

Do religious or spiritual beliefs influence bereavement? A systematic review

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Background: Responses to bereavement may be influenced by characteristics such as age or gender, but also by factors like culture and religion. **Aim:** A systematic review was undertaken to assess whether spiritual or religious beliefs alter the process of grief and/or bereavement. **Methods:** Fifteen computerized databases were searched. Thirty-two studies met the inclusion criteria. Evidence was graded according to the standard grading system of the Clinical Outcomes Group and by the SIGNAL score. **Results:** In total, 5715 persons were examined: 69% women, 87% white, 83% protestant. Ninety-four percent of studies show some positive effects of religious/spiritual beliefs on bereavement, but there was a great heterogeneity regarding included populations and outcome measurements. **Conclusion:** Available data do not allow for a definite answer on whether religious/spiritual beliefs effectively influence bereavement as most studies suffer from weaknesses in design and methodological flaws. Further research is needed. Recommendations for further research are given. *Palliative Medicine* 2007; **21**: 207–217

Key words: bereavement; coping; religion; spirituality; systematic review

Introduction

It is hardly news that spirituality and religion can have an important influence on human health and behaviours. Spirituality and religion are therefore subjects of interest in health care. Recently, an increasing number of studies examine the connection between religiosity/spirituality and health.^{1–7} In March 2004, the National Institute for Clinical Excellence (NICE) guidance *Supportive and Palliative Care for Adults with Cancer* has recommended to evaluate spiritual issues through regular assessment in terminally ill patients.⁸ This reflects the increasing emphasis placed on religion and spirituality as a factor contributing to patients' well-being.

This topic has become of particularly high importance in the field of palliative care (PC), since PC is formally committed to giving holistic care to a dying patient and his or her family that is physical, social, psychological, and spiritual.⁹ In the field of palliative care, the relatives of the terminally ill also have to be taken into account. Therefore, bereavement care before and after the loss of a beloved patient is a crucial and integral task of palliative care. Knowing about the relatives' spiritual and religious beliefs may help palliative care professionals to appraise their spiritual needs in the time

when their loved one is dying and in the time of bereavement. Research has revealed that after a death of a beloved person, many close relatives suffer from symptoms such as distress, depression, or post-traumatic stress disorder (PTSD).¹⁰

Still, there is conflicting evidence as to whether religion helps in the process of coping with loss.¹¹ Research has demonstrated many positive attributes of religion at the end of life and during stressful life events.¹² Some studies, however, have either failed to observe a relationship between religion/spirituality and a sense of coping, or have detected negative effects.¹³ The aim of this systematic review is to shed light on the question of whether religious and spiritual beliefs influence bereavement and coping with the loss of a loved one.

Methods

As religion/spirituality and bereavement are subjects of broad interdisciplinary interest, various databases of different disciplines were searched.

Relevant studies for meeting the inclusion criteria were identified by searching the following databases, using OVID's database interface:

Ovid MEDLINE (1966–June 2005); MEDLINE In-Process & Other Non-Index Citations (31 October 2005); AMED (1985–2005); BIOSIS Previews (1969–June 2005); CINAHL (1982–June 2005); EBM Reviews–ACP Journal Club (1991–June 2005); EBM Reviews–Cochrane Central Register

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of controlled Trials; EBM Reviews–Cochrane Database of Systematic Reviews; EBM Reviews–Database of Abstracts of Reviews of Effects; EBM Reviews Full Text–Cochrane DSR, ACP Journal Club and DARE; EBM Reviews–CCTR; EMBASE (1980–June 2005)–PsychINFO (1985–June 2005).

In addition searches were performed in NLM's PUBMED (1966–June 2005); ASSIA (1987–June 2005); ATLASReligion (1887–June 2005); CancerLit (1963–June 2005); Current Contents Medicine (database of German language journals, 2002–2005); Sociological Abstracts (1963–June 2005); SSCI (1956–June 2005).

