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## **MEANING RECONSTRUCTION IN THE FIRST TWO YEARS OF BEREAVEMENT: THE ROLE OF SENSE-MAKING AND BENEFIT-FINDING**

**JASON M. HOLLAND**

**JOSEPH M. CURRIER**

**ROBERT A. NEIMEYER**

*University of Memphis*

### **ABSTRACT**

Contemporary grief theories have highlighted the role of meaning-making in adaptation to bereavement, focusing on two major construals of meaning: making sense of the loss and finding benefit in the experience. The current investigation attempted a conceptual replication of the findings of Davis, Nolen-Hoeksema, and Larson (1998) that suggested that sense-making predicts adaptation to loss in the early period of bereavement, whereas benefit-finding primarily plays an ameliorative role as time progresses. To this end, an ethnically diverse sample of 1,022 recently bereaved college students completed the Inventory of Complicated Grief (ICG) as well as questions that assessed sense-making, benefit-finding, and the circumstances surrounding their losses. Results only partially replicated the findings of Davis and his colleagues, demonstrating that: 1) time since loss bore no relation to grief complications; 2) sense-making emerged as the most robust predictor of adjustment to bereavement; and 3) benefit finding interacted with sense making, with the fewest complications predicted when participants reported high sense, but low personal benefit, in the loss.

### **INTRODUCTION**

Losing a friend or loved one through death is a universal human experience that can bring about a host of debilitating physical and psychological symptoms

(Stroebe & Schut, 2001). Importantly, bereavement often challenges people's cherished beliefs about themselves and their worlds (Janoff-Bulman, 1992), thereby rocking the very foundation that sustains and supports them. Healing from loss can therefore be seen as a reconstructive process that involves weaving together the remaining fragments of one's "assumptive world" (Janoff-Bulman, 1992; Parkes, 1971) to recreate an existence that has purpose, meaning, and some semblance of predictability and order (Neimeyer, 2001). In keeping with these notions, researchers have increasingly turned their attention to questions of meaning in the aftermath of loss and have observed that "meaning-making" (Neimeyer, 1998; 2001) can indeed have an ameliorative impact on the devastating pain that often follows the death of a loved one (Armour, 2003; Craig, 1977; McIntosh, Silver, & Wortman, 1993; Miles & Crandall, 1983).

Though this process has been operationalized in many ways (Park & Folkman, 1997), important distinctions have been drawn between two forms of meaning-making, namely "sense-making" and "benefit-finding" (Davis & Nolen-Hoeksema, 2001; Davis, Nolen-Hoeksema, & Larson, 1998; Gillies & Neimeyer, 2006; Janoff-Bulman & Frantz, 1997; Neimeyer & Anderson, 2002). Sense-making denotes the comprehensibility of the loss or the survivor's capacity to find some sort of benign explanation for the seemingly inexplicable experience, often framed in philosophical or spiritual terms. Conversely, benefit-finding refers to the significance of the loss and entails the survivor's paradoxical ability to uncover a "silver lining" in the personal or social consequences of the loss, such as enhanced empathy, reordered life priorities, or a closer connection to other people within or beyond the family.

Although empirical research into these construals of meaning remains limited, important strides have been made in clarifying the function of sense-making and benefit-finding (Currier, Holland, & Neimeyer, 2006; Danoff-Burg & Revenson, 2005; Davis et al., 1998; Thompson, 1985). Most notably, in a longitudinal study of 205 family members of hospice patients, Davis and colleagues (1998) found that making sense of a loss successfully predicted healthy adaptation exclusively in the initial six months of the grieving process, whereas reports of benefit were primarily related to decrements in emotional distress at 13 and 18 months after a loss. Coupled with these apparent interaction effects with time since loss, these researchers also found support for the independent role of sense-making and benefit-finding and failed to find an interaction effect between the two when predicting participants' level of distress.

Although Davis and colleagues' (1998) study has in many ways set the tone for the way that clinicians and bereavement researchers think about these two forms of meaning-making, recent research highlights a need for the present study, which aims to replicate and expand upon their findings. For example, contrary to Davis and colleagues' (1998) study, which seems to suggest a different but equally important role for benefit-finding and sense-making, there is evidence that sense-making might play more of a crucial role in the grieving process.

