



Clinical Psychology

Complicated grief, unusual perceptual experiences, and hope in widowhood

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To cite this article: Parra, A. E., & Kozlovski, A. (2021). Complicated grief, unusual perceptual experiences, and hope in widowhood. *Psicologia: Teoria e Prática*, 23(2), 1–23. doi:10.5935/1980–6906/ePTPCP13342

Submission: 29/04/2020

Acceptance: 17/02/2021



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Abstract

The overall objective of this study is to assess grief in religious widows and hope, and the frequency of unusual perceptual experiences after the death of the spouse. It is hypothesized that (H1) religious widows will experience a less complicated grief, (H2) a greater hope, and (H3) a higher frequency of unusual perceptual experiences than non-religious widows. Three instruments, the Complicated Grief Inventory, the Hope Scale, and the Hallucinations Questionnaire were administered to a sample consisting of religious widows and a control group (non-religious widows). The results showed that religious widows experienced less complicated grief than non-religious widows, and fewer feelings of pessimism about the death of the loved one. Religious widows who showed higher feelings of hope, compared to non-religious ones, tended to have fewer indicators of complicated grief. Furthermore, those religious widows who displayed feelings associated with remembering the deceased tended, for example, to hear voices and smell perfumes. It is possible that these occurrences may even be functional and adaptive in order to cope with the negative feelings of grief and loss, rather than resulting in a resource deficit mechanism for dealing with pain and hopelessness.

Keywords: complicated grief; widowhood; spirituality; hope; unusual perceptual experiences.

LUTO COMPLICADO, EXPERIÊNCIAS PERCEPTIVAS INCOMUNS E ESPERANÇA NA VIUEZ

Resumo

O objetivo geral deste estudo é avaliar o luto e a esperança em viúvas religiosas, e a frequência de experiências perceptivas incomuns após a morte do cônjuge. A hipótese é que (H1) viúvas religiosas experimentarão um luto menos complicado, (H2) mais esperança e (H3) maior frequência de experiências perceptivas incomuns do que viúvas não religiosas. Três instrumentos, o Inventário do Luto Complicado, a Escala de Esperança e o Questionário de Alucinações, foram administrados a uma amostra composta por viúvas religiosas e um grupo de controle (viúvas não religiosas). Os resultados mostraram que as viúvas religiosas experimentaram um luto menos complicado do que as viúvas não religiosas e menos sentimentos de pessimismo em relação à morte de um ente querido. As viúvas religiosas que mostraram maior senso de esperança, em comparação com as viúvas não religiosas, tendem a ter menos indicadores de luto complicado. Além disso, aquelas viúvas religiosas que demonstravam sentimentos associados à memória do falecido tendiam, por exem-

plo, a ouvir vozes e cheirar perfumes. É possível que essas ocorrências possam até ser funcionais e adaptativas para lidar com os sentimentos negativos de luto e perda, em vez de ser um mecanismo de déficit de recursos para lidar com a dor e a desesperança.

Palavras-chave: duelo complicado; viuvez; espiritualidade; esperança; experiências perceptivas incomuns.

DUELO COMPLICADO, EXPERIENCIAS PERCEPTUALES INUSUALES Y ESPERANZA EN LA VIUDEZ

Resumen

El objetivo general de este estudio es evaluar el duelo en viudas religiosas y la esperanza, y la frecuencia de experiencias perceptuales inusuales después de la muerte del cónyuge. Se hipotetiza que (H1) las viudas religiosas experimentarán menor grado de duelo complicado, (H2) mayor esperanza y (H3) mayor frecuencia de experiencias perceptuales inusuales que las viudas no religiosas. Se administraron tres instrumentos, el Inventario de Duelo Complicado, la Escala de Esperanza, y el Cuestionario de Alucinaciones a una muestra integrada por viudas religiosas y un grupo control (viudas no religiosas). Los resultados mostraron que las viudas religiosas experimentaban menos duelo complicado que las viudas no religiosas, y menos sentimientos de pesimismo en torno a la muerte del ser querido. Las viudas religiosas que mostraron mayor sentimiento de esperanza, en comparación con las no religiosas, tendieron a menos indicadores de duelo complicado. Además, aquellas viudas religiosas que mostraban sentimientos asociados al recuerdo del difunto tendían, por ejemplo, a oír voces y oler perfumes. Es posible que estas ocurrencias puedan incluso ser funcionales y adaptativas para afrontar los sentimientos negativos del duelo y la pérdida, en lugar de resultar un mecanismo de déficit de recursos para lidiar contra el dolor y la desesperanza.