The search strategy consisted of six steps: Step 1 identified articles about bereavement, grief and mourning. Step 2 revealed articles about religion, spirituality and religious or spiritual beliefs. Step 3 identified articles on coping and coping strategies. Step 4 revealed articles on death and dying, Step 5 combined previous searches using the Boolean Operator AND. Step 6 limited the search results to humans and the publication period between 1990 and 2005. The search strategy as adapted for the OVID search interface was as follows:

1. exp bereavement/ or exp grief/ **2.** bereav\$.mp. **3.** griev\$.mp. **4.** mourn\$.mp. **5.** 1 or 2 or 3 or 4 **6.** exp religion/ **7.** religio\$.mp. **8.** exp spirituality/ **9.** spiritual\$.mp. **10.** belief.mp. **11.** believ\$.mp. **12.** faith.mp. **13.** 6 or 7 or 8 or 9 or 10 or 11 or 12 **14.** 5 and 13 **15.** coping.mp. **16.** cope.mp **17.** exp life change events/ or exp anxiety/ or exp stress, psychological/ or exp. adaptation, psychological/ or exp stress disorders, post-traumatic **18.** 15 or 16 **19.** 17 or 18 **20.** 14 and 19 **21.** exp death/ or exp attitude to death/ **22.** death.mp **23.** dy\$.mp **24.** 21 or 22 or 23 **25.** 20 and 24 **26.** limit 25 to (humans and yr="1990–2005").

To search the further databases, the following search strategy was used as adapted to the different surfaces like CSA ILLUMINA (c.f. the below search strategy), EBSCO HOST or OCLC (search strategies analogue the below):

1. religio* or spiritual* or (belief or believ*) **2.** #1 limited to (1990–2005) **3.** faith* **4.** #3 limited to (1990–2005) **5.** bereave* or (grief or griev*) or mourn* **6.** #5 limited to (1990–2005) **7.** loss or death or (die* or dy*) **8.** #7 limited to (1990–2005) **9.** #2 or # 4 **10.** # 6 or # 8 **11.** # 9 and # 10 **12.** coping or cope **13.** #12 limited to (1990–2005) **14.** #11 and # 13.

Additionally, the reference lists of identified studies were searched for further relevant studies, and hand-searching was done on bibliographies of chapters on bereavement in pertinent literature.^{14,15}

Conclusive inclusion and exclusion criteria of the systematic review were identified prospectively and are summarized in Tables 1 and 2, respectively. The process of selection has been independently controlled by a second reviewer (CX) and is presented in a flow diagram according to QUOROM statement¹⁶ (Figure 1).

Data of papers that met the inclusion criteria were extracted according to a standardised data extraction form. Details on author, year, setting, objectives, study design,

Table 1 Inclusion criteria

Review Question

In persons coping with loss, do religious or spiritual beliefs influence bereavement?

Population

All persons suffering from loss of a loved person because of death

Objectives and outcomes

To be included, the study has to

- 1) Focus on mourning loss from the death of a person
- 2) Investigate correlations between religion/spirituality and bereavement/grief as a primary or secondary objective or outcome as given in title or abstract
- 3) Explore effects of spirituality/religion on bereaved persons after a death

OR

- 4) Examine influence of spiritual/religious beliefs on bereavement outcome of bereaved persons after a death

Study design

All study designs containing results from original quantitative or qualitative research will be included. Systematic reviews and reviews will also be included

Language

At least the abstract has to be published in English, French or German

Publication

Studies have to be published between 1990–06/2005

main outcome, sample characteristics and results were compared in tabular format.

The studies were graded by hierarchy of evidence using the modified standard system as used by the Clinical Outcomes Group (See Table 3).¹⁷

To systematically evaluate the studies, two instruments for quality assessment have been developed: one for observational and one for qualitative studies. The instruments emphasised different dimensions of quality, including study focus, study design, pertinence of research question, results, quality of methods, quality of report, and internal validity. To assess the quality of qualitative studies, quality criteria have been adapted to the special approach of qualitative research. To maximize the value of this approach the instruments also included items related to external validity.