In particular, in a study of nearly a thousand bereaved individuals, sense-making emerged as a far more salient distinguishing feature between survivors of natural and violent losses compared to benefit-finding (Currier, Holland, Coleman, & Neimeyer, 2006). Overall, the sense-making scores of participants bereaved by accidents, suicide, and homicide were nearly .8 standard deviations lower than those who were bereaved by natural causes ( $d = .79$ ); however, differences in benefit-finding were substantially smaller ( $d = .23$ ). Furthermore, in a follow-up study it was found that the heightened grief symptoms that follow violent bereavement could be explained by one's inability to make sense of the loss (Currier, Holland, & Neimeyer, 2006). Taken together, these results not only indicate the central relevance of sense-making in healing from various types of loss, they also challenge the notion that benefit-finding plays an equally important role in adjustment to bereavement in general.

Beyond these findings, certain factors associated with Davis and colleagues' (1998) study also warrant the need for further investigation of these two forms of meaning-making. For example, due to the longitudinal nature of their design, Davis and his colleagues (1998) faced challenges with recruitment that restricted the generalizability of their results. In particular, violent and sudden losses were not represented in their sample, most of their participants lost immediate family members (95%), and on average the sample consisted of middle-aged adults ( $M = 51.2$  years) who had lost older family members or loved ones ( $M = 63.7$  years) – all factors that could attenuate the need to search for meaning (Neimeyer, 2000).

Therefore, the current investigation aims to expand upon Davis and colleagues' (1998) study by utilizing a significantly larger group of participants suffering the loss of a wider range of relationships through more diverse forms of bereavement. Specifically, individuals bereaved by violent and other sudden causes were included in the present sample in order to match the latest data on causes of death in the United States more closely (Kockanek, Murphy, Anderson, & Scott, 2004). The present sample also represents the diversity of relationships that bereaved people have with the deceased by including participants who have lost extended family members or friends. Even though these losses are often considered less severe than the loss of an immediate family member (Weiss, 1988; Zisook & Lyons, 1988), bereavement defined broadly as the loss of a "loved one" is a pervasive problem faced by many people. Notably, in our own research we have found that approximately 40% of college students report having lost a loved one within the past 2 years (Currier, Holland, Coleman, & Neimeyer, 2006), and that student survivors of such losses report serious health risks (e.g., protracted insomnia, heightened substance use) with a significantly higher frequency than non-bereaved controls (Hardison, Neimeyer, & Lichstein, 2005). This pattern highlights the utility of sampling bereaved persons more generally beyond the bereaved spouses and parents that garner the most research attention (Balk, 2001).

In addition to these sampling issues, Davis and colleagues' (1998) findings were based on a composite scale that assessed for depression, negative affect, and symptoms of posttraumatic stress disorder (PTSD). Though these modes of distress are often concomitant with grief, they are by no means synonymous (Neimeyer & Hogan, 2001). Therefore, the present investigation will utilize the Inventory of Complicated Grief (ICG; Prigerson et al., 1995), a psychometrically established measure of elevated and persistent separation distress, seriously impaired functioning, and difficulties "moving on" with life following the loss of a loved one (Prigerson et al., 1999; Prigerson & Jacobs, 2001). Although complicated grief (CG) shares similarities with several psychiatric disorders, researchers have shown that it is unique and distinguishable from both major depressive disorder (Chen et al., 1999; Prigerson et al., 1995) and PTSD (Prigerson et al., 1999; Prigerson & Jacobs, 2001)—the two principal components of the composite measure used by Davis and his associates (1998). Thus, in keeping with these recent developments, the current study will examine the impact of sense-making and benefit-finding on grief symptomatology *per se* rather than more generic forms of psychological distress.

### **Study Aims**

The purpose of this study is to examine the role of sense-making, benefit-finding, and time since loss in predicting CG, among a sample of college students who have experienced a diversity of losses in terms of cause of death and their relationship to the deceased. If the findings of Davis and his colleagues (1998) hold in the current study, a significant interaction effect would be expected between sense-making and time since loss, as well as between benefit-finding and time since loss. In particular, if it is true that sense-making mainly predicts better grief outcomes in the initial 6 months of bereavement, it would be expected that sense-making would show a significantly larger negative association with CG for those who are more recently bereaved than for those who have been coping with a loss for a longer period of time. Conversely, Davis and colleagues' (1998) study suggests that benefit finding would exhibit a stronger negative association with CG for those who have been dealing with a loss for a more substantial period of time. In addition, if these two construals of meaning are truly independent in terms of their impact on one's subsequent level of distress, as found in Davis and colleagues' (1998) study, then it would be expected that sense-making and benefit-finding would not interact with each other when predicting CG.

