminished sense of self; inability to accept the reality of the death; social estrangement; pervasive bitterness over the loss; difficulty “moving on” in a changed world; and confronting a future seemingly devoid of purpose. As she herself summed it up, her “quality of life” apparently died with John, and she feels vulnerable, disoriented,

anguished and alone, with the passage of time merely confirming her decimation rather than assuaging it.

Our goal in this chapter is to review briefly some of what is known about those factors that predispose people to intense, life-vitiating, and sometimes seemingly perpetual grieving, considering (a) the circumstances of the death, (b) the background of the bereaved, (c) their relationship to the deceased, (d) their styles of coping with the loss, and (e) the broader social and institutional systems in which they are engaged. A more exhaustive review of the many studies to date that have addressed risk factors in bereavement was provided more formally in our previous systematic summary of 43 prospective studies of 60 different possible predictors of bereavement outcome (Burke & Neimeyer, 2012). Here we will summarize some of the key findings of that review, and add representative recent studies that confirm and extend these findings.

Circumstances of the death

Cause of death. Several studies that have examined cause of death as a risk factor have found no differences in complicated grief symptomatology as a function of whether the death resulted from natural or violent causes. However, of those studies in which cause of death was a predictor, violent death was consistently found to produce more intense and complicated grief than deaths due to illness. Cleiren (1993) found that unnatural deaths (suicide/accident versus extended illness) led to more intense grief in parents and spouses, and that suicide survivors were the most preoccupied with their loss. Gamino, Sewell and Easterling (2000) compared 85 survivors of illness, homicide, suicide, and accident, and found that traumatic deaths produced more grief. Likewise, Currier, Holland, Coleman, and Neimeyer's (2007) investigation of 1723 bereaved

college students indicated that homicide survivors had more severe grief than those without an objectively traumatizing loss. Similarly, Keesee, Currier and Neimeyer (2008) found more complicated grief in violently bereaved parents than in parents bereaved by other means. In the context of genocide, both Momartin et al.'s (2004) study of Bosnian refugees exposed to multiple traumas and Dusingizemungu and Elbert's (2011) study of Rwandan survivors of ethnic massacre documented the link between the traumatic loss of a family member to homicide and the subsequent development of complicated grief. However, possibly because of the extremely traumatic nature of the violent deaths witnessed (for example, seeing one's loved ones dismembered by machete), the latter study found that other potential predictors (gender of the survivor, number of losses, participation in the funeral) bore no relation to bereavement outcome. In summary, although coping with the gradual death of a loved one by wasting illness poses its own bereavement risks, in general, sudden, violent losses that leave no time to say goodbye, commonly are premature, often entail complicated questions of human intention or inattention, routinely elicit existential queries lacking answers, and are frequently horrific or shocking, generally set the stage for prolonged, painful, and preoccupying grief.

Peri-event variables. Beyond the cause of the death per se, a few studies have identified other circumstances associated with the death itself that pose bereavement risk for survivors. In one study of 540 parents bereaved by the suicide of a child, Feigelman, Jordan, and Gorman (2009) found that those who found or saw the body at the scene of death experienced significantly greater grief than survivors who did not, and that this proved to be the strongest risk factor for intense grief. These results essentially replicated the major finding of an earlier study by Callahan (2000), who reported that finding the

body and seeing it at the scene of the death were equally potent in intensifying grief. However, grief was not increased by viewing the deceased's body at the funeral. A distinctive conclusion of the study was that the specific suicide method or weapon type used was not associated with grief outcomes, even when comparing the use of guns (the most common suicide method in the sample) to seven other methods. Troubling images and emotions associated with viewing a disturbing scene of death certainly are not limited to suicide loss, however, as they are also likely to occur in circumstances of homicide, accidents, and natural disasters. Moreover, occasional findings such as those linking a patient's quality of death in end-of-life contexts with better bereavement outcomes for survivors (Garrido & Prigerson, 2014) suggest that peri-event variables deserve closer study across a wider range of contexts, including deaths through progressive illness.