Because of the heterogeneity of the studies, grading following only a traditional grading score was not meaningful. Therefore, the so called SIGNAL score was added, differentiating between the pertinence ('signal') of a study and its methodological weaknesses ('noise').^{18–20} Using the SIGNAL

Table 2 Exclusion criteria

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- 1) Grey literature
 - 2) Studies in bereaved children younger than 14 years old
 - 3) Studies in family systems
 - 4) Studies exploring changes in religious or spiritual belief as a result of bereavement
 - 5) Studies focussing on religious or spiritual rituals
 - 6) Studies undertaken in non-western countries.
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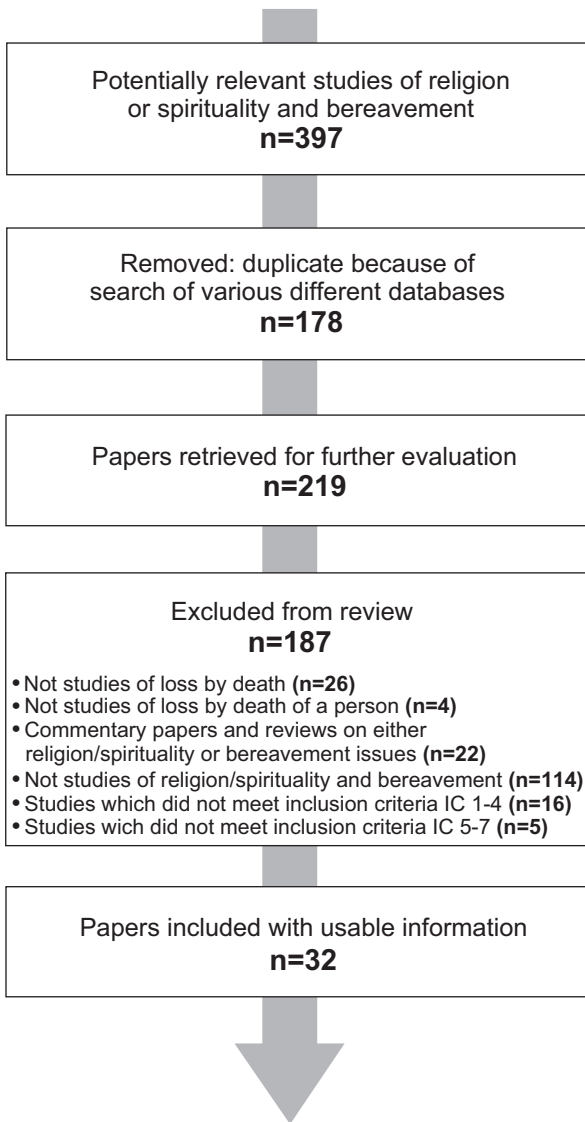


Figure 1 Process of study selection.

Table 4 SIGNAL score used to assess studies

Relevance of objectives for review question	
3	Highly relevant for review question
2	Some relevance to review question
1	Limited relevance to review question
Methodology appropriate for research question	
3	Methodology and report of methods highly appropriate
2	Methodology and report of methods fairly appropriate
1	Methodology and report of methods limited appropriate
Value of research findings for review question	
3	High value
2	Some value
1	Little value
Relevance + Methodology + Value = SIGNAL out of 9 (x/9)	

Table 3 Grading criteria

Grade I (strong evidence) RCTs or review of RCTs
<ul style="list-style-type: none"> • IA Calculation of sample size and accurate and standard definition of appropriate outcome variables • IB Accurate and standard definition of appropriate outcome variables • IC Neither of the above
Grade II (fairly strong evidence) Prospective study with a comparison group (non-randomised controlled trial, good observational study or retrospective study that controls effectively for confounding variables)
<ul style="list-style-type: none"> • IIA Calculation of sample size and accurate, standard definition of appropriate outcome variables and adjustment for the effects of important confounding variables • IIB One or more of the above
Grade III (weaker evidence) Retrospective or observational studies
<ul style="list-style-type: none"> • IIIA Comparison group, calculation and sample size, accurate and standard definition of appropriate outcome variables • IIIB Two or more of the above • IIIC One or none of these*
Grade IV (weak evidence) Cross sectional study, Delphi exercise, consensus of experts

*Modified from Clinical Guidance Outcomes Group.¹⁶

score, quantitative and qualitative studies could be assessed together. In order to grade the relevance of studies for answering the review question, three components were assessed as shown in Table 4.

