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Relations Among Meaning Making, PTSD, and Complicated Grief Following Homicide Loss

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ABSTRACT
Survivors of homicide loss are vulnerable to negative mental health outcomes, including posttraumatic stress disorder (PTSD) and complicated grief (CG). Meaning making in the aftermath of traumatic loss is hypothesized to be an adaptive process associated with reduced symptomatology. Homicide survivors (N = 57) completed the PTSD Checklist, Inventory of Complicated Grief–Revised, and Grief and Meaning Reconstruction Inventory (GMRI). Correlations were found between the GMRI Emptiness and Meaninglessness subscale and both PTSD and CG symptom severity. Results lend support to the notion that reduced meaning making is particularly salient to the expression of PTSD and CG among homicide survivors.

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Homicide survivors; homicide loss; PTSD; complicated grief; meaning making

Though the rate of homicide in the United States has declined in the last several decades, absolute figures of homicides still number in the tens of thousands annually (U. S. Department of Justice, Office of Justice Programs, 2013). Homicides ultimately have multiple victims, as loved ones experience the trauma of a violent and unexpected loss. As such, those who lose a loved one to homicide are vulnerable to negative mental health outcomes, including the development of posttraumatic stress disorder (PTSD) and complicated grief (CG; American Psychiatric Association, 2013). PTSD refers to a persistent trauma-related reaction that includes experiencing intrusive memories, avoiding reminders of the traumatic event, hyperarousal, and changes in cognitions and emotions. CG is a distinct syndrome characterized by a protracted and impairing grief response to the loss of an attachment figure that is more debilitating and intractable than traditional grief trajectories.

The prevalence rate of PTSD after exposure to a trauma is estimated to be 9.6% (Chapman et al., 2012), and specifically among homicide survivors...
ranges from a low of 9% to a high of 39% (Amick-McMullan, Kilpatrick, & Resnick, 1991; McDevitt-Murphy, Neimeyer, Burke, Williams, and Lawson, 2012; Rheingold, Zinzow, Hawkins, Saunders, & Kilpatrick, 2012; Rheingold & Williams, 2015; Zinzow, Rheingold, Byczkiewicz, Saunders, & Kilpatrick, 2011). Similarly, among bereaved adults, the pooled prevalence rate of CG is 9.8% (Lundorff, Holmgren, Zachariae, Farver-Vestergaard, & O’Connor, 2017); however, greater risk is evidenced among survivors of sudden and violent loss, with rates of CG ranging from 12.5% to 82.7% among the violently bereaved, including homicide (Currier, Holland, & Neimeyer; 2006; Kaltman & Bonanno, 2003; Nakajima, Masaya, Akemi, & Takako, 2012; van Denderen, de Keijser, Huisman, & Boelen, 2016).

Homicide loss is distinct from other forms of bereavement in that it is violent, transgressive, and intentional. Research suggests that these unique features increase the risk of maladaptive responses (Nakajima et al., 2012). In the aftermath of homicide, loved ones may be faced with grief and despair over the loss, as well as feelings of guilt or moral injury due to the sudden, violent, and unexpected nature of the death (Asaro, 2001; Rynearson & McCreery, 1993; Zinzow et al., 2011). Moral injury occurs when an individual perpetrates, bears witness to, or experiences an event that violates deeply held moral beliefs or transgresses ethical worldviews. Although typically associated with perpetration, victims of violence also report having troubling reactions that are inconsistent with their previous moral beliefs or ethical stances and that are associated with greater distress (e.g., retribution wishes, loss of faith; Asaro, 2001). Homicide survivors may also face additional stressors as they navigate the criminal justice system and potential media coverage.