## **METHODS**

### **Participants**

Following institutional review of the project, 1,022 participants were recruited from undergraduate introductory psychology courses at a large southern urban

university. Participants met the following two criteria for eligibility: 1) each was at least eighteen years of age; and 2) each reported the death of a friend or loved one within the past two years. The basis for this latter requisite stems from past research that suggests that significant bereavement phenomena can be observed over 24 months or longer in some cases (Prigerson & Jacobs, 2001).

The current sample<sup>1</sup> ranged in age from 18 to 53 years with a mean of 21.0 years. Women made up 75% of the sample, and 25% were men. In addition, 56% of the participants were Caucasian, 38.4% African American, 1.6% Asian American, and roughly 4% were of another ethnicity, reflecting the undergraduate distribution of ethnicities at the urban research institution. Approximately 46% of the reported losses in the current sample were due to natural anticipated causes (e.g., cancer), 22.5% to natural sudden causes (e.g., heart attack), 18% to fatal accident, 4.5% to suicide, 6% to homicide, and the remaining 3% of losses were due to other causes, such as perinatal or unexplained death. Nearly 8% of the sample lost an immediate family member (e.g., parent, sibling, spouse), 58% lost an extended family member (e.g., grandparent, uncle, cousin), 27% lost a friend, and 7% of participants indicated they had lost some “other relative.”

### Procedure

Each eligible participant completed a questionnaire that included the *Inventory of Complicated Grief* (Prigerson et al., 1995), a single-item question pertaining to sense-making, a single-item question pertaining to benefit-finding, questions concerning demographic information, and multiple-choice questions regarding the circumstances surrounding the loss (e.g., “How many months ago did the loss occur? How did the death occur? How would you describe the nature of your relationship to the deceased?”).

### Measures

#### *Inventory of Complicated Grief (Prigerson et al., 1995)*

The current version of the ICG is composed of 30 declarative statements, such as, “I feel like I have become numb since the death of [the deceased]” and “Ever since [the deceased] died I feel like I have lost the ability to care about other people or I feel distant from people I care about,” to which responses are made on a 5-point Likert-type scale describing the frequency of symptoms (e.g., from 1 = *never* to 5 = *always*). Items assess such symptoms as the bereaved’s

<sup>1</sup> The sample participating in the present study overlapped with participants in the research of Currier, Holland, and Neimeyer (2006) regarding factors mediating the impact of violent death of a loved one on complicated grief. However, the present analyses represent a more refined view of the multiple dimensions of meaning-making and their interaction across the first 2 years of bereavement, thereby substantially extending the results of this previous study.

preoccupation with thoughts of the deceased, hallucinations, disbelief about the death, feelings of being shocked and overwhelmed, numb, out of control, anxious and unsafe, in addition to avoidance behaviors, sense of purposeless about the future, and disturbances in sleep.

The first 19-item version of the ICG evidenced strong psychometric properties in a number of studies (Chen et al., 1999; Neimeyer & Hogan, 2001; Prigerson et al., 1999). This version of the ICG has exhibited high internal consistency ( $\alpha = .94$ ), 6-month test-retest reliability ( $r = .80$ ), and good concurrent validity with the Texas Revised Inventory of Grief (TRIG; Faschingbauer, 1981; Prigerson et al., 1995). The more recent version of the ICG, which was used in the present study, has also been tested in the Netherlands, where a Dutch translation displayed high internal consistency ( $\alpha = .94$ ) and good temporal stability ( $r = .92$ ) over a period ranging from 9 to 28 days (Boelen, van den Bout, De Keijser, & Hoijtink, 2003). The scale has also been shown to predict a broad range of serious long-term health and mental health consequences of bereavement, justifying its interpretation as a measure of complicated grief symptomatology (Ott, 2003; Prigerson et al., 1999; Prigerson & Jacobs, 2001).