Palabras clave: duelo complicado; viudez; espiritualidad; esperanza; experiencias perceptuales inusuales.

1. Introduction

Most people experience loss and pain during their lifetime, which has a significant impact on the grieving person (Hayes & Steffen, 2018). Although adaptation to loss is painful, it is a natural process in which people tend to oscillate between being loss-oriented and restoration in their reactions to loss, according to

the theory of the grieving process (Caserta & Lund, 2007; Caserta, Lund, Utz, & Tabler, 2016; Kamp, O'Connor, Spindler, & Moskowitz, 2019; Schut, Stroebe, & van den Bout, 2013; Stroebe & Schut, 2010, 2015). Loss orientation focuses on the relationship with the deceased and the emotional response to the loss, while restoration orientation focuses on adjusting to the secondary consequences of the loss, for example, doing new things and accepting changes, such life challenges that allow life to continue (Stroebe & Schut, 2015). Spontaneous sensory perception of the deceased as part of the orientation towards loss is a temporary satisfaction of longing for the deceased (Kersting, 2004).

Spontaneous sensory perception of the deceased can occur in all sensory modalities (i.e., visual, auditory, tactile, olfactory, and gustatory), as well as an ineffable quasi-sensory feeling or a nonspecific sense of the presence of the deceased (Steffen & Coyle, 2010, 2011). These experiences, which are called bereavement hallucinations, are not considered pathological (Badcock, Dehon, & Laroi, 2017). However, some qualitative studies of these experiences avoid the term "hallucinations" (Keen, Murray, & Payne, 2013) and use less pathologically connoted terms such as "sense of presence" (Steffen & Coyle, 2010) or "experiences of continuous presence." (Hayes & Leudar, 2016).

The term grief refers to the state of being deprived of something, but is commonly used to describe a period of grief related to the loss of a close relative or friend (Baethge, 2002). While grief has recently received increasing attention (Naef, Ward, Mahrer-Imhof, & Grande, 2013), the perceptual experience of the deceased during and after grief remains a largely unexplored phenomenon, known under different names, such as "post-grief-mental hallucination", "grief hallucination", or "widower's hallucination" and includes a heterogeneous group of sensory illusions and cognitive distortion occurs in the context of grief from loss from a spouse or other loved ones. The expression "hallucinatory experience" may not be equivalent for all normal post-grief experiences (Baumeister, Sedgwick, Howes, & Peters, 2017; Boelen & Hoijtink, 2009).

Particularly after an unexpected death, or the death of a young person, the fundamental beliefs of individuals are tried out (Geddes, Ehlers, & Freeman, 2016). The individual is challenged to review and reintegrate his/her own world. It was not until the publication of a pioneering longitudinal study by Rees (1971) that such experiences began to be taken seriously. The study was "Hallucinations in

Widowhood” and appeared in the British Medical Journal. The term hallucination was used very loosely, referring to abnormal sensory experiences ranging from a sense of presence to smells, touches, voices, and visual appearances of the spouses. The participating sample was collected in an area of central Wales (N = 293), from both genders, widows (n = 227) and widowers (n = 66), who were interviewed to determine the extent of their experiences during widowhood/duel. When analyzing the data, it was found that the sensation of the presence of the dead was among the most common experiences that occurred in around 39% of the cases, while around 13 to 14% of the cases were visual and auditory hallucinations. In 11% of the cases, the bereaved experienced not only the presence of the dead, but also conversed or interacted with them.