Background of the bereaved

Gender. Perhaps because it is an easily accessible demographic variable, gender is a frequently studied risk factor for complicated grief. For example, Lang and Gottlieb's (1993) study of parents whose infants had died found that mothers suffered the most in terms of grief. Spooen, Henderick and Jannes (2000) found that although mothers and fathers bereaved by motor vehicle accidents did not differ in terms of their general psychological distress, gender did predict intense grief, with women suffering greater complications. In the Keese et al. (2008) study, mothers reported more general grief than fathers but not more complicated grief (see also Schwab, 1996). Likewise, female Pakistani psychiatric patients in Prigerson et al.'s (2002) study had higher rates of complicated grief than did males. A large population-based study of German respondents suffering a variety of losses through

bereavement likewise confirmed that female gender predicts greater complication (Kersting et al. 2011). More detailed analyses suggest that these gender differences are clinically as well as statistically significant. For example, Chiu et al. (2010) found that, among a large group of caregivers of loved ones with terminal cancer, women had more than double the risk of complicated grief, and Cohen-Mansfield et al. (2013) found that mothers relative to fathers were at greater risk of premature mortality in the 20 years following the death of a child. However, other studies have found gender to be unrelated to grief (Boelen, van den Bout, & van den Hout, 2003; Ingram, Jones, & Smith, 2001; Neimeyer, Baldwin, & Gillies, 2006). Nonetheless, when gender differences are observed, as they often are, evidence indicates that women are more susceptible to intense and complicated grief reactions than men. More research is clearly needed to explain this effect, which could stem from gender differences established by biological, relational, sociological, or cultural factors.

Demographic disadvantage. Though less frequently studied, economic and educational resources could also play a role in complicating people's adjustment to loss. Burke and her colleagues (2015) found higher levels of anguishing anticipatory grief among family members of patients in palliative care in those families with less formal education and lower incomes, whereas those with higher educational and economic status reported less distress. Lower income was likewise a risk factor for complicated grief in the large German study mentioned earlier (Kersting et al., 2011), and fewer years of education predicted worse grief among hospice caregivers of cancer patients a year following the death (Allen et al., 2013). Such socioeconomic disadvantage could also play a role in explaining some ethnic differences in bereavement complication. For example, in the United States, higher levels of complicated grief symptoms are reported

by African Americans as opposed to Caucasians (Laurie & Neimeyer, 2008). Although the interpretation of these differences remains to be established, it is possible that having fewer economic resources aggravates the financial burdens associated with death (especially the death of the primary breadwinner), and that lower levels of education impose restrictions on the “medical literacy” of family members in understanding or negotiating treatment options provided to their loved ones in end-of-life settings (Burke et al., 2015).

Relationship to the deceased

Kinship. Other factors being equal, closer degrees of kinship to the deceased predict intensified grief (Boelen, et al., 2003; Goldsmith et al., 2008; van der Houwen, Stroebe, Stroebe, Schut, van den Bout, & Wijngaards-de Meij, 2010). For example, Laurie and Neimeyer’s (2008) sample of 1670 bereaved college students reported a main effect for kinship in predicting complicated grief symptoms, such that students who had lost immediate family had more grief than those bereaved of more distant relationships. Differences among kinship categories within the family are often observed as well. In Cleiren’s (1993) study, kinship proved the strongest predictor of grief, with parents and spouses grieving more severely than children or siblings. Prigerson et al. (2002) similarly found that spouses and parents were far more likely (22 and 11 times, respectively) to have complicated grief than other kinship types. This finding (that death of a partner or child functions as a risk factor for difficulties in bereavement) has been replicated in large-scale studies in Australia (Aoun et al., 2015), China (Chiu et al., 2010), Germany (Kersting et al., 2011), and Israel (Cohen-Mansfield et al., 2013), suggesting that this pattern holds across cultures. Very probably this reflects the typical strength of the

attachment bond between the survivor and the deceased, a factor considered in greater detail in the sections to follow.