#### *Sense-Making and Benefit Finding*

Sense-making and benefit-finding were assessed by two single-item questions on a Likert-type scale. Sense-making was assessed first by having participants respond to the question, "How much sense would you say you have made of the loss?" from "no sense of my loss" to "a good deal of sense." Benefit-finding was then measured by asking the respondents, "Despite your loss, have you been able to find any benefit from your experience of the loss?" from "no benefit" to "great benefit." These two single-item questions correspond closely to the single-item questions that other researchers have used to measure these constructs of meaning for quantitative purposes (e.g., Davis et al., 1998; Lehman, Wortman, & Williams, 1987; McIntosh et al., 1993; Silver, Boon, & Stones, 1983). Significantly, Davis and colleagues (1998) found that both of their items showed adequate test-retest reliability with Pearson correlations greater than .5 from 6 months to 13 months post-loss.

## **RESULTS**

Considering the predominance of young adults in the current sample, the two items assessing spousal bereavement (#13 and #13a) on the ICG were excluded from the statistical analyses. The remaining 29 items of the ICG were then summed and averaged to obtain overall scores. In 5.4 % of cases participants only gave partial information on this measure, and in this situation the mean of the completed items was used as an estimate of the overall score to reduce the number of missing cases. On average, for the 57 participants who did not respond to all

items of the ICG, approximately 24 of the 29 items were completed ( $M = 24.18$ ,  $SD = 5.91$ ). Given the high reliability of this measure in the study ( $\alpha = .95$ ), it is reasonable to assume that these estimates represent close approximations of the total ICG score.

Table 1 displays the means, standard deviations, and bivariate correlations for sense-making, benefit-finding, time since loss, and ICG scores. Both sense-making and benefit-finding were found to be negatively associated with CG. Thus, on average, participants who reported making more sense of their loss and finding greater benefit tended to report less CG. Furthermore, contrary to Davis and colleagues' study (1998), a significant positive correlation was found between sense-making and benefit-finding. Notably, time since loss was not significantly associated with CG, sense-making, or benefit-finding.

In order to test the model put forth by Davis and colleagues (1998), we performed a multiple regression analysis. Before conducting this test, the independent variables (i.e., sense-making, benefit-finding, and time since loss) were centered. These centered scores were used to form the interaction terms in order to minimize problems with multicollinearity and to aid in interpreting the first order terms in the regression analyses (Aiken & West, 1991). Three interaction terms were created: 1) sense-making  $\times$  time since loss, 2) benefit-finding  $\times$  time since loss, and 3) sense-making  $\times$  benefit-finding. CG was then regressed onto sense-making, benefit-finding, time since loss, and the three interaction terms. The equation was constructed hierarchically, with the first order terms in the first model and the interaction terms in the second model. Table 2 displays regression coefficients for this analysis.

In model 1, with only the first order terms in the equation (i.e., sense-making, benefit-finding, and time since loss), the model predicted 17.3% of the variance in ICG scores,  $R^2 = .17$ ,  $F(3, 964) = 67.3$ ,  $p < .001$ . It is worth noting that only sense-making emerged as a unique predictor of CG in this initial model,  $B = -.26$ ,  $t(966) = 13.76$ ,  $p < .001$ . In model 2, the interaction terms were added, and overall these second order terms were shown to significantly increase the

Table 1. Means, Standard Deviations, and Intercorrelations between Variables ( $N = 1022$ )

Variable	<i>M</i>	<i>SD</i>	SM	BF	TSL
Complicated Grief (CG)	1.66	.62	-.41*	-.10*	-.02
Sense-Making (SM)	3.28	.95		.24*	-.04
Benefit-Finding (BF)	2.71	1.30			.00
Time Since Loss (TSL)	11.30	7.52			

\* $p < .001$

Table 2. Interactive and Main Effects of Sense-Making, Benefit-Finding, and Time Since Loss on Complicated Grief ( $N = 968$ )

Predictor	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>	$R^2$
Model					.17*
Sense-Making	-.26	.02	-.42	-13.76*	
Benefit-Finding	-.00	.02	-.00	.06	
Time Since Loss	-.03	.02	-.04	-1.45	
Model 2					.19*
Sense-Making	-.24	.02	-.39	-13.02*	
Benefit-Finding	.00	.02	.00	.01	
Time Since Loss	-.03	.02	-.05	-1.59	
Sense-Making $\times$ Time Since Loss	.01	.02	.02	.74	
Benefit-Finding $\times$ Time Since Loss	-.01	.02	-.01	-.32	
Sense-Making $\times$ Benefit Finding	.08	.02	.15	4.92*	

\* $p < .001$ 

predictive ability of the regression equation,  $R_{inc}^2 = .02$ ,  $F_{inc}(3, 961) = 8.23$ ,  $p < .001$ .