More recent research has found that abnormal experiences after death are not only therapeutic per se, but also a perfectly natural part of the grieving process, as many previous studies have proven to date (Hayes & Leudar, 2016; Knight, 2011; Parker, 2004; Steffen, 2011). However, despite evidence that grief hallucinations could be an indicator of prolonged grief, as well as other forms of grief-related psychological distress, a majority of people view their grief hallucinations positively, describing them as comforting or supportive. Furthermore, the association between grief hallucinations and grief severity has not been consistently demonstrated (Fields & Casper, 2001). These results have led to a more complicated interpretation: grief hallucinations may not only be associated with normal or pathological pain. For example, since these experiences occur during times of great emotion, confusion may arise, often resulting in reports from the person believing that his/her spouse is actually present. There are contradictory opinions in the literature and some authors strongly believe in the true and genuine nature of grief hallucinations, arguing that hallucinatory experiences that occur during grief do not fall under any definition of pseudo-hallucination (Baethge, 2002).

Although marital grief is more common among women (Carlsson & Nilsson, 2007), painful experiences in widowhood do not differ by gender. In general, older women are more likely to experience higher levels of depression than men. Both men and women miss their spouses and find life meaningless. Research suggests that there are gender differences in the short-term psychological impact of marital death (Castelnovo, Cavallotti, Gambini, & D’Agostino, 2015). However,

in widowhood, these gender effects are generally reversed (Stroebe & Schut, 2010). Both single men and women experience high psychological distress compared to their married counterparts, but compared to widows, they were more vulnerable to depression and more likely to die (Stroebe & Schut, 2010; Field & Filanosky, 2010).

An unusual perceptual experience (UPE), as defined in the context of grief, is an experience that occurs after the death of a loved one and the emotional signification for the grieving person in contact or communication with the deceased (Parra, 2007, 2014). An UPE includes – but is not limited to – apparitions of the deceased; auditory experiences (hearing voices); olfactory experiences (such as the scent of the perfume or of the deceased's favorite cigarette); communication of messages from the deceased; a sense of presence; as well as vivid dreams; symbolic events (butterflies, feathers that appear); movements of objects, flickering of lights or the abnormal activation/deactivation of electrical appliances (Drewry, 2002; LaGrand, 2001; Field et al., 2013).

Such experiences in widowhood are not necessarily symptoms of psychopathology (Peterson, 2001). The number of occurrences, frequency, intensity and modality may vary between individuals. The phenomenology of experiences has been described in qualitative studies, for example, seeing the bereaved totally or partially (for example, hands), receiving verbal instructions, words of comfort or even insults from the deceased, being hugged or caressed, smells related to the deceased (e.g., tobacco, perfumes) and feeling the physical proximity of the deceased with (or without) other sensory input (e.g., tingling sensation, see Hayes & Leudar, 2016; Steffen & Coyle, 2011). In particular, the experience of the sensation of a presence is not a very frequent phenomenon; other expressions are “spiritual presence” (Waskowic & Chartier, 2003), feeling of being stared at (Bennett & Bennett, 2000) and/or illusion of presence (Rees, 1971). However, the sense of presence is a well-established phenomenon in grief contexts (Nielsen, 2007; Solomonova, Frantova, & Nielsen, 2011).

The UPEs are not symptomatic hallucinations, but are mentioned as a characteristic associated with the diagnosis of grief stress: “Some people with persistent complex grief disorder experience hallucinations of the deceased (auditory or visual) in which they temporarily perceive the presence of the deceased (for example, seeing the deceased sitting in his favorite chair)” (American

Psychiatric Association, 2013, p. 791). Several studies have indicated that grief hallucinations are not only linked to a maladaptive grief process (Field et al., 2013; Hayes & Leudar, 2016; Keen et al., 2013; Steffen & Coyle, 2010). Most heartbroken people with grief hallucinations describe them in a positive way (e.g., supportive, comforting, see Kamp et al., 2019) and have been shown to have the potential for spiritual and personal growth (Steffen & Coyle, 2010, 2011).

Associated with the experience of grief, the mourners experience positive feelings as a coping strategy to deal with the grief. For example, Snyder (2000) presented a cognitive theory for hope as a positive thinking style that involves three elements: goals, agency/representation, and trajectory. In addition, hope can be defined as an attitude, feeling, virtue, dimension or constitution of the human nature related to confidence or achieving a certain thing that is desired. Other authors consider hope as the perceived ability to produce the pathways, paths or means necessary to achieve the desired objectives and to motivate themselves to use these pathways (Rand & Cheavens, 2009).