Alternatively, exposure to homicide loss may be correlated with other risk factors associated with trauma exposure or the development of PTSD. Specifically, women and African Americans are at an increased risk of exposure to homicide as well as other trauma experiences that may subsequently magnify vulnerability to PTSD (Zinzow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009; Zinzow et al., 2011). Given that African American men are disproportionately killed by homicide (U.S. Department of Justice, Office for Violent Crime, 2017), it follows that African American mothers experience the uniquely disproportionate burden of homicide survivorship. Indeed, African American mothers whose children have been killed by gun violence report that the losses of their children resound within the context of racial minority stress, with additional concerns about stigma (e.g., a child being “known to the police”) and police bias interfering with the delivery of justice (Bailey, Hannays-King, Clarke, Lester, & Velasco, 2013). Among African American mothers who have survived a homicide loss, the compounded effects of trauma, chronic stress, and grief
Meaning making in the aftermath of trauma and loss has been hypothesized to be an adaptive process that is associated with reductions in pathology (Currier et al., 2006; Steger, Owens, & Park, 2015). Specifically, meaning making can be understood as the process by which individuals reaffirm or reconstruct their beliefs about the world and their place in it after experiencing an event that violates those beliefs and perspectives (Neimeyer, 2016a). In a study of bereavement after violent loss (i.e., homicide and suicide), Currier, Holland, and Neimeyer (2006) found that failure to make meaning of the loss fully mediated contemporaneous CG outcomes, a finding subsequently replicated by Rozalski, Holland, and Neimeyer (2016). Similarly, Milman et al. (2018) reported that meaning made of loss in the first year of bereavement prospectively mediated the impact of violent death loss on complicated, prolonged grief symptomatology in the second year. Some research suggests that meaning making serves a similar function among those who have experienced a traumatic event, irrespective of whether the event involved the loss of a loved one, such that finding meaning in the wake of a trauma is associated with greater positive adjustment and reduced PTSD severity (e.g., Steger et al., 2015).

Of the few studies that have considered the specific experience of African American mothers bereaved by homicide, meaning making appears to be a foundational component of recovery and growth after grief (Bailey et al., 2013). In their qualitative examination of African American mothers’ response to gun violence related losses, Bailey and colleagues (2013) identified themes of meaning making organized around spirituality, activism, and renewed purpose. In the same sample of women, the authors found that these kinds of meaning-making appraisals predicted less stress and greater resilience (Bailey, Sharma, & Jubin, 2013), lending support to the notion that meaning making may promote well-being and adjustment after traumatic losses, even among those experiencing multiple life stressors.

Ultimately, homicide survivors have received limited attention in the research literature, and few studies have considered the factors that might mitigate or enhance the risk of developing and maintaining pathological and prolonged responses like PTSD or CG in the wake of traumatic homicide loss. Despite evidence that homicide loss may be uniquely challenging for survivors to make sense of, particularly among those bearing disproportionate burdens of traumatic loss stress, meaning making appears to be a foundational component of trauma recovery and grief integration. An earlier publication with the current data set elaborated on the clinical landscape of traumatic loss and provided important prevalence statistics.
(see McDevitt-Murphy et al., 2012). The present study, however, seeks to extend the study’s findings in the context of a meaning-making perspective, given the significant role meaning-making processes may play in the grief trajectories of the violently bereaved. As such, we investigated the relation between grief-related meaning making, PTSD, and CG in a sample of homicide survivors with the aim of elucidating the role of meaning making in clinical symptom severity outcomes.

Method

Participants

Participants were recruited through a faith-based community outreach organization that partners with local law enforcement authorities to provide advocacy and support services to survivors of homicide loss in a city in the urban mid-South. Further details on participant recruitment are elaborated on in an earlier publication; see McDevitt-Murphy et al., 2012. A total of 62 adults enrolled in the study. For the present analysis, only participants with a homicide loss in the last five years were included, for a final sample of 57 individuals. The sample was primarily female ($n = 51$, 89.5%) and Black ($n = 54$, 94.7%) with an average age of 48.07 years ($SD = 12.18$, range $= 19–71$). The racial and ethnic distribution of the remaining members of the sample were as follows: 3.5% White ($n = 2$) and 1.8% American Indian or Native Alaskan ($n = 1$). One individual identified as Hispanic or Latino. A third of the sample (33.33%, $n = 19$) reported an income below $20,000 per year, while 21% of the sample ($n = 12$) reported an income above $50,000 per year.

In terms of loss characteristics, approximately half of the participants were mothers who had experienced the loss of their child ($n = 30$). The rest of the sample identified their kinship to the deceased as follows: sister ($n = 9$), spouse ($n = 5$), aunt ($n = 4$), grandmother ($n = 3$), father ($n = 2$), stepfather ($n = 2$), daughter ($n = 1$), and other ($n = 1$). On average, participants were $21.57$ ($SD = 14.62$) months post loss at the time of the study. The average age of the deceased loved one was 28 years ($SD = 12.74$), with a minimum of 2 and a maximum of 76 years.

