Mourning and Meaning

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Viewed in an expanded frame, the phenomena of grief and bereavement call for analysis in sociological, psychological, and psychiatric terms. In this article, the authors argue that a common theme in these accounts is that of the meaning of loss as expressed in both individual and collective attempts at adaptation. At a societal level, communal rituals, discursive practices, and local cultures provide resources for integrating the significance of loss for survivors and regulating the emotional chaos of bereavement. At an individual and interpersonal level, survivors struggle to assimilate the loss into their existing self-narratives, which are sometimes profoundly challenged by traumatic bereavement. Complicated grief can therefore be viewed as the inability to reconstruct a meaningful personal reality, an outcome to which individuals with insecure working models of self and relationships are especially vulnerable. Nonetheless, evidence suggests that grief can prompt personal growth as well as despair, augmenting rather than only reducing the survivor's sense of meaning.

Grief as a human experience is both a natural and constructed event. On the one hand, core features of our response to loss reflect our evolution as biological and social beings, rooted in the disruption of attachment bonds required for our very survival. On the other hand, we respond to bereavement at symbolic as well as biological levels, imputing significance to the symptoms of separation that we experience as well as the changes in personal and collective identity that accompany the death of a member of the family or broader community.

In this article, we will reflect on these various levels of response to loss, situating grief sociologically within encompassing communal and cultural frames of reference, psychologically as a response to the disruption of personal assumptions and relationships that sustain a sense of self, and psychiatrically as a process with complications that can forecast deleterious health and mental health outcomes possibly calling for intervention. A guiding theme in the analysis that follows is that human beings seek meaning in mourning and do so by struggling to construct a coherent account of their bereavement that preserves a sense of

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continuity with who they have been while also integrating the reality of a changed world into their conception of who they must now be. Writing from our respective vantage points as a clinical psychologist with constructivist and social constructionist leanings, a psychiatric epidemiologist, and a nurse researcher, we hope that this pluralistic perspective will invite interdisciplinary investigation on a topic that carries rich implications for the social beings we seek to understand.

TOWARD A SOCIOLOGY OF GRIEF

Contemporary Western cultures are dominated by what might be termed an *essentialist* understanding of grief, a view that grief represents a natural response to profound loss, one characterized by presumably universal symptoms, stages, or struggles (Neimeyer, 2002). This perspective further situates grief within persons, keeping with a strong cultural emphasis on individualism and a tendency to attribute human distress to inner states or traits of the affected persons rather than to broader social systems and structures (Foucault, 1970). This tendency to "psychologize" grief is particularly evident in American culture, abetted by both genuine advances in psychological and medical research and an optimistic ethos that posits some form of counseling or psychotherapy as the appropriate response to a wide range of problems.

The scientific and humanitarian benefits of psychological approaches notwithstanding, the phenomena of death and mourning also call for analysis within broader disciplinary frameworks. Anthropologists, for example, have long been intrigued by the way in which different cultures construct unique beliefs and practices by which they give meaning to mortality and its role in human life (Campbell, 1988). Indeed, the (pre)historic attempt to formulate mythological, cosmological, sacred, and secular theories of life and death in one sense defines culture, understood as a group's distinctive response to the perennial questions, "Who are we? Where did we come from? And where are we going?" Viewed in this encompassing perspective, death becomes not merely a biological event to which we succumb but a catalyst for the construction of cultural frames of meaning that link members across generations.

A complementary perspective on death and loss is suggested by sociologists such as Durkheim (1912/1965), who studied the processes that hold societies together. In his view, threats to the cohesiveness of a society call for efforts to repair the social fabric through the twin processes of *integration* and *regulation*. The loss of members of a society through death is one such threat, giving rise to institutionalized mechanisms for integrating the dead into the ongoing social system in some fashion and also regulating the passions of those who mourn them. Accordingly, contemporary sociologists such as Walter (1999) study the characteristic ways in which members of a given culture "live with the dead,"

preserving a sense of continuity and ancestry, and "police the grieving" by establishing norms for the feelings and behaviors of survivors. This broadly social view of loss and mourning highlights several features of grief systems, each of which has public as well as private aspects. These features include the *rituals*, *local cultures*, and *discourses* that shape the significance of loss within human communities.