However, contrary to the model proposed by Davis and colleagues (1998), an examination of the beta coefficients in model 2 revealed that the sense-making  $\times$  time since loss and benefit-finding  $\times$  time since loss interaction terms were not significant predictors of CG. Stated differently, the impact of sense-making and benefit-finding on CG did not seem to vary as a function of time since the loss. Although the interactions with time since loss did not prove to be statistically significant, the interaction between sense-making and benefit-finding did reach statistical significance in this model,  $B = .08$ ,  $t(966) = 4.92$ ,  $p < .001$ .

To investigate this significant finding further, a second set of analyses was performed with only sense-making, benefit-finding, and the interaction between the two in the regression equation. In these analyses, the interaction between sense-making and benefit-finding was decomposed by testing the simple slopes of benefit-finding on CG at high and low levels of sense-making (i.e., one standard deviation above the sense-making mean and one standard deviation below the sense-making mean; Cohen, Cohen, West, & Aiken, 2003). Results revealed that benefit-finding and CG were negatively associated when sense-making is low,  $B = -.08$ ,  $t(983) = -3.39$ ,  $p = .001$ . Conversely, when sense-making was high, a significant positive association was found between benefit-finding and CG,  $B = .08$ ,  $t(983) = 3.33$ ,  $p = .001$ . Put more simply, these analyses suggest that when little sense had been made of a loss, the attainment of benefits was linked with

lower levels of CG. However, when a great deal of sense had been made of a loss, finding benefit or a “silver-lining” in the grief experience was associated with poorer grief outcomes. These findings are depicted graphically in Figure 1.

As can be seen in this graph, the two most extreme profiles were: 1) those with low sense-making and low benefit-finding who tended to fare the worst; and 2) those with high sense-making and low benefit-finding who had the most favorable grief outcomes. However, Figure 1 also shows that as greater benefits are endorsed, each of these more extreme profiles approach an intermediate grief outcome in between these two extremities.

Finally, to assess the generalizability of these results to various subgroups in the larger sample, all analyses were repeated with subsets defined by cause of death and relationship to the deceased. Importantly, a parallel pattern was found for those who had experienced violent losses (i.e., suicide, homicide, or accident) and nonviolent losses. In addition, participants who lost an immediate family member (e.g., parent, spouse, or child) displayed a similar configuration of findings as those who lost an extended family member (e.g., grandparent, cousin, or aunt) or friend. In other words, the interaction of sense-making and benefit finding (and the relative unimportance of time) in predicting complicated grief symptomatology remained robust, regardless of cause of death or nature of the relationship to the deceased.

## DISCUSSION

Overall, this study indicates that making sense and finding benefit from one’s experience of loss are both associated with decreased complications in grieving. However, the present findings show that, in general, sense-making is a stronger predictor of grief outcomes compared to benefit-finding. In addition, contrary to Davis and colleagues’ (1998) findings, these data suggest that the relation of sense-making and benefit-finding to CG does not vary as a function of time since the loss, at least within the first two years of bereavement. In fact, in all of the performed analyses, time since loss, both as a main effect and as part of an interaction term, did not exhibit any significant relations with the other variables under investigation (i.e., sense-making, benefit-finding, and CG), suggesting that neither meaning-making nor attenuation of CG should be expected by the passage of time alone.