Marital dependency. Two studies drawing on the same data set link dependency on a spouse to more intense and prolonged grief. Studying widowed persons in later life, Bonnano et al. (2002) reported that pre-loss spousal dependency was associated with subsequent chronic grieving. Similarly, Carr (2004) found that spousal dependency was a risk factor for despair, a specific dimension of grief. Converging with these conclusions, family members who cared for loved ones on whom they greatly depended have reported both more intense anticipatory grief in the context of palliative care (Burke et al., 2015) and more complicated grieving in subsequent adjustment to bereavement (Thomas et al., 2014). Although dependency on a partner has many dimensions (financial support, social identity as a married person, etc.), the degree to which the surviving spouse had relied on the dying or deceased partner for emotional security seems to play a pivotal role. For example, Van Doorn et al. (1998) found that the loss of a security-enhancing relationship with the spouse put survivors at risk for greater complicated grief. Such findings suggest the relevance of examining more closely the character of the attachment bond or attachment style associated with more intense and preoccupying mourning, a topic to be considered in a later section.

Caregiver burden. Especially in the context of progressive illness such as cancer, dementia, AIDS, cystic fibrosis, and chronic obstructive pulmonary disease (COPD), family caregivers play a frontline role in attending to the needs of a loved one over the course of many months or years, often under accumulating emotional distress as the condition worsens. In addition to the ongoing risk of burnout during the illness, growing

evidence suggests that caregiver burden also poses a risk for poor bereavement adjustment far beyond the death of the patient. For example, Thomas et al. (2014) found that those family members who had been primary caregivers for their spouses with cancer fared worse in bereavement than those without this responsibility, just as Chiu and colleagues (2010) discovered a link between a longer duration of caregiving and vulnerability to complicated grief. Similarly, Schulz et al. (2006) documented that pre-loss reports of caregiver burden among family members of dementia patients predicted higher levels of complicated grief 6 to 18 months later. Kapari et al. (2010) studied caregivers of patients with advanced disease of various kinds, and reported that those who felt more burdened by the role during the caregiving phase also struggled more during their subsequent bereavement. Thus, it appears that the strain of caregiving, possibly in combination with related factors such as relentless exposure to the loved one's diminishment and the caregiver's ultimate inability to reverse the course of the illness, represents a significant risk factor for complicated grief. Of course, absorption in this role may well exacerbate distress, by contributing to social isolation or neglect of other family relationships, factors related to our review of research on social support below.

Coping style

Attachment style. Of the factors determining human behavior under the stress of bereavement, the natural human orientation to develop emotional attachments to others may be among the most fundamental. Classically, Bowlby (1980) studied the relation between young children and their parents in stressful situations and identified those whose attachments were *secure*, that is, who displayed comfort with both seeking support

from the parent in her presence and pursuing independent behavior in her absence. In contrast, children with an *insecure* style tended either to show fearful clinging when threatened with separation (*anxious, dependent attachment*) or compulsive self-reliance and indifference (*avoidant attachment*). A large number of studies have documented that these styles, rooted in early relationships with parents, tend to influence people's general responses to later circumstances that portend loss, including bereavement (Kosminsky & Jordan, 2016). For example, Johnson et al. (2007) concluded that widows who recalled having a more "controlling" parent during their childhood developed greater dependency on their spouses in adult life, and consequently more complicated grief following loss of that security enhancing relationship. More specifically, van der Houwen et al. (2010) found that both anxious and avoidant attachment predicted complicated grief, although Meier, Carr, Currier, and Neimeyer (2103) found this association held most clearly for those insecure attachment patterns characterized by anxiety as opposed to avoidance. Tracing the impact of this risk factor over time, Browne, Neese, House and Utz (2009) found that insecure attachment style and grief were related at 6, 24, and 48 months following the death, suggesting its potency. In two studies, Wijngaards-de Meij and his colleagues (2007a; 2007b) showed that avoidant/anxious attachment styles explained 13% of the variance in complicated grief, and that attachment coupled with neuroticism (or anxiety proneness) explained 22%. Interestingly, in their study of adjustment to impending loss at the end of life, Van Doorn et al. (1998) found that insecure attachment uniquely predicted complicated grief as distinct from depression, reinforcing the conceptualization of this attachment style as a specific risk factor for maladaptive grief. However, this claim is qualified by the finding of Wayment and Veirthaler (2002), who

found attachment anxiety to be associated with greater levels of both grief and depression, and attachment avoidance to be predictive of somatization. At present, the safest conclusion is that insecure attachment, particularly of an anxious, dependent type, predisposes survivors to more difficult adjustment in bereavement, with complicated grief being among the most troubling outcomes.