Measures

In addition to providing demographic and loss-related information, participants completed measures assessing PTSD symptoms, CG symptoms, and meaning made of their losses.

The PTSD Checklist–Civilian Version (PCL-C; Weathers, Litz, Herman, Huska, & Keane, 1993) is a 17-item measure that assesses the Diagnostic
and Statistical Manual of Mental Disorders (4th ed., text revision; DSM-IV-TR; American Psychiatric Association, 2000) symptom criteria for PTSD. The PCL is used in clinical and research settings and provides a continuous score reflecting PTSD symptom severity, though established cut scores may also be applied to obtain a dichotomous positive–negative screening result. Using a 5-point Likert scale ranging from one (not at all) to five (extremely), participants are asked to rate how bothered they have been by their symptoms in the past month. Item scores are summed for a total PTSD score (possible range: 17–85) as well as subscale scores for the three symptom clusters: B, Reexperiencing; C, Avoidance/numbing; and D, Hyperarousal, as defined by the DSM-IV-TR. In the present study, participants were asked to respond to the measure using the homicide loss as their index event. The PCL has shown strong psychometric properties in other studies of traumatic loss (Bonanno et al., 2007; Schnider, Elhai, & Gray, 2007). In the present study, the PCL-C demonstrated high internal consistency (α = 0.92).

The Inventory of Complicated Grief–Revised (ICG-R; Prigerson & Jacobs, 2001) is a 30-item measure of CG symptoms in which participants are asked to rate how frequently or severely they experience an item from 1 (almost never/none) to 5 (always/an overwhelming sense). Possible scores range from 30 to 150. Example items include, “I feel that life is empty or meaningless without the person who died” and “I feel myself longing and yearning for the person who died.” Validation of the original 19-item ICG as well as the more recently revised 30-item version have demonstrated strong internal consistency (α = 0.94) and test–retest reliability (0.80; Neimeyer & Hogan, 2001; Prigerson et al., 1995). Since initial validation, the ICG has been used commonly in studies of bereaved individuals, including homicide survivors (i.e., Holland, Currier, & Neimeyer, 2006; Shear, Frank, Houck, & Reynolds, 2005; Tal et al., 2017; van Denderen et al., 2016), and the revised version has been used in a sample of 1,670 bereaved college students (Laurie & Neimeyer, 2008). In the present study, the ICG demonstrated good internal consistency (α = .94).

The Grief and Meaning Reconstruction Inventory (GMRI; Gillies, Neimeyer, & Milman, 2015) is a 29-item measure that assesses meaning making in the wake of bereavement. Participants are asked to rate on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), how strongly they agree with statements of meaning making experienced in the last week, with a total score ranging from 29 to 145 after reverse-coding. Items are organized into five subscales, including Continuing Bonds (e.g., “The time I spent with my loved one was a blessing”), Personal Growth (e.g., “Since this loss, I’m a stronger person”), Sense of Peace (e.g., “I’ve been able to make sense of this loss”), Emptiness and Meaninglessness
(e.g., “I feel empty and lost”), and Valuing Life (e.g., “I value and appreciate life more”). In the present study, the GMRI demonstrated high internal consistency with a Cronbach’s alpha of .82. Subscales demonstrated a wider range of reliability alphas (Continuing Bonds: \( \alpha = 0.52 \); Personal Growth: \( \alpha = 0.75 \); Sense of Peace: \( \alpha = 0.69 \); Emptiness & Meaninglessness: \( \alpha = 0.67 \); Valuing Life: \( \alpha = 0.49 \)).

**Procedure**

All study procedures were reviewed and approved by the university’s institutional review board. Participants were recruited from a faith-based community agency via a variety of methods. Participants were introduced to the study by the agency’s staff during their ongoing contact and through the researchers’ separate mailing of a study flyer or phoning. Although all who were recruited had interacted with the agency at least once in the past year (in the form of an introductory letter), not all who participated in the study had used the agency’s services and many were not actively receiving services from the agency at the time of this study. Interested persons were contacted, given an explanation of the study, and, if interested, scheduled for an interview. Participant recruitment was active for approximately a one-year period. Participants were invited into the laboratory to complete an interview administered by graduate student research assistants, which began with a rapport-building question inviting the participant to talk about the decedent (i.e., “I did not have the pleasure of knowing [decedent]. Would you tell me about [him/her]?”). Participants were then asked to complete the set of self-report measures independently, following the written instructions provided by each measure.