Hope seems to be associated with anomalous experiences in widowhood, since for the bereaved, the moment of death does not mean an “end of life” but rather a transition or continuation from which continuous spiritual ties are established with the deceased (Beischel, Mosher, & Boccuzzi, 2014–2015; Cooper, 2013; Evenden, Cooper, & Mitchell, 2013; Houck, 2005).

To examine the role that hope plays after postmortem anomalous events, Cooper, Roe, & Mitchell (2015) took a mixed research approach. First, a sample of 100 individuals who felt comfortable recalling a significant grief in their lives were recruited and were divided into two groups: fifty who had had spontaneous events after the death of the beloved one and fifty who had never experienced such phenomena. All participants were asked to complete a questionnaire that included a series of items that measure paranormal beliefs, religious beliefs, belief in life after death, death anxiety and hope. Although there were no significant differences between the two groups in their scores of hope, authors observed that the group that had had such experiences had, in generally, more hope than those who had not had experiences after the death of their beloved ones. It was concluded that, for those who had anomalous experiences during grief, hope increased and made it easier to overcome grief over loss, and led to an immediate adaptive mechanism. For the other group – in an inversed way – a lower level of hope was found,

showing that the loss needed to be compensated by new goals in life to overcome the grief (see Nekolaichuk & Jevrie, 2002; Snyder, 2000).

Consequently, the questions are, in what way does hope (as a positive factor) contribute to reducing the grieving situation? Are there differences in the way religious widows cope with grief? And finally, do hearing voices, seeing apparitions and other visions, and sense of presence experiences decrease the negative feelings of grief and increase hope and the positive perception of life? The aim of this study was to evaluate the degree of complicated grief in religious widows and its relationship with the degree of hope and the frequency of unusual perceptual experiences, more specifically to compare religious widows in complicated grief, hope and unusual perceptual experiences with a control group of non-religious widows. We hypothesize that (H1) religious widows will experience less complicated grief than non-religious widows; (H2) religious widows will experience more hope than non-religious widows; (H3) religious widows will experience a higher frequency of unusual perceptual experiences than non-religious widows; (H4) a negative correlation will be found between the degree of complicated grief (both in religious and non-religious widows) and the degree of hope, that is, the higher the hope, the lower the degree of complicated grief, and (H5) the greater the frequency of Perceptual Experiences, the greater the complicated grief.

2. Method

2.1 Participants

The sample was integrated by 81 religious widows, whose age range was from 37 to 92 years old ($M = 75.25$ years old, $SD = 10.47$), who had lost their spouses in a period from three to 33 years ago ($M = 12.67$ years old, $SD = 7.78$); and 79 non-religious widows (control group), whose age range was from 40 to 79 ($M = 60.28$ years, $SD = 10.61$), who had also lost their spouses in a period from three to 23 years ago ($M = 9.16$ years old, $SD = 5.14$).

2.2 Instruments

Complicated Grief Inventory (IDC; Prigerson & Maclejewskib, 1995; Gamba-Collazos & Navia Arroyo, 2017) is a scale which contains 19 items with five Likert-type response categories ranging from “Never” (0) to “Always” and are factorized

as follows : (1) Memories of the deceased, that is, impossibility or difficulty to carry out daily tasks due to the memory of the person who has passed away; (2) Sense of Emptiness, that is, feelings of pessimism and anger around the death of the loved one; and (3) Sense of presence, that is, avoidance behaviors associated with the painful memory of the person who died. The scale presents an internal consistency, estimated using Cronbach's alpha coefficient = .72 for this sample (N = 161).