Results

Thirty-two studies met the inclusion criteria and could be included in the systematic review. Quality assessment of included studies is summarized in Table 5.²¹⁻⁵²

Study design

Twenty-one of the studies included were quantitative studies, four studies were qualitative studies,^{31,33,34,47} six studies used quantitative and qualitative methods,^{23,29,39,42,44,48} and one paper was a narrative literature review.³⁸ The qualitative methods used in the studies were in-depth-interviews,²³ structured interviews^{29,31,39} or semistructured interviews,^{33,34,44,47,48} narratives⁴² and focus groups.⁴⁸ Of the quantitative studies, three were prospective cohort studies,^{25,29,52} one study was a case series,⁴⁴ and the remaining studies utilised a cross-sectional design.

Investigators

As the field of interest for this systematic review is interdisciplinary, studies of different scientific disciplines could be identified. Twelve studies were undertaken in the field of

Table 5 Quality of studies included

First author	Year	Country	Design	Quantitative or qualitative	Objectives	Participants	Quality score Evidence/SIGNAL
Austin, D ²¹	1993	Australia	Cross-sectional study	Quantitative	To assess the contribution made by knowledge of religion/religious beliefs in moderating the effect of the grieving process	57 subjects after a significant bereavement	IV; 5/9
Balk, DE ²²	1991	USA	Cross-sectional study	Quantitative	To study the impact of attitudes towards religion upon grief reactions	42 adolescents 4–84 months after the death of a sibling	IV; 6/9
Balk, DE ²³	1997	USA	Cross-sectional study including in-depth-interviews	Quantitative and qualitative	To gather information about bereavement of students bereaved of a family member or friend	Cross-sectional study sectional survey in 994 students (part 1) In-depth interviews in 18 students (part 2)	IV; 3/9
Bohannon, JR ²⁴	1991	USA	Cross-sectional study	Quantitative	To investigate whether religious affiliation and regular church attendance are related to all scales of the Grief Experience Inventory	272 parents after having lost a child	IV; 4/9
Brown, SL ²⁵	2004	USA	Prospective cohort study (4 waves of data collection throughout a 5-year period)	Quantitative	To examine whether religiosity is influenced by widowhood and whether an increase in religious beliefs facilitates adjustment	103 widowed spouses	III; 6/9
Carr, DS ²⁶	2004	USA	Cross-sectional study	Quantitative	To examine differences between Blacks and Whites in the effect of widowhood on depressive and anxiety and the extent to which these differences are explained by religiosity	210 widowed persons over 65 years	IV; 5/9
Cartwright, A ²⁷	1991	UK	Cross-sectional study	Quantitative	To examine whether religion is a help around death for the persons who have died and for their relatives	639 relatives, friends, neighbours or carers of recently died persons; 541 relatives were asked questions concerning their own religious faith	IV; 4/9
Clarke, SM ²⁸	2003	USA	Cross-sectional study-sectional study	Quantitative	To investigate the effect of religiosity and belief in afterlife on bereavement adjustment in adulthood	438 individuals who had experienced the death of a family member or friend within the past two years	IV; 4/9
Davis, CG ²⁹	2001	USA	Prospective cohort study including structured interviewss	Quantitative and qualitative	To explore the ways people try to make their loss meaningful	205 bereaved adults	IV; 7/9
Easterling, LW ³⁰	2000	USA	Cross-sectional study-sectional study	Quantitative	To examine the empirical interrelationships between spiritual experience and church attendance as they apply in bereavement adjustment	85 individuals grieving the death of a significant person in their life	IV; 6/9
Frantz, TT ³¹	1996	USA	Structured interviews	Qualitative	To evaluate the overall importance of religion to the bereaved, to identify aspects of religion perceived to be helpful in dealing with dead and to determine the relationship of the bereaved's perception of the future	312 adults approximately 1 year after the loss of a loved person	IV; 4/9
Fry, PS ³²	2001	USA	Cross-sectional study	Quantitative	To examine the contribution of several existential variables in predicting psychological well-being in recently bereaved widows and widowers	101 widows and 87 widowers aged 65–87 years	IV; 6/9