Cultural rituals, whether in the form of a Catholic funeral mass, Jewish *shivah*, or secular memorial service, serve both integrative and regulatory goals by providing a structure for the emotional chaos of grief, conferring a symbolic order on events, and facilitating the construction of shared meanings among members of the family, community, or even nation. From formal institutional rites of passage to the more spontaneous observances that arise within families (e.g., receiving visitors and passing on a cherished memento to a child), ritual practices must include three basic dimensions to meet the needs of the bereaved and the larger social system (Romanoff & Terenzio, 1998). These include (a) *transformation* of the mourners' sense of self, permitting them to reflect on and recast their attachment to the deceased; (b) *transition* to a new social status for both the deceased (e.g., from being a living participant in the community to someone present in spirit) and the bereaved (e.g., from wife to widow); and (c) *connection* to that which is lost, through formal events such as the Jewish *Yizkor* or even informal conversations about the person who was lost. In combination, these dimensions of mourning rituals affirm shared bonds while also recognizing changed statuses for those most intimately affected by the loss. An important caveat is in order here, however, insofar as many losses (e.g., the death of an unborn child, of an extramarital lover, and of an ex-partner) are socially disenfranchised, receiving little or no ritual support in contemporary culture (Doka, 2002; Neimeyer & Jordan, 2002).

A second feature of grief systems is receiving increasing attention by behavioral scientists, namely, the role of local cultures in configuring the mourning experiences of their members. At the most public level, there is growing appreciation of the diversity of responses to death and grief by members of different cultural and subcultural groups (Irish, Lundquist, & Nelsen, 1993). To cite but a single example, focus group research (Braun & Nichols, 1997) suggests considerable variability among different Asian American communities in bereavement practices, ranging from the Chinese American observances to honor ancestors in the annual *Ching Ming* festival to Filipino Americans' organization of a Catholic novena, at the end of which an *atang* is held so that the deceased may return to say goodbye. Even members of demographic majorities develop local cultures that forge unique meanings of their shared losses. One example is provided by Klass's (1999) ethnomethodological research on the culture of support groups for bereaved parents, which help consolidate the parents' bonds with the "inner representation" of their lost children through creative memorial practices (e.g., photo displays and butterfly releases at picnics). Seen from this vantage point,

cultural variations in mourning practices are not anthropological curiosities that characterize exotic peoples but instead penetrate all human collectives whether defined by ethnicity, tradition, circumstance, or choice.

Finally, social systems are defined in part by the discourses through which they assign meaning to death and loss (Neimeyer, 2001a). Although these linguistic practices sometimes crystallize into specific church liturgies, sutras, or other cultural forms, they are typically more fluid, cutting across social groups defined by race and place. For example, different professions draw on divergent discourses of problematic grief as a medical syndrome (in the case of psychiatry), as a progression through stages of adaptation (in the case of bereavement counseling), and as a spiritual journey (in the case of the clergy). In a pluralistic, postmodern society, these discourses intermingle and sometimes clash, making competing demands on those persons immersed in them. Ultimately, it is the individual "discourse users" (Harré & Gillett, 1994) positioned at the confluence of these different streams of meaning making who selectively appropriate ways of understanding bereavement in their own lives, families, and workplaces. It is to this more psychological framing of grief that we now turn.

PSYCHOLOGICAL RECONSTRUCTION IN THE WAKE OF LOSS

The loss of an intimate attachment relationship through death poses profound challenges to our adaptation as living beings. In part as an expression of an evolutionary heritage shared with other social animals, we respond to such separation with a suite of seemingly hard-wired reactions, including weeping, behavioral disorientation, and yearning for the lost attachment figure (Bowlby, 1973). Moreover, these grief-specific responses are commonly coupled with predictable physiological symptoms, including shortness of breath, tachycardia, dry mouth, sweating, frequent urination, digestive disturbance, and choking sensations (Rando, 1995). Taken together with other symptoms such as restlessness, increased muscular tension, and insomnia, these responses can be understood as a pattern of sympathetic arousal in response to the stress of separation (Parkes, 1996). Although large-scale longitudinal research indicates that the majority of bereaved persons cope effectively with these acute symptoms of distress (McCrae & Costa, 1993), as many as 40% display prolonged signs of neuroendocrine disturbance and sleep disruption (Hall & Irwin, 2001) as well as diagnosable anxiety or panic syndromes during the first year of bereavement (Jacobs, 1993). Thus, the basic biological effect of loss can be profound and for a significant minority of the bereaved sustained.