Hertz Hope Scale (HHS; Herth, 1991; Arnau, Rosen, Finch, Rhudy, & Fortunato, 2007; Cassaretto & Martínez, 2012) consists of 30 items, in Likert scale with 4 response options ranging from "Often" to "Never". An initial sentence was added to answer the questionnaire "Since my partner / husband died..." to focus on widows and avoid other biases around the expected response. It evaluates four factors: (1) Optimism, which assesses the presence of faith, inner strength and confidence in the ability to achieve goals, eg. "I have a faith that makes me feel good", "I have deep inner strength"; (2) Hopelessness, which assesses the perception of a general state of pessimism, discouragement and helplessness in the future and involves the thoughts associated with a general state of discouragement and helplessness in the future, e.g. "I am immobilized by fears and doubts"; (3) Agency, which assesses the person's ability to set and / or commit to future goals, eg. "I have goals for the next 3 to 6 months"; and (4) Social support, which assesses the perception of the existence of relationships with other people that can be a source of support and gratification and of significant relationships with other people, expressing confidence in finding or having links capable of providing different types of support, i.e. "I have support from those close to me" or "I feel loved and needed". For this sample, it presents an internal consistency, estimated by Cronbach's alpha = .73 for this sample (N = 160).

Hallucinations Questionnaire (CEA; Parra, 2007, 2014) measures the propensity to hallucinate, composed of 38 items with a Likert scale ranging from 0 "never" to 5 "frequently". This scale has been created to assess the construct of "unusual perceptual experiences" that do not connote mental disorder in correspondence with the typical hallucination in psychoses. It contains six sensory modalities: 1. Hearing voices; (2) Visual (i.e. seeing shadows, or human or non-human figures); (3) Gustatory / Olfactory experiences; (4) Tactile (i.e. contacts, touches, or other vivid sensations of physical contact of another person, but when

he/she turns around he/she does not see anyone); and (6) Hypnagogic / hypnopompic (auditory, visual, tactile experiences associated with pre- and post-sleep state). It has internal consistency, estimated using Cronbach's alpha = 0.92.

A sociodemographic questionnaire was also added with questions related to sex, age, place of residence, marital status, religion, spirituality (subjectively perceived), and level of studies achieved.

2.3 Procedure

The three measures (IDC, HHS, and CEA) were distributed in a sealed, hand-delivered envelope and instructions were given for their completion. For both groups, each widow signed a signed consent. The data was treated with confidentiality and anonymity for the responses.

2.4 Inclusion / exclusion criteria

Incomplete or incorrectly answered questionnaires were excluded from the sample. As inclusion criteria, the female had to have been widowed for at least two years up to the present, and a marital period of more than five years (until their widowhood). Religious women had to have a membership in religious worship for more than three years, with regular and active participation.

3. Results

Hypothesis testing was carried out on the normality of the variables by means of a Kolmogorov-Smirnov analysis. From the values obtained (all $p < 0.001$; $N = 160$), a symmetric or normalized distribution of the scores of the three instruments (Complicated Grief, Hope and Unusual Perceptual Experiences) was assumed. Consequently, it was decided to use, for statistical analyzes, the Mann-Whitney U analysis to compare groups and Spearman's Rho (r_s) to correlate the scores of the scales.

From the demographic point of view, their current marital status found them mostly without a current partner (88%), the political thinking tending towards the center-conservative (89%), more than half have an income acceptable to live (56%), the majority are housewives (43%) or retired (49%) and almost all (92%) indicate that they are "very spiritual." Regarding non-religious

widows and their (current) marital status, they indicated that they did not engage with a new partner (73%), political thinking tending more towards more center-conservative (60%), more than half (64%) have an income acceptable to live, the majority are housewives (35%) or retired (35%) and almost all (93%) indicate being nonspiritual.

A comparison was made between religious and non-religious widows in complicated grief, hope, and unusual perceptual experiences. H1 predicted that religious widows would experience a lower degree of complicated grief than non-religious widows, which was confirmed ($z = 3.91$, $p < .001$; $es = .55$), as well as the subscales Sense of presence (both $p < .001$; $es = .55$ and $.70$), and marginally for Memories of the deceased ($p = .04$). H2 predicted that religious widows would score higher on hope than non-religious widows, which was confirmed ($z = 5.52$, $p < .001$; $es = 1.18$), as well as the subscales Optimism / Spiritual Support, Hopelessness, Agency and Social Support (all $p < .001$). Finally, H3 predicted that religious widows would experience a higher frequency of unusual perceptual experiences than non-religious widows, which was not confirmed (see Figure 3.1).

Figure 3.1. Comparison between religious and non-religious widows in complicated grief, hope and unusual perceptual experiences.