Gilbert, KR ³³	1992	USA	In-depth-interviews (minimally structured)	Qualitative	To address the question of relative value of religion as a coping resource during grief	In-depth interviews in 27 couples after the death of a child	IV; 6/9
Golsworthy, R ³⁴	1999	USA	Semi-structured interviews	Qualitative	To explore the role played by spiritual beliefs in the process of meaning making among older adults following the death of a partner	Semi-structured interviews in 6 female and 3 male participants	IV; 6/9
Higgins, MP ³⁵	2002	USA	Cross-sectional study	Quantitative	To examine religious factors and their relationship to parental depression after the loss of a child	621 parents after having lost a child	IV; 6/9
Levy, IH ³⁶	1994	USA	Cross-sectional study (prospective cohort study, but data on spiritual support only assessed at one point in time)	Quantitative	To determine whether reliable patterns of bereavement adaptation over time can be identified and to explore whether meaningful dimensions can be found which underlie these patterns	131 widows and widowers after the cancer death of a spouse	IV; 3/9
McIntosh, DN ³⁷	1993	USA	Cross-sectional study	Quantitative	To examine relations between coping processes, adjustment, and religion and to investigate directly three possible variables that may drive a religion-adjustment link	124 parents after having lost a child	IV; 4/9
Michael, ST ³⁸	2003	USA	Literature review	Narrative	To discuss how religion and spirituality may be used as coping methods for conjugal loss	Various studies on religion and widowhood	
Murphy, SA ³⁹	2003	USA	Cross-sectional study including structured interviews	Quantitative and qualitative	To describe bereaved parents' process of finding meaning after the violent death of a child and identify predictors	261 parents after having lost a child	IV; 6/9
Oram, D ⁴⁰	2004	Canada	Cross-sectional study	Quantitative	To examine strategies gay men use to cope with multiple losses	141 gay and bisexual men after experience of a least one loss	IV; 4/9
Pearce, MJ ⁴¹	2002	USA	Cross-sectional study	Quantitative	To examine associations between religious coping, health and health service use among recently bereaved adults	265 recently bereaved adults	IV; 6/9
Richards, TA ⁴²	1997	USA	Cross-sectional study (prospective cohort study, but no longitudinal data on spiritual phenomena), open ended narratives	Quantitative and qualitative	To examine the relationships between spirituality and coping, mood, and physical health in recently bereaved partners of men who had died from AIDS	125 bereaved partners of men who had died from AIDS	IV; 6/9
Scharlach, AE ⁴³	1994	USA	Cross-sectional study	Quantitative	To examine the resources and strategies utilized by middle-aged adults to cope with the death of an elderly parent	83 adults who had lost a parent	IV; 3/9
Schwab, R ⁴⁴	1990	USA	Case series; semi-structured interviews	Quantitative and qualitative	To study coping strategies and gender differences in dealing with a child's death	25 married couples after having lost a child	IV; 3/9
Sherkat, DE ⁴⁵	1992	USA	Cross-sectional study	Quantitative	To examine the role of social support and religion on psychological well-being amongst the suddenly bereaved	156 family members after the accidental death or suicide of a family member	IV; 5/9
Smith, PC ⁴⁶	1991–1992	USA	Cross-sectional study	Quantitative	To assess whether the degree of belief in afterlife enhanced bereavement recovery following different types of death	121 bereaved individuals	IV; 6/9

Table 5 (Continued)

First author	Year	Country	Design	Quantitative or qualitative	Objectives	Participants	Quality score Evidence/SIGNAL
Smith, SH ⁴⁷	2002	USA	Semi-structured interviews	Qualitative	To examine the ways in which religious beliefs of 30 African American women help them cope with the death of their mothers	30 African American daughters after death of their mothers	IV; 6/9
Swanson, PB ⁴⁸	2002	Australia	Cross-sectional study including semi-structured interviews and focus groups	Quantitative and qualitative	To explore the nature of the bereavement in mothers who lost one or more of their twins	66 mothers after the loss of a twin or higher multiple	IV; 4/9
Tarakeshwar N ⁴⁹	2005	USA	Cross-sectional study	Quantitative	To examine the use of spiritual coping among bereaved individuals with HIV within the context of other coping strategies and to examine the association between spiritual coping and grief across gender and ethnicity	252 individuals with HIV coping with AIDS-related loss	IV; 7/9
Thearle, MJ ⁵⁰	1995	Australia	Cross-sectional study	Quantitative	To investigate the relationship between the death of an infant, the religious practices of parents experiencing such a loss, and the psychological status of the parents	466 parents after having lost a child	IV; 5/9
Thompson, MP ⁵¹	2001	USA	Cross-sectional study	Quantitative	To investigate the role of religious coping among family members of homicide victims	150 family members of homicide victims	IV; 6/9
Walsh, K ⁵²	2002	UK	Prospective cohort study	Quantitative	To explore the relation between spiritual beliefs and resolution of bereavement	135 relatives or close friends of patients with terminal illness	III; 8/9