This pattern of results provides only partial replication of the research of Davis and colleagues (1998), insofar as it reinforces the apparent salutary role of meaning-making in adapting to loss. However, the current investigation failed to find evidence of a shift in the impact of sense-making and benefit-finding from the first to the second year of the grieving process. Though this finding does not converge with Davis and colleagues’ (1998) work, it does conform to a larger body of empirical and theoretical literature, which challenges the notion that grief unfolds in predictable patterns over time. For example, research has shown

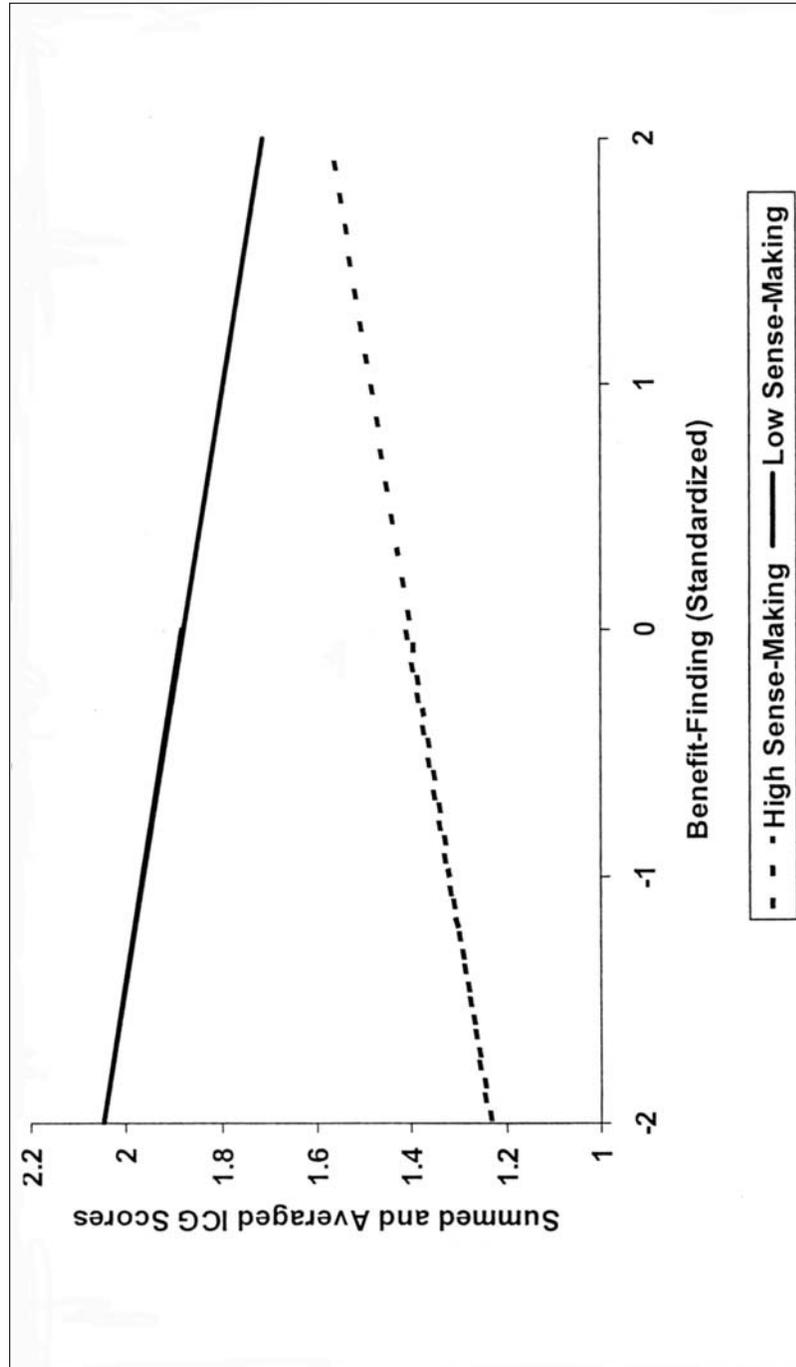


Figure 1. The simple slopes of benefit-finding on complicated grief at high and low levels of sense-making.

that the amount of time that has elapsed after a loss is a relatively weak predictor of one's level of grief and other related symptoms, such as guilt, anger, depression, and anxiety (Vezina, Bourque, & Belanger, 1988; Zisook, Devaul, & Click, 1982; Zisook & Shuchter, 1985). In addition, recent grief theory has also tended to deemphasize the importance of time since loss compared to past models. Specifically, stage models of grief that hypothesize a predictable series of stages over time (e.g., Kübler-Ross, 1969) have largely been replaced by theories that focus on meaning-making and other forms of coping (Neimeyer, 2001; Stroebe, Hansson, Stroebe & Schut, 2001), in keeping with longitudinal evidence of qualitatively distinct trajectories through bereavement for different survivors (Bonanno, Wortman, & Nesse, 2004).