Meaning making. A second major model bearing on coping with bereavement focuses on meaning reconstruction, namely the proposition that grieving entails a process of reaffirming or reconstructing a world of meaning that has been challenged by loss (Neimeyer, 2006). The bereaved commonly struggle with two key narrative tasks as they attempt to weave the reality of the death of a loved one into their life story. On the one hand, they attempt to process the “event story” of the death, the how and why of its occurrence, and what it means for their own lives going forward. On the other hand, they attempt to access the “back story” of the life of the deceased, in order to reaffirm their bond, regain access to consoling memories, and reflect on the relevance of the relationship for their current and future selves (Neimeyer & Thompson, 2014). When the loss is seamlessly and perhaps straightforwardly integrated into the survivor’s meaning system, the result is adaptive grief or resilience, whereas when the mourner struggles mightily to make sense of the loss and of his or her life in its wake, complicated, prolonged grief is assumed to ensue.

A great deal of empirical work supports this proposition. An unresolved search for meaning has been implicated in complicated grief outcomes in populations as diverse as young adults contending with a wide range of losses, middle-aged parents struggling with the loss of a child, and survivors of violent death bereavement resulting from

suicide, homicide, and fatal accident (Neimeyer, 2016a). For example, Burke and her colleagues (2015) found that an inability to integrate the looming loss of a terminally-ill family member into the survivor's meaning system was the leading predictor of anguished anticipatory grief, accounting for more of the variance in the latter outcome than other important risk factors such as dependency on the dying patient, demographic disadvantage, and spiritual struggle. Similarly, Coleman and Neimeyer (2010) documented that an ongoing and unresolved search for meaning in the death of an elderly spouse at 6 and 18 months post-loss predicted more intense grief, whereas ability to make sense of the death at 6 months predicted psychological well-being a full 4 years beyond the loss. In short, a struggle to find sense or significance in the loss can be regarded as an early risk factor for prolonged and preoccupying grief, which takes on great practical importance insofar as it is one of only a few such factors that is modifiable through a large range of therapeutic interventions (Neimeyer, 2012, 2016b; Thompson & Neimeyer, 2014).

Social systemic and institutional factors

Social support. In the context of bereavement, social support can mean many things, including access to a confidante who can listen to one's distress without judgment, the provision of respite in the form of companionship for enjoyable activities, or assistance with practical tasks and demands (Doka & Neimeyer, 2012). Recent research suggests that deficits in the latter area, such as a shortfall in support for child care and other instrumental tasks of living, can constitute a particularly significant risk factor for complicated grief, at least in the case of homicide bereavement (Bottomley, Burke, & Neimeyer, 2015). More generally, however, research indicates that the

perceived absence of support for a particular griever within the family system (Chiu et al., 2010) or in the broader social network (Allen et al., 2013; Aoun et al., 2015; Kestering, 2007) places the person at risk for complicated grief, as do negative, intrusive, or critical responses from family and peers (Burke, Neimeyer, & McDevitt-Murphy, 2010). Placing such findings against the backdrop of evidence that poor family communication and functioning sets the stage for more problematic bereavement (Kissane & Parnes, 2014; Thomas et al., 2014), it is clear that social and systemic risk factors deserve greater attention in a field that is too exclusively preoccupied with individual vulnerabilities to complicated grief.

Institutional factors. All deaths happen somewhere, but where they occur and how relevant people and policies respond to losses in a given context are commonly neglected in the study of bereavement risk. Some research is beginning to suggest that the location of death itself can serve as a marker for greater difficulties in bereavement, whether in hospice (Chiu et al., 2010), home, or hospital (Aoun et al., 2015). The relative lack of informational and emotional support for family members in such settings could be one critical contributor to later bereavement complications. For example, Downar, Barua and Sinuff (2014) discovered that nearly 70% of families losing a loved one in intensive care yearned to receive more support, and over half expressed a strong willingness to meet with the medical team to review events surrounding the death, perhaps suggesting a need for tangible informational assistance with making sense of the event. In the rather different context of suicide bereavement, family members have indicated that the performance of a “psychological autopsy,” that is, of a systematic reconstruction with a professional of the psychological state and behavior of the decedent at the time of the

suicide, is considered not merely educational but also therapeutic by survivors (Henry & Greenfield, 2009). Risk factors associated with disengagement by professionals in various institutional roles and settings therefore can be ameliorated by offers to provide this sort of informational as well as emotional support at a painful juncture when both are greatly needed.