**Results**

Characteristics of the sample and descriptive statistics of the primary variables are described herein and are also reported in an earlier paper presenting full study findings (McDevitt-Murphy et al., 2012). On average, the sample mean was suggestive of clinically significant levels of PTSD and CG symptoms as evidenced by, respectively, a mean PCL score (\( M = 36.5, SD = 15.0 \)) above the recommended cutoff for provisional diagnosis of PTSD in civilians (30–35; United States Department of Veteran Affairs, 2012) and an average ICG-R score (\( M = 79.4, SD = 23.9 \)) well above the cutoff associated with clinical functional impairment in the bereaved (40; Prigerson & Jacobs, 2001). The average GMRI score was 104.0 (\( SD = 13.9 \)) with a range of 29–145.
As a preliminary analysis, we first examined correlations between demographic variables (including age, gender, race, time since loss, and loved one’s age) and GMRI, PCL, and ICG-R scores. Results indicated that younger age for participants was correlated with higher PCL scores ($r = -0.30, p < 0.05$), whereas greater time since death was negatively correlated with PCL scores ($r = -0.29, p < 0.05$). Loved one’s age at death was positively correlated with higher scores on the GMRI Valuing Life subscale ($r = 0.38, p < 0.01$).

Second, we examined the relation between the primary variables assessed by the PCL, the ICG-R, and the GMRI. CG and PTSD symptoms were strongly correlated with each other ($r = 0.73, p < 0.01$). Meaning making, as assessed by the total score on the GMRI, was inversely correlated with CG severity ($r = -0.27, p < 0.05$).

Finally, we examined correlations between the GMRI subscales, PTSD symptom clusters, and CG symptoms. Only the GMRI Emptiness and Meaninglessness subscale was significantly correlated with total PCL score ($r = 0.49, p < 0.001$) and with each of the symptom clusters (B, Reexperiencing: $r = 0.34, p < 0.01$; C, Avoidance: $r = 0.56, p < 0.001$; D, Hyperarousal: $r = 0.36, p < 0.01$). A similar pattern of results was found in relation to CG symptoms, such that the GMRI Emptiness and Meaninglessness subscale was significantly and substantially correlated with total ICG-R scores ($r = 0.62, p < 0.01$). The GMRI subscales Continuing Bonds, Personal Growth, Sense of Peace, and Valuing Life were not significantly correlated with PTSD or CG symptoms.

**Discussion**

The present study investigated relationships among PTSD, CG, and facets of meaning making within an urban sample of homicide loss survivors. Notably, both PTSD and CG symptoms were clinically elevated and highly correlated, pointing to significant comorbidity in this sample of homicide survivors. Moreover, the GMRI’s Emptiness and Meaninglessness subscale was significantly correlated with both PTSD and CG symptom severity, suggesting that dysphoria and a sense of emotional desolation are shared, core features of PTSD and CG in the wake of traumatic loss. Importantly, when examining PTSD symptom clusters, the relationship between the avoidance and numbing symptoms of PTSD and the Emptiness and Meaninglessness subscale was strongest. This finding suggests that avoidance and numbing symptoms may most strongly prohibit meaning making or, alternatively, that failure to make meaning of a traumatic loss may give rise to or exacerbate behavioral and emotional avoidance.
Previous research on samples that are diverse with respect to cause of death has repeatedly documented the strong association between a struggle for meaning in the wake of violent death bereavement and poor bereavement outcome (Currier et al., 2006; Milman et al., 2018; Rozalski, Holland, & Neimeyer, 2016). In the present study with a more homogeneous sample of homicide survivors, however, only the subscale of the GMRI measuring Emptiness and Meaninglessness was associated with grief and trauma symptoms. Other more positive forms of meaning making captured by the Continuing Bonds, Sense of Peace, Valuing Life, and Personal Growth subscales were not, suggesting that, while the sense of incomprehension, isolation, regret, and dysphoria that are associated with the former negatively valanced factor of the instrument may play a role in exacerbating symptomatology, the latter more positive expressions of meaning making may prove elusive or ineffectual for many, even years after bereavement occurs. Differences in sample characteristics may explain these disparate findings; further inquiry is warranted to elucidate how meaning making may unfold in different ways for different groups based on type of loss, sample characteristics, and cultural factors that are beyond the scope of the present study.