Although the interactions with time since loss did not aid in the prediction of participants' level of CG, the interaction between benefit-finding and sense-making did account for a substantial amount of the variability in grief outcomes. In keeping with a constructivist perspective (Neimeyer, 2001), this finding indicates that low levels of meaning-making, as reflected in the inability to make sense of the loss or find personal benefits, are associated with the greatest level of complication in grieving. In contrast, the most favorable adaptation to bereavement is associated with the high attribution of sense to the loss, in the presence of low perceived benefit. It could be that this latter profile reflects a pattern of meaning-making associated with "altruistic acceptance" or the ability to put a significant loss into a broader spiritual or secular frame of intelligibility, but without an implication of personal gain. Indeed, in our informal interactions with participants in the study, we were struck by how often those who, for example, framed the loss in religious terms took offense at any implication of finding a personal "benefit" in the loss of a loved one, perhaps because they viewed the latter as being "selfish." This provocative pattern, however, deserves replication and further exploration at the level of detailed analyses of the contents of meanings made of the loss, which would require an extension of the present methodology, perhaps through a blend of quantitative and qualitative methods (Neimeyer & Hogan, 2001)

In comparison to these two extreme patterns, those bereaved individuals who reported high benefits in the loss, whether in the presence or absence of sense-making, were intermediate in their adjustment. This finding runs contrary to Davis and colleagues' (1998) study, which suggested that benefit-finding functions along an independent pathway from sense-making in the adjustment process. Instead, it seems that the ability to perceive some personal growth, while less comforting than being able to integrate the meaning of the loss in terms that make it comprehensible and coherent with one's life narrative (Neimeyer, 2005), provides at least a partial compensation for the death of a significant person. Notably, this profile was associated with more favorable outcomes than those suffered by survivors who found neither sense nor benefit in their bereavement. In summary, these results call for more research on the "multiple meanings of

meaning” (Neimeyer, 2000), particularly around the way in which these interact in adaptation to loss.

### **Clinical Implications**

Consistent with other work (Currier et al., 2006; Davis et al., 1998; Davis, Wortman, Lehman, & Silver, 2000; Neimeyer, 1998, 2001), the present results suggest that bereaved persons who find a measure of meaning in the loss experience seem to fare better in the grieving process. Thus, therapists working with clients struggling to find sense in loss would be well advised to utilize strategies that focus on meaning-making and help the bereaved integrate their experiences into a purposeful and coherent life narrative (Neimeyer, 2005). The utility of such an approach is compatible with the findings of a recent randomized trial with “complicated grief therapy,” which featured meaning-making exercises such as an evocative retelling and recording of the story of the loss and projection of new life goals (Shear, Frank, Houch, & Reynolds, 2005). Importantly, these therapeutic strategies were found to be substantially more effective than standard interpersonal therapy for grief. Similarly, a randomized controlled trial of Internet-administered therapy for complicated forms of grief, which makes extensive use of narrative methods to help participants integrate the story of the loss and project a new sense of self, suggests the efficacy of meaning-making methods in mitigating traumatic and non-traumatic symptomatology (Wagner, Knaevelsrud, & Maercker, 2006). However, the precise therapeutic mechanisms by which such interventions achieve their effects remains to be identified through further research.

Another set of implications stems from how the simple passage of time was not shown to ameliorate grief complications. In particular, the length of time following loss did not show any significant associations with sense-making, benefit-finding, or CG. From a clinical perspective, these results are encouraging in that they illustrate how meaning-making can take place at virtually any point in the adjustment process. Indeed, it might be that “resilient” grievers—those who show only transient symptomatology to loss and quickly reestablish their psychosocial functioning and equilibrium (Bonanno, 2004)—are precisely those whose pre-loss meaning systems adequately assimilate the event, rather than calling for major reconstruction to accommodate the harsh reality of bereavement (Neimeyer, 2005).