Conclusion and Recommendations

In this chapter we have surveyed research on many of the prominent risk factors for complicated, prolonged grief, concentrating on several features of the circumstances of the death and background of the mourner, including his or her relation to the deceased, coping styles, and larger social system. Even with enumerating these categories and their various subcategories, however, the list of risk factors here cannot claim to be exhaustive, as additional sources of vulnerability have been documented in at least preliminary form, such as a history of mental health issues and particularly depression (Chiu et al., 2010; Schulz et al., 2006); spiritual struggle (Burke & Neimeyer, 2014; Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011); a history of unresolved loss (Chaurand et al., 2015); and avoidant emotional coping (Schnider et al., 2007). As research on bereavement continues to evolve, this list of vulnerability markers is likely to grow in the years to come.

But beyond the documentation of vulnerability markers in any given case, a few points deserve emphasis. First, no risk factor occurs in isolation; any given mourner of any given loss might be characterized by none, a few, or many of them. For example, in the earlier case study, Mary's situation was characterized by several such factors: She was female; was losing her life partner; displayed a high degree of marital dependency

upon John; and experienced a profound crisis of meaning in connection with his death. On the other hand, she also likely was buffered by the absence of other vulnerabilities, which might appropriately be seen as protective factors: she was relatively well-educated and affluent, was losing a spouse in the context of illness (although with a shockingly sudden trajectory from diagnosis to death), and had not contended with a long and exhausting period of caregiving and treatment. Other factors, such as the security of her early attachments, the quality of her social relations, and the level of informational support she received from medical caregivers, were more ambiguous. Ultimately her adaptation emerged in the context of all of these challenges and supports, though it was irreducible to any of them. In the end, her course through bereavement was determined by her initiatives to make sense of her loss and find her way back to a life that had meaning, buttressed by her faith, her family, and the support of caring others, including her grief therapist. Thus, risk factors alone are only part of the constellation of variables that shape people's adaptation to loss, and very little is known at present about how they interact with one another or with adaptive processes in the client and his or her social world.

Second, although grieving clearly plays out on levels ranging from the neurophysiological through the personal and relational to the more broadly social and cultural spheres of human activity (Neimeyer, Klass, & Dennis, 2014), the study of risk factors largely has been confined to an individualistic/personal level, with a modest concession to the role of broader contexts in the form of evaluation of the role of social support. But in an expanded model, complications in grieving might be understood to arise on the interfaces of different systems levels, that is, in conflicts or tensions between

a given person and his or her family, between a family's response to the loss and the expectations of the broader community, or in the mismatch between one's personal means of coping and the cultural prescriptions applied to a person's gender, category of relationship to the deceased, or cause of death (Doka, 2002; Doka & Martin, 2010; Neimeyer & Jordan, 2002). Because these larger social dimensions of grieving have been given short shrift by researchers following principally a medical model of bereavement, it necessarily falls to clinicians to weigh intuitively the many factors that play into a given person's or family's vulnerability to complication and to decide which should be given the greatest attention.

Finally, it is worth emphasizing that, however useful the identification of risk factors may be in helping determine bereaved people who may benefit from greater levels of support or professional assistance, such factors are commonly not modifiable by intervention (e.g., gender, economic disadvantage, kinship to the deceased, cause of death). However, some evidence-based risk factors are highly modifiable by treatment (e.g., meaning making, social support, specific coping strategies and perhaps even attachment-related coping styles), suggesting their high relevance not only to the identification of those mourners who might benefit from treatment, but also to the selection of relevant goals and methods in grief therapy. We hope the current review, and ongoing efforts to refine and assess risk factors for complication in bereavement, help readers pursue both of these goals with greater clarity.