<i>Variables</i>	Religious Widows (N = 81)		Non-religious widows (N = 79)		<i>z</i>	<i>p</i> ,	<i>e_s</i>
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>			
1. Memories of the deceased	5.09	4.22	6.08	3.04	2.02	,04	.26
2. Feelings of emptiness	2.21	2.26	3.73	3.13	3.62	< ,001	.55
3. Sense of presence	0.26	0.72	0.91	1.08	6.01	< ,001	.70
<i>Complicated grief</i>	7.56	6.07	10.72	5.29	3.91	< ,001	.55
1. Optimism / spiritual support	28.22	4.67	20.14	7.88	6.27	< ,001	1.24
2. Hopelessness	3.37	3.22	9.41	6.16	5.27	< ,001	1.22
3. Agency	11.51	4.60	8.94	4.58	3.32	< ,001	.55
4. Social support	12.07	2.37	9.63	2.62	5.81	< ,001	.97
<i>Hope</i>	66.36	10.59	47.30	20.09	5.52	< ,001	1.18
1. Auditive	3.27	4.83	2.47	3.38	1.54	n.s.	.19
2. Visual	0.68	1.28	0.85	1.51	0.52	n.s.	.17
3. Taste / olfactory	1.21	1.66	0.53	1.31	4.02	n.s.	.19
4. Tactile	0.54	1.32	0.61	1.75	0.33	n.s.	.18
5. Hypnagogic / hypnopompic	0.36	0.76	0.27	0.69	0.92	n.s.	.16
<i>Unusual Perceptual Experiences</i>	5.70	6.60	4.46	5.98	1.52	n.s.	.19

Later, a correlation between Complicated Grief and Hope was carried out in religious widows. H4 predicts that, in religious widows, a negative correlation would be found between complicated grief and hope, which was confirmed ($r_s = -.32$, $p = .001$) (see Figure 3.2).

Figure 3.2. Correlation between complicated grief and hope in religious widows.

<i>Variables</i>	1. Memories of the deceased	2. Feelings of emptiness	3. Sense of presence	Complicated grief
1. Optimism	-,19*	-,28**	-,10	-,28**
2. Hopelessness	,06	-,06	,18	,01
3. Agency	-,26**	-,29**	-,18	-,34***
4. Social Support	-,07	-,23*	-,39***	-,18**
Hope	-,23*	-,29**	-,23**	-,32***

p * < .05; ** < .01 *** < .001

A correlation between complicated grief and unusual perceptual experiences was carried out in religious and non-religious widows. H5 predicts that a positive and significant correlation would be found between complicated grief and the frequency of unusual perceptual experiences, which was confirmed ($r_s = .24$, $p = .01$), in particular with the Auditory and Gustative / Olfactory modalities. Given the large number of correlation tests in the two samples (a total of 160), it was necessary to perform a Bonferroni correction dividing the critical p -value ($\alpha = 0.05$) by the number of correlations ($p = .05/24$; $p = .002$) (see Figure 3.3).

Figure 3.3. Correlation between complicated grief and unusual perceptual experiences in religious widows.

<i>Variables</i>	1. Memories of the deceased	2. Feelings of emptiness	3. Sense of presence	Complicated grief
1. Auditive	,24**	,04	,28**	,21*
2. Visual	,07	,11	,17	,07
3. Taste / Olfactory	,34***	,03	,25***	,27**
4. Tactile	-,006	-,05	,03	-,006
6. Hypnagogic / Hypnopompic	-,12	-,08	,24**	-,09
<i>Unusual Perceptual Experiences</i>	,30	,03	,31***	,24

p * < .05; ** < .01 *** < .001

Finally, a correlation was carried out between the variables Complicated grief, Hope and Unusual perceptual experiences with Age, Income, Spirituality and the span of Years since the Loss in both groups separately. For religious widows, it was found that Age correlated positively and significantly with the frequency of EPI ($r_s = .28$, $p = .005$) and Hope with the lapse of years since the loss ($r_s = -.29$, $p = .004$). For non-religious widows, it was found that the years since the loss correlated positively and significantly with Complicated Grief ($r_s = .36$; $p < .001$); Spirituality correlated positively and significantly with Hope ($r_s = .47$; $p < .001$); years since the loss was significantly and negatively correlated with Hope ($r_s = -.47$; $p < .001$). Given the large number of correlation tests for each sample, it was necessary to perform a Bonferroni correction dividing the critical p -value ($p = .05$) by the number of correlations ($p = .05 / 24 = .002$) (see Figure 3.4).