psychology,^{22,28,29,32,34,36–38,40,41,46,48} four in the field of sociology and social research,^{25–27,45} Two studies were settled in the field of social work,^{35,47} one study was realized in the context of nursing.³⁹ One study was performed together by the church and a Department of Justice Studies,²¹ and another two studies were undertaken by Departments of Counselling.^{30,31} One study was done at a Medical School,⁴⁹ two studies have been conducted by Departments for Psychiatry,^{51,52} one by a Department of Child Health⁵⁰ and another two by Departments of Family Relations.^{23,24} One study was undertaken at an Institute of Applied Health Science,³³ and one study was performed by a member of a School of Social Welfare⁴³ and in the field of AIDS prevention.⁴² In one study no department was mentioned.⁴⁴

Of the studies included, 26 studies have been undertaken in the USA, three studies have been done in Australia,^{21,48,50} one in Canada⁴⁰ and two studies have been undertaken in the UK.^{27,52}

Study population

The population explored in the studies were bereaved adolescents and adults aged between 14 and 93 years. Relationships to the deceased were various but close, and in the majority of cases the deceased were family members: parents (37% of participants), spouses (32% of participants), adult children, siblings, homosexual partners, friends or carers. In total, 5715 persons have been included in the studies. According to available data, 69% of the included persons were women, 88% were white, and 83% were protestant.

Causes of death

The causes of death were also various, including death of illness (especially cancer), suicide, homicide, stillbirth, neonatal death, violent deaths and accidents. Range of time since death of the deceased was between 1 month and 41 years.

Outcome

Adjustment to bereavement was the major outcome explored (15 studies). Adjustment to bereavement was measured as the level of distress (four studies), status of health (five studies), level of depression (11 studies), health status (five studies), psychological well being (two studies), sense of meaning (three studies), spiritual well being (one study) and by the number of consultations of health services (one study). The influence of religion/spirituality on grief reactions was investigated in five studies. Religion or spirituality as a coping strategy was explored in 12 studies.

Overall, the objectives, methods, samples, and study designs used were multifarious. Because of the absence of both comparable study designs and use of the same standardised outcome measures, a formal meta-analysis with statistical pooling of results across studies was not possible.

Influence of spirituality and religion on bereavement

In the reviewed studies, the influence of religious and spiritual beliefs on bereavement has been explored in various ways. It may be of interest that only a fifth of the studies differentiated between religious beliefs and spiritual beliefs and addressed the issue of definition.

The studies included heterogeneous groups of individuals and used a variety of different study designs and measurement tools. A summarising overview showed that 22 studies reported positive effects of spiritual and religious beliefs on bereavement, six studies reported limited positive effects, and two studies reported no positive effects of religion and spirituality on bereavement. Only one study reported some negative effects (increase in depression).⁴⁵ Regarding religious coping, seven studies reported that religion or spirituality had a positive influence on coping with loss.^{22,28,31,40,42,47,49} In a study using a combination of quantitative and qualitative methods, Frantz *et al.* interviewed 312 adults approximately one year after the loss of a loved person. 42% of the subjects stated that their religious belief had been very helpful. In the qualitative analysis five aspects of religion's role in grief emerged: 1) Belief that the loved persons are at peace. 2) Traditional aspects of religion as a source of strength (prayer, faith in God; attendance at church, rituals). 3) Belief in an afterlife as a big help. 4) For 23% of the subjects interviewed, religion was not helpful, they did not have a religious belief, or they had lost it. 5) One-third of subjects had no customs that helped them cope with grief; the customs listed by the other subjects were of religious nature. Overall, there was no significant relationship between religion and coping but subjects who found their beliefs very helpful were significantly more optimistic about the future.