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References

- Allen, J. Y., Haley, W. E., Small, B.J., Schonwetter, R. S., & McMillan, S. C. (2013). Bereavement among hospice caregivers of cancer patients one year following loss: predictors of grief, complicated grief, and symptoms of depression. *Journal of palliative medicine, 16*(7), 745-751.
- Aoun, S. M., Breen, L. J., Howting, D. A., Rumbold, B., McNamara, B., & Hegney, D. (2015). Who needs bereavement support? A population based survey of bereavement risk and support need. *PloS one, 10*(3), e0121101.
- Boelen, P. A., van den Bout, J., & van den Hout, M. A. (2003). The role of negative interpretations of grief reactions in emotional problems after bereavement. *Journal of Behavior Therapy and Experimental Psychiatry, 34*, 225-238.
- Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J.,...Nesse, R.M. (2002). Resilience to loss and chronic grief. *Journal of Personality and Social Psychology, 83*, 1150-1164.
- Bottomley, J. S., Burke, L. A., & Neimeyer, R. A. (2015). Domains of social support that predict bereavement distress following homicide loss: Assessing need and satisfaction. *Omega*. doi: DOI: 10.1177/0030222815612282
- Brown, S. L., Nesse, R. M., House, J. S., & Utz, R. L. (2009). Religion and emotional compensation: Results from a prospective study of widowhood. *Society for Personality and Social Psychology, 30*, 1165-1174.
- Bowlby, J. (1980). *Loss: Sadness and depression* (Vol. 3). New York, NY: Basic Books.
- Burke, L. A., & Neimeyer, R. A. (2014). Complicated spiritual grief I: Relation to complicated grief symptomatology following violent death bereavement. *Death Studies, 38*, 259-267. doi: 10.1080/07481187.2013.829372
- Burke, L. A., & Neimeyer, R. A. (2012). Prospective risk factors for complicated grief: A review of the empirical literature. In M. Stroebe, H. Schut, P. Boelen, & J. Van den Bout (Eds.), *Complicated grief: Scientific foundations for health care professionals* (pp. 145-161). Washington, DC: American Psychological Association.
- Burke, L. A., Neimeyer, R. A., & McDevitt-Murphy, M. E. (2010). African American homicide bereavement: Aspects of social support that predict complicated grief, PTSD and depression. *Omega, 61*, 1-24.
- Burke, L. A., Neimeyer, R. A., McDevitt-Murphy, M. E., Ippolito, M. R., & Roberts, J. M. (2011). Faith in the wake of homicide: Spiritual crisis and bereavement

- distress in an African American sample. *International Journal for the Psychology of Religion*, 21, 289-307.
- Callahan, J. (2000). Predictors and correlates of bereavement in suicide support group participants. *Suicide and Life Threatening Behavior*, 30, 104-124.
- Carr, D. S. (2004). African American/Caucasian differences in psychological adjustment to spousal loss among older adults. *Research on Aging*, 26, 591-622.
- Chaurand, A., Feixas, G., Neimeyer, R.A., Salla, M., & Trujillo, A. (2015). Historia de pérdidas y sintomatología depresiva [History of losses and depressive symptoms]. *Revista Argentina de Clínica Psicológica*, 24, 179-188.
- Chiu, Y. W., Huang, C., Yin, S., Huang, Y., Chien, C. & Chuang, H. (2010). Determinants of complicated grief in caregivers who cared for terminal cancer patients. *Supportive Care Cancer*, 1321-1327.
- Cleiren, M. (1993). *Bereavement and adaptation: A comparative study of the aftermath of death*. Washington, DC: Hemisphere.
- Cohen-Mansfield, J., Shmotkin, D., Malkinson, R., Bartur, L. & Hazan, H. (2013). Parental bereavement increases mortality in older persons. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 84-92.
- Coleman, R. A., & Neimeyer, R. A. (2010). Measuring meaning: Searching for and making sense of spousal loss in later life. *Death Studies*, 34, 804-834.
- Currier, J. M., Holland, J., Coleman, R., & Neimeyer, R. A. (2007). Bereavement following violent death: An assault on life and meaning. In R. Stevenson & G. Cox (Eds.), *In Perspectives on violence and death* (pp. 177-202). Amityville, NY: Baywood.
- Doka, K. (2002). *Disenfranchised grief* (2nd ed.). Champaign, IL: Research Press.
- Doka, K., & Martin, T. (2010). *Grieving beyond gender*. New York, NY: Routledge.
- Doka, K., & Neimeyer, R. A. (2012). Orchestrating social support. In R.A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counseling the bereaved* (pp. 315-317). New York, NY: Routledge.
- Downar, J., Barua, R. & Sinuff, T. (2014). The desirability of an Intensive Care Unit (ICU) clinician-led bereavement screening and support program for family members of ICU decedents (ICU Bereave). *Journal of Critical Care*, 29(2), 311.e319-311.e316.
- Dusingizemungu, J. P., & Elbert, T. (2010). Rates and risks for prolonged grief disorder in a sample of orphaned and widowed genocide survivors. *BMC psychiatry*, 10(1),