Figure 3.4. Correlation between complicated grief, hope and unusual perceptual experiences with age, income, spirituality and years since loss in religious and non-religious widows.

<i>Variables</i>	<i>Complicated grief</i>		<i>Hope</i>		<i>Unusual perceptual experience</i>	
	<i>Religious widows</i>	<i>Non-religious widows</i>	<i>Religious widows</i>	<i>Non-religious widows</i>	<i>Religious widows</i>	<i>Non-religious widows</i>
Age	0,05	0,04	-0,10	0,04	0,28**	-0,11
Income ¹	0,04	0,04	-0,08	-0,11	0,007	0,06
Spirituality ²	,006	-0,11	-0,03	0,47***	-0,03	0,22
Loss period ³	-0,02	0,36***	0,29**	-0,41***	0,05	-0,21

$p * < .05$; $** < .01$ $*** < .001$

1. Range = Lower (1) to higher than is acceptable for living (4).
2. Rank = I am not spiritual (1) to I am very spiritual (4).
3. Range in years = 3 to 33 (Mean = 10.84, SD = 6.82).

Finally, a simple linear regression analysis (stepwise) was carried out to determine which was the most predictive variable (s). As independent variables, Hope and Unusual Perceptual Experiences models were entered, with the variable Complicated Grief as a criterion. The results of the regression showed that the first predictor variable was Hope $F(2/157) = 12.80$; $p < .001$; and secondly Unusual

Perceptual Experience Summary $R = .374$; $R^2 = .14$. Then, a distinction was made between groups (Religious and Non-Religious Widows), in which religious widows showed significant differences $F(2/78) = 4.64$; $p = 0.01$; $R = 0.32$; $R^2 = 0.10$.

4. Discussion

The results showed that religious widows' experience scored higher on hope and lower on complicated grief than non-religious widows, indicating that the belief system contributes to dealing with the feeling of loss and grief produced by the death of the partner/husband. Indeed, religious widows experienced fewer feelings of pessimism and anger around the death of their loved one (Feeling of Emptiness) and fewer avoidance behaviors associated with the painful memory of the person who died (Presence of the Deceased), two characteristics of the mourning process.

We can reasonably assume that religious coping may be a crucial aspect of the grieving process, and it is not surprising to learn that research supports this assumption. Several studies have found significant associations between religious beliefs / religious coping and adaptive grief (Caserta & Lund, 2007; Caserta et al., 2016; Schut et al., 2013; Stroebe and Schut, 2010, 2015).

Furthermore, this study suggests that widowhood is an important area of research. There are several factors that affect widowhood, including age and time of death, psychological distress, physical health disorders, social support, and psychotherapy for the bereaved. Additionally, religious and spiritual beliefs are important components in coping with the current cohort of older widows. The idea of relocating or "breaking" the bond with the deceased and moving on with life is a thoroughly modern idea. The "mourning work" hypothesis (Stroebe & Schut, 2010, 2015) that guides much of contemporary research on grief maintains, as a principle, that adaptive adjustment to grief involves a process of grief when one mourns the deceased, and then breaks the bond, while the afflicted one "goes on" with her life.

Spiritual / religious beliefs offer a framework of meaning that explains the tenacity of a continuous presence with which to maintain a bond. The belief system in widowhood may offer a way of understanding how that link can be maintained. For example, talking to a deceased spouse can be comforting; refusing to accept her death and spending long periods of time trying to communicate while neglecting other relationships can be maladaptive.

Religious widows indicated a high sense of hope compared to non-religious ones, which indicates that religious widows experience more resources to deal with pain, endowing with greater vitality and meaning to the events of their lives. Religious beliefs associated with the feeling of hope can mobilize positive energies and initiatives, with great potential to improve a person's quality of life. Religious widows may have healthier lifestyles and require less medical care, presence of faith to become more resilient and control their ability to achieve their goals associated with a positive outlook for the future. Hope induces the individual to act and gives them strength to solve problems and confrontations, such as loss, tragedy, loneliness and suffering. Religious widows showed greater capacity to establish and / or commit to future goals (Agency), and greater presence of relationships with other people, which can be a source of support, gratification and significant relationships with other people (Social support) in comparison with the non-religious.