In a study on 42 adolescents after the death of a sibling, Balk found that before the death, religion had not been important for nearly half of the participants. At the time of the interview, nearly 62% said that religion had become important or very important (significant difference) for them. The value of religion as a coping response had increased (help around death: 60%; now: 80%).²²

Concerning depression, a study by Thearle *et al.* investigating 260 families after the loss of a child reported that bereaved parents attending church regularly had less anxiety and depression.⁵⁰ Another study by Austin *et al.* on 57 persons after a significant death found no effect of religiosity on depression when measured by validated scales (Shepard Scale and Beck's Depression Inventory) but a positive effect on depression according to self-report.²¹ A study by Sherkat *et al.* on 156 family members after the accidental death or suicide of a family member⁴⁵ stated that self-esteem of the bereaved was enhanced by religious participation. Another study reported that religious variables had a weak relationship to depression when controlling for other demographic variables.³⁵ Two studies by Bohannon²⁴ and Easterling *et al.*³⁰ found that regular church attendance or spiritual experience, respectively, was

related to better grief adjustment. However, no interaction was found between spiritual experience and church attendance in predicting grief adjustment.³⁰ Brown *et al.* examined religiosity in 103 widowed spouses and found that widowed individuals, compared to controls, experienced an increase in both religious beliefs and church attendance, which was highest six months after the death of a spouse. The subgroup with increased importance of religious beliefs had lower grief overall compared to the rest of the widowed participants.

In another high ranked quantitative study on bereaved individuals with HIV, Tarakeshwar *et al.* found spiritual coping to be a distinct coping method. Additionally, a significant interaction of gender and ethnicity on the use of spiritual coping could be stated.⁴⁹

The relationship between spiritual beliefs and bereavement outcome was studied by Walsh and colleagues⁵² in a sample of 135 relatives and friends of dying patients recruited from a palliative care centre in London. The study (which was ranked as being of high methodological quality and high SIGNAL) reported on strong although not statistically significant positive effects of religious and spiritual beliefs on coping with bereavement. People with low strength of belief resolved their grief more slowly during the first 9 months but by 14 months had caught up with people with strong beliefs. In this study the authors suppose that strength of spiritual beliefs may play a role in the timing and quality of the resolution of grief following the death of a loved person. Overall, available evidence suggests that there are some positive effects of religious/spiritual beliefs on bereavement. Synopsis of the data shows that most research is conducted on female individuals of white ethnical background, US-origin, and protestant religious affiliation. However, as already mentioned above, most studies suffer from weaknesses in design and methodological flaws.

Discussion

The question of whether religious or spiritual beliefs influence bereavement has been shown to be very complex. Interestingly enough, most research on the influence of religion or spirituality on bereavement has been conducted on female individuals of US-origin, white ethnical background and protestant religious affiliation.

It is instructive to discuss this finding against the background of the relevance of the research topic for today's society. According to recent Gallup and Harris polls, around 90–96% of adults in the United States believe in God or a deity,⁵³ 90% pray and 43% attend church weekly or more often. Approximately 70% of the nation claim membership in a church or synagogue. Eighty-two percent of adults feel a need for spiritual growth in their lives and three out of five consider religion 'very important' to themselves^{54,55}. In contrast, society is becoming increasingly secular in Western

European countries such as Great Britain, France or Germany although they are countries with a long Christian tradition.^{56,57} According to the latest poll by Ipsos in May 2005, only 54% of the German population state that religion is of importance for their life.⁵⁸ Thirty-two percent of Germans believe in a personal God, and a German visits a church service an average of seven times a year.⁵⁹ This tendency to secularisation may be one reason why only two British and no other European studies could be included in the systematic review.