55. Henry, M., & Greenfield, B. J. (2009). Therapeutic effects of psychological autopsies. *Crisis, 30*(1), 20-24.
- Feigelman, W., Jordan, J. R., & Gorman, B. S. (2009). How they died, time since loss, and bereavement outcomes. *Omega--Journal of Death and Dying, 58*, 251-273.
- Gamino, L. A., Sewell, K. W., & Easterling, L. W. (2000). Scott & White grief study phase 2: Toward an adaptive model of grief. *Death Studies, 24*, 633-660.
- Goldsmith, B., Morrison, R. S., Vanderwerker, L. C., & Prigerson, H. (2008). Elevated rates of prolonged grief disorder in African Americans. *Death Studies, 32*.
- Garrido, M. M., & Prigerson, H. G. (2014). The end of life experience: Modifiable predictors of caregivers' bereavement adjustment. *Cancer, 120*(6), 918-925.
- Ingram, K. M., Jones, D. A., & Smith, N. G. (2001). Adjustment among people who have experienced AIDS-related multiple loss: The role of unsupportive social interactions, social support, and coping. *Omega--Journal of Death and Dying, 43*(4), 287-309.
- Johnson, J. G., Zhang, B., Greer, J. A., & Prigerson, H. G. (2007). Parental control, partner dependency, and complicated grief among widowed adults in the community. *Journal of Nervous and Mental Disease, 195*(1), 26-30.
- Kapari, M., Addington, J. & Hotopf, M. (2010). Risk factors for common mental disorder in caregiving and bereavement. *Journal of Pain and Symptom Management, 40*(6), 844-856.
- Keesee, N. J., Currier, J. M., & Neimeyer, R. A. (2008). Predictors of grief following the death of one's child: The contribution of finding meaning. *Journal of Clinical Psychology, 64*, 1-19.
- Kersting, A., Brähler, E., Glaesmer, H., & Wagner, B. (2011). Prevalence of complicated grief in a representative population-based sample. *Journal of Affective Disorders, 131*(1), 339-343.
- Kersting, A., Kroker, K., Steinhard, J., Ludorff, K., Wesselmann, U., & Ohrmann, P. (2007). Complicated grief after traumatic loss: A 14-month follow-up study. *European Archive of Psychiatry Clinical Neuroscience, 257*, 437-443.
- Kissane, D. W., & Parnes, F. (Eds.). (2014). *Bereavement care for families*. New York, NY: Routledge.
- Kosminsky, P., & Jordan, J. R. (2016). *Attachment informed grief therapy*. New York, NY: Routledge.