Another analysis showed that religious widows who tended to show lower complicated grief, that is, less difficulties in carrying out daily tasks due to the memory of the deceased person as well as fewer feelings of pessimism and anger around his death, experienced more inner strength and confidence in their ability to overcome the pain of loss around the feeling of hope.

This same feeling was repeated in the relationship between complicated grief and unusual perceptual experiences, which confirmed the hypothesis which predicts that those religious widows who showed more feelings associated with memories of the deceased and the sense of presence tended to have more anomalous experiences, in particular associated with hearing voices (auditory) and smelling perfumes. The sense of presence of the deceased (avoidance behaviors, see Nielsen, 2007) were strongly associated with the anomalous experiences in widowhood, in contrast to the feeling of emptiness, which could indicate that a proportion of religious widows could "compensate" or even replace negative feelings with abnormal sensory perceptions. For example, a widow who feels that her husband is spiritually present and accompanies her in her home is probably less likely to succumb to depression and grief than loss.

However, although no evidence of unusual experiences in religious widows was confirmed in a different way compared to the control group (N = 160), the widows in general showed that the anomalous experiences were strongly associated

with feelings of optimism, self-confidence, defined goals, and support meaningful relationships with other people, which confirms, in part, the non-pathological component of these experiences. It is possible that its occurrence may even be functional and adaptive to cope with the negative feelings of grief and loss, rather than being a resource deficit mechanism to deal with pain and hopelessness.

In addition, in accordance with Preti et al. (2014), older widows tended to experience more unusual perceptions compared to younger widows, and also the period of loss, that is, the number of years they have been widowed or without a current partner, tends to decrease hope, which could indicate that the lack of adaptation to the lack of a spouse throughout life (almost 90% of both widow groups continued without a current partner or living with them) could undermine the positive feeling of hope. Consistent with other studies, we hope to have empirically confirmed that unusual perceptual experiences, often considered spiritual for grieving, that occur after death are – not only therapeutic per se – but a natural part of the grieving process (Sanger, 2009).

5. Conclusions

The topic deserves a brief discussion, given the controversial implications of hallucinations in current diagnostic systems and the possible consequences of disclosing these experiences to healthcare professionals. The heterogeneity of the described phenomena could justify different approaches, although not established. Collectively, these unusual experiences themselves almost never require psychiatric treatment; in fact, the vast majority of people describe them as comforting rather than disturbing (Simon et al., 2011). Many authors consider these experiences not only as a normal and useful accompaniment in widowhood, but as a coping strategy that seems to be in line with the experience of hearing voices in the sense that they do not cause any type of anguish and, therefore, they do not justify any type of clinical intervention (Pierre, 2010).

However, since unusual perceptual experiences of mourners can be expected, psychoeducational interventions may be recommended. Information should be provided to both bereaved groups about the incidence and nature of these phenomena in order to avoid fear of insanity or other reactions. If necessary, the widows can be encouraged to meet other people with similar experiences in order to reduce taboo and isolation. A phenomenological and clinical evaluation could

help therapists to avoid over-treatment and to select a few cases with psychological distress due to experiences associated with symptoms that require pharmacological, psychological or other forms of intervention, for example, the presence of a disorder personality or attachment styles, depression with psychotic features, complicated grief, post-traumatic stress, conversion disorder, neurological disorders or others (Lundorff, Holmgren, Zachariae, Farver-Vestergaard, & O'Connor, 2017). Finally, Grimby (1993, p. 79) conclude saying:

... I never use the terms hallucination or illusion in my talks with the sufferers; this only occurs in my reports and in the absence of a more appropriate non-psychiatric term. A less loaded term is perception, which – while not entirely correct – could be a conceivable alternative, primarily to weaken its association with mental illness. The expression would also be appropriate for nurses, and other activities related to educational to terminal patients, or people who go through a situation of grief.

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