Concepts of religion and spirituality

Only a fifth of the studies differentiated between religious and spiritual beliefs and addressed the issue of definition. The terms 'religion' and 'spirituality' even in the scientific literature are often used interchangeably. The word 'religion' derives from the Latin 'religare' or 'religio', which means 'to bind back' or 'to bind together' or 'to be in relation with'. Religion therefore describes a condition of being related to someone or something behind the visible reality, to somebody or something transcendent that in monotheistic Jewish-Christian tradition is called God. Over time, the meaning of the original concept of 'religio' has narrowed. 'Religion' has become the outward expression of a particular spiritual understanding and/or framework for a system of beliefs, values, codes and rituals. *Religiosity* is the expression of faith or belief in a higher power through rituals or practices of a particular religion or denomination.⁶⁰ *Spirituality*, however, is a more abstract and elusive term. Preliminary definitions indicate that spirituality is broader than religion and relates to the universal quest to make sense out of existence, a characteristic of human beings. The Oxford English Dictionary defines spirituality as 'a vital life principle which integrates other aspects of the person and is an essential ingredient in inter-personal relationships and bonding'.⁶¹ One comprehensive review of the health literature counts 92 separate definitions of spirituality,⁶² and a recently published thematic review of the spirituality literature within palliative care suggests that a more integral approach needs to be developed that elicits the experiential nature of spirituality.⁶³ In conclusion, the concepts of religion and spirituality are often not clear-cut, and defining the terms is difficult.

Religiosity and spirituality of persons vary, even within western societies. As proved by Mehnert *et al.*⁶⁴ scales to measure religiousness based on the precepts of North American Christianity could not be replicated for the German version of the tool. Christian religion in Germany and probably in other European countries as well may be more of a code of behaviour (intrinsic religiosity) than the participation in religious practices (extrinsic religiosity) and cannot be measured in terms of church attendance.^{64,65} A variety of different scores to measure religiousness or spirituality have been developed in different fields of science during the last years. Regrettably, in the reviewed studies,

validated measurement tools to evaluate religiosity or spirituality were used in very few studies only. Most studies only emphasised measurable aspects of religious behaviours such as church attendance or drew on retrospective self-reports. The reviewed studies were also limited in the assessment of ways that these beliefs affect bereavement. Mostly, the impact on depression, distress or on other features of mental or physical health was studied. Still, religious or spiritual beliefs may be expected to impact on many other things such as autonomy, social reintegration, personal growth, or engagement in social activities. What to measure is still a concern in grief research discussion.⁶⁶ Therefore conclusions about the impact of religious beliefs on bereavement adjustment need to be made on the basis of a broader range of outcome measures than has been investigated so far.

Most of the studies included were cross sectional studies. Retrospective estimations may be influenced by recall bias and confounders like changes in health or mood, unexpected events or personal development. Therefore, study design should be prospective and confounding variables should be systematically controlled. Furthermore, to explore religion's impact on bereavement, study design should include a control group. In addition, comparisons of adjustment over time should be made, for example, between those holding religious or spiritual beliefs and those who do not.^{66,67}

Recommendations for further research

Further research is needed. Research on the topic is lacking in non-white people of non-protestant confession. As religiosity and spirituality vary according to different religious traditions and beliefs⁶⁸⁻⁷¹ it seems to be worthwhile to compare experiences of different religious groups in various societies. Additionally, it seems desirable that different scientific disciplines work together in this field of interest and that research findings are discussed interdisciplinary. Of critically importance for valid and reliable research is the study design which should be tailored to the specific questions. In this field of research, randomized controlled trials may not necessarily be the best design. A multi-methodological approach combining quantitative and qualitative methods (methodological triangulation) would be more appropriate.^{66,67}

In conclusion, the field of palliative care seems particularly suitable for research on the topic of this review. Interdisciplinary and multi-professional teamwork is already in place and may be intensified for the purpose of research. Prospective longitudinal studies are possible, and participants may be included in advance because the deaths of their relatives are in some way predictable. Patients in the field of palliative care vary in age, gender, socioeconomic state, religion, spirituality and level of religiosity. Palliative care institutions emerge all over the world and participants of most different cultures can be included. In this regard, multi-centre studies might be an additional option of gaining valuable and sound research findings.

Conclusions

This systematic review showed that the question of whether religious or spiritual beliefs influence bereavement is a matter of interest in different domains of science.

Although a remarkable amount of research on this question has already been done, no statistically significant findings could be reported in the studies. Most studies reported positive effects of spiritual or religious beliefs on bereavement. However, there is a lack of evidence because of weaknesses in design and methodological flaws. Further research is needed to explore the associations between religion or spirituality and bereavement.

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