- Lang, A., & Gottlieb, L. (1993). Parental grief reactions and marital intimacy following infant death. *Death Studies, 17*, 233-255.
- Laurie, A., & Neimeyer, R. A. (2008). African Americans and bereavement: Grief as a function of ethnicity. *Omega--Journal of Death and Dying, 57*, 173-193.
- Meier, A. M., Carr, D. R., Currier, J. M., & Neimeyer, R. A. (2013). Attachment anxiety and avoidance in coping with bereavement: Two studies. *Journal of Social and Clinical Psychology, 32*(3), 315.
- Momartin, S., Silove, D., Manicavasagar, V., & Steel, Z. (2004). Complicated grief in Bosnian refugees. *Comprehensive Psychiatry, 45*(475-482).
- Neimeyer, R. A. (2006). *Lessons of Loss* (2nd ed.). New York, NY: Routledge.
- Neimeyer, R. A. (2016a). Meaning reconstruction in the wake of loss: Evolution of a research program. *Behaviour Change*. doi: 10.1017/bec.2016.4
- Neimeyer, R. A. (Ed.). (2012). *Techniques of grief therapy: Creative practices for counseling the bereaved*. New York, NY: Routledge.
- Neimeyer, R. A. (Ed.). (2016b). *Techniques of grief therapy: Assessment and intervention*. New York, NY: Routledge.
- Neimeyer, R. A., Baldwin, S. A., & Gillies, J. (2006). Continuing bonds and reconstructing meaning: Mitigating complications in bereavement. *Death Studies, 30*, 715-738.
- Neimeyer, R. A., & Jordan, J. R. (2002). Disenfranchisement as empathic failure. In K. J. Doka (Ed.), *Disenfranchised grief* (pp. 97-117). Champaign, IL: Research Press.
- Neimeyer, R. A., Klass, D., & Dennis, M. R. (2014). A social constructionist account of grief: Loss and the narration of meaning. *Death Studies*(38), 485-498.
- Neimeyer, R. A., & Thompson, B. E. (2014). Meaning making and the art of grief therapy. In B. E. Thompson & R. A. Neimeyer (Eds.), *Grief and the expressive arts: Practices for creating meaning* (pp. 3-13). New York, NY: Routledge.
- Prigerson, H., Ahmed, I., Silverman, G. K., Saxena, A. K., Maciejewski, P. K., Jacobs, S. C.,...Hamirani, M. (2002). Rates of risks of complicated grief among psychiatric clinic patients in Karachi Pakistan. *Death Studies, 26*, 781-792.
- Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K.,...Maciejewski, P. K. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine, 6*(8), 1-12.

- Schulz, R., Boerner, K., Shear, K., Zhang, S., & Gitlin, L. N. (2006). Predictors of complicated grief among dementia caregivers: A prospective study of bereavement. *The American Journal of Geriatric Psychiatry, 14*(8), 650-658.
- Schwab, R. (1996). Gender differences in parental grief. *Death studies, 20*(2), 103-113.
- Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R. A., Duan, N.,...Keshaviah, A. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety, 28*, 103-117.
- Spooren, D. J., Henderick, H., & Jannes, C. (2000). Survey description of stress of parents bereaved from a child killed in a traffic accident.. *Omega--Journal of Death and Dying, 42*, 171-185.
- Thomas, K., Hudson, P., Trauer, T., Remedios, C., & Clarke, D. (2014). Risk factors for developing prolonged grief during bereavement in family carers of cancer patients in palliative care: A longitudinal study. *Journal of pain and symptom management, 47*(3), 531-541.
- Thompson, B. E., & Neimeyer, R. A. (Eds.). (2014). *Grief and the expressive arts: Practices for creating meaning*. New York, NY: Routledge.
- van Doorn, C., Kasl, S. V., Beery, L. C., Jacobs, S. C., & Prigerson, H. G. (1998). The influence of marital quality and attachment styles on traumatic grief and depressive symptoms. *The Journal of Nervous and Mental Disease, 186*(9), 566-573.
- van der Houwen, K., Stroebe, M., Stroebe, W., Schut, H., van den Bout, J., & Wijngaards-de Meij, L. (2010). Risk factors for bereavement outcome: A multivariate approach. *Death Studies, 34*, 195-220.
- Wayment, H. A., & Vierthaler, J. (2002). Attachment style and bereavement reactions. *Journal of Loss & Trauma, 7*(2), 129-149.
- Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W., van den Bout, J., & Heijden, P. G. M. (2007b). Neuroticism and attachment insecurity as predictors of bereavement outcome. *Journal of Research and Personality, 41*, 498-505.
- Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W., van den Bout, J., & Heijden, P. G. M. (2007a). Patterns of attachment and parents' adjustment to the death of their child. *Personality and Social Psychology Bulletin, 33*, 537.