Notwithstanding these encouraging findings, clinicians should still proceed cautiously, as empirical research on post-loss meaning-reconstruction is rather sparse and some uncertainty persists. For instance, in this investigation, benefit-finding was found to play a somewhat ambiguous role, being positively or negatively associated with grief depending on one’s level of sense-making. Thus, clinicians might do well to approach issues of benefit-finding somewhat gingerly and perhaps assume a more non-directive role in allowing clients to endorse personal gains on their own terms.

### Limitations and Future Directions

Although this study sheds further light on the role of sense-making and benefit-finding in the grieving process, it is not without limitations. Specifically, the fact that a non-experimental, cross-sectional design was employed precludes causal statements based on this study alone. For example, an alternate explanation for the observed results could be that participants who have higher levels of grief might also experience more difficulties concentrating, thinking clearly, and making decisions—all factors that could make the search for meaning more challenging. Nevertheless, these findings taken together with past longitudinal research (e.g., [Davis et al., 1998](#); [McIntosh et al., 1993](#)) and experimental studies of cognitive and meaning-based therapies ([Shear et al., 2005](#); [Wagner et al., 2006](#)) provide preliminary evidence for the central role of meaning reconstruction in the aftermath of loss. Future studies would do well, though, to build upon these findings by tracking participants who have experienced diverse forms of loss, in terms of cause of death and relationship to the deceased, over time using longitudinal designs. Studying adaptation over periods of time longer than 2 years would also permit assessment of whether discovering unsought benefits in the loss (e.g., personal growth, enhanced empathy for others) would emerge as a more robust predictor of bereavement adjustment over a more extended period.

Though the sample in the present study represented a range of losses (e.g., violent and non-violent losses, loss of primary and secondary relationships), it was also primarily a college-aged sample, which makes it difficult to generalize these findings to age groups outside of young adulthood. Past studies that have examined meaning reconstruction after loss with older samples (e.g., [Davis et al., 1998](#); [McIntosh et al., 1993](#)) have also highlighted the importance of meaning-making; however, it still remains unclear whether the distinctive findings of this study represent general trends or are specific to a young adult population. Thus, future research that investigates potential differences among diverse age groups could contribute significantly to our understanding of how the processes of sense-making and benefit-finding after loss might vary across the life span.

The assessment of sense-making and benefit-finding with self-rated, single-item measures also limits the findings of the present study. Although past investigations have demonstrated the usefulness of this straightforward quantitative approach (e.g., [Currier, Holland, Coleman, & Neimeyer, 2006](#); [Currier, Holland, & Neimeyer, 2006](#); [McIntosh et al., 1993](#); [Silver et al., 1983](#)), the present methodology relies heavily on participants' subjective assessments of their own level of meaning reconstruction and also masks the personal meanings underlying their responses. Still, past research has indicated that an appraisal of how someone made sense or found benefit from a loss does not significantly predict their level of distress beyond a simple assessment for the presence or absence of these meaning-making strategies ([Davis et al., 1998](#)). Thus, in keeping with this finding, the current study emphasized the degree of sense or benefit attained as opposed to

focusing on the spiritual, existential, or other unique factors that underlie a particular meaning-making strategy. Nevertheless, the development of more refined measures, as advocated by [Gillies and Neimeyer \(2006\)](#), could help clarify which facets or types of meaning-making are associated with more favorable grief outcomes.

A final issue concerns the choice of outcome measure. In contrast to Davis and colleagues' (1998) findings, the present study found that sense-making predicts better grief outcomes overall compared to benefit-finding. One possible explanation for this discrepancy is that, although the impact of benefit-finding on grief per se is somewhat limited, it might be more strongly associated with improvements in other bereavement symptomatology, such as the PTSD or depression measured by Davis and colleagues (1998). Thus, future research would do well to include psychometrically valid assessments of a broader band of outcomes to assess whether different forms of meaning-making are associated with more favorable adaptation in different areas of psychosocial functioning. Nonetheless, the present findings support a model of grief in which meaning reconstruction plays an important role, particularly in the form of sense-making, across the first 2 years of bereavement.

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Direct reprint requests to:

Jason M. Holland  
Department of Psychology  
University of Memphis  
Memphis, TN 38152  
e-mail: [jmhollnd@memphis.edu](mailto:jmhollnd@memphis.edu)