Although there is no prescribed timeline for grieving, the normative progression from acute mourning to long-term, integrated grief is reported to range from approximately 6 to 12 months (Simon, 2013). In the present study, the average time since the loved one’s death was over 21 months, suggesting that these violently bereaved individuals were experiencing prolonged periods of mourning with clinically significant levels of trauma and grief-related distress marked by a sense of meaninglessness. Moreover, the majority of participants were parents who had lost a child, a profoundly devastating loss that is associated with greater clinical distress and which may result in longer and more intense periods of mourning (Burke & Neimeyer, 2013; Wheeler, 2001). In this protracted state of grief and traumatization, meaning making may be rendered ineffectual and substantial improvement may be unlikely without clinical intervention (Currier, Neimeyer, & Berman, 2008). Fortunately, contemporary grief therapists have developed a growing toolbox of approaches grounded in trauma-informed (Pearlman et al., 2014), attachment-informed (Kosminsky & Jordan, 2016), and meaning-informed (Neimeyer, 2012, 2016a, 2016b) perspectives, giving rise to evidence-based treatments with specific relevance to traumatic loss (Saindon et al., 2014; Shear et al., 2005).

Given the lack of significant relations between other facets of grief-related meaning making, PTSD, and CG-symptom severity, it is unclear whether the meaning-making process may unfold in a qualitatively different way for homicide loss than for other losses. Homicide loss, unlike other kinds of loss, may be perceived as especially meaningless, given its inherent
brutality, suddenness, and unexpectedness, and therefore the ability to make meaning may be severely impaired or even impossible (Armour, 2003). Some researchers have argued that meaning making is not essential to adjustment following traumatic loss (Davis, Wortman, Lehman, & Silver, 2000) and that attempts to make sense of the loss, particularly in the context of violent and irrational death, may actually reflect depressive rumination and nonadjustment (Bonanno, Papa, Lalande, Zhang, & Noll, 2005).

Alternatively, it may be necessary to distinguish between meaning making and experiencing positive growth in the aftermath of a traumatic loss. Growth associated with exposure to a trauma, or posttraumatic growth, is conceptualized as positive changes that occur as a result of a traumatic experience (Tedeschi & Calhoun, 2004); the GMRI subscales that did not display significant associations with symptom levels (e.g., Personal Growth, Valuing Life), might speak more to positive growth outcomes rather than simply meaning-making processes. Posttraumatic growth has previously displayed a curvilinear association with post-loss symptomatology (Currier, Holland, & Neimeyer, 2012); whereas moderate levels of CG symptoms seem to stimulate revision of the mourner’s worldview and facilitate growth, very high levels like those observed in the present sample may overwhelm the griever and inhibit that same process of reconstruction and growth. It is possible that the nonsignificant linear association between growth-related GMRI subscales and symptom levels reflects a nonlinear association rather than a lack of association. Further, as other investigators have reported, whereas an active and ongoing search for meaning has been associated with poorer contemporaneous adjustment, success at finding meaning tends to predict more adaptive bereavement trajectories over time (Coleman & Neimeyer, 2010). Unfortunately, the cross-sectional nature of the current study, as well as its sample size, preclude a direct test of these nonlinear and longitudinal hypotheses in the context of homicide loss.

Although the present study addresses an important gap in the germinal literature on homicide survivorship, the relatively small sample size and cross-sectional study design limit the generalizability of the findings. Correlational findings like those presented in the current study cannot demonstrate the direction or temporality of relationships between variables. More fine-grained patterns could also potentially be elucidated with a larger sample size. Furthermore, internal consistency of the GMRI’s subscales was relatively low, possibly due to the small number of items on these subscales. Despite design limitations, the present study suggests the relevance of further investigation of the relation between meaning making and psychopathologies associated with traumatic loss. Given the sample characteristics (the majority of whom were Black mothers of murdered young adults living in the urban South), additional research to understand
meaning making and generate clinically meaningful applications for underserved and underrepresented groups is timely and critical.

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**References**