As critical as these psychophysical responses to loss are, the pervasive effects of bereavement can only be appreciated if distinctively human levels of disruption and adaptation are given equal consideration. This expanded focus shifts attention from symptoms to their significance, from basic biological reactions to

subtly psychological ones. Within this broader view, grieving individuals can be viewed as struggling to affirm or reconstruct a personal world of meaning that has been challenged by loss (Neimeyer, 2002). This constructivist shift—evident across cutting-edge developments in bereavement theory, research, and practice (Neimeyer, 2001b)—places emphasis on the ubiquitous human tendency to organize experience in narrative form, to construct accounts that make sense of the troubling transitions in our lives by fitting them into a meaningful plot structure (Neimeyer & Levitt, 2001). Major losses, however, undercut our efforts to maintain a coherent self-narrative as the significant others on whom our life stories depend are removed, prompting substantial revisions of our daily and long-range goals if our lives are once again to achieve a measure of predictability and direction. Moreover, the losses of those who have been the intimate witnesses to our past—our partners, parents, grandparents, siblings, or long-term friends—can undermine even our basic self-definition as no one any longer occupies the special relational stance toward us needed to call forth and validate the unique fund of shared memories that sustains our sense of who we have been. Thus, the death of a spouse at the point of retirement, perhaps after a protracted period of caregiving in the face of chronic illness, confronts the partner with more than symptoms of separation distress. This relatively normative form of bereavement also introduces the need to reorganize the daily plot of the survivor's life, to relinquish jointly formulated postretirement plans that promised to structure the remaining chapters of their shared life narrative, and to recruit new social validation for the survivor's characterization of who he or she is beyond the marital role relationship. In all of these senses and more, bereavement therefore prompts us to "relearn the self" and "relearn the world" in the wake of loss (Attig, 1996).

One implication of this view is that the meaning making triggered by loss is pursued at the juncture of self and system rather than only in the private thoughts and feelings of the bereaved individual. Thus, the self is constituted and reconstituted in relation to an embracing social world, on which the individual necessarily draws and to which she or he repeatedly returns for validation (Neimeyer, 1998). As recent models of grieving (Stroebe & Schut, 1999) suggest, this form of "oscillating" between a largely internal orientation to one's personal reactions and a largely external orientation of experimenting with a new sense of one's place in the world is common in bereavement. Moreover, qualitative studies of bereaved families highlight the intensely interactive conversational practices by which people negotiate the meaning of the death, seek support for their own views of its significance, and struggle with its implications for their ongoing relationships with one another (Nadeau, 1997; Rosenblatt, 2000).

Although the psychosocial accommodation to any death is significant, bereavement that is traumatic in nature (as in cases of homicide, suicide, or mutilating accident) or that violates the "natural order" (as in the untimely death of young people) poses additional challenges to the survivor's adaptation. Some of these play out on basic physiological levels as immersion in sudden, horrific

losses floods the brain with neurotransmitters, "stamping in" vivid sensory memories of the event (van der Kolk & van der Hart, 1991). Unlike the memories associated with less devastating losses, those associated with trauma frequently take the form of fragmented or dissociated images, sensations, and emotions—the spilling of blood, the smell of burning flesh, and a sense of horror and helplessness—that reside at the level of the amygdala, relatively unmediated by the conscious control exercised by the neocortex. In an evolutionary sense, the hypervigilance to subsequent stimuli associated with the original loss (a loud explosion, the smell of smoke, or a scream) can be considered adaptive, providing a rapid appraisal system for identifying and avoiding threat. However, when this system is triggered by events that have only a slight resemblance to the instigating trauma, the result is a chronically hyperaroused limbic system and susceptibility to intrusive memories alternating with avoidance (Horowitz, 1997).

Framing these physiological effects in constructivist, meaning-making terms, traumatic memories constructed under conditions of high arousal are prenarrative, consisting of unintegrated sensations and perceptions that can persist for years, resisting incorporation into the conscious master narrative of our lives. Two years after his chronically depressed wife committed suicide by placing a gun in her mouth and pulling the trigger, for example, the husband who found her crumpled body on the bathroom floor complained of the unaccountable smell of blood and gunpowder overtaking him in unlikely places. Constructivist interventions designed to assist the integration of meanings and imagery associated with traumatic and nontraumatic losses are now being developed (Neimeyer, 2001b).

A second difficulty with accommodating traumatic loss arises not at the aforementioned level of emplotting traumatic events, fitting them into the story of our lives, but at the level of the underlying thematic structure on which our self-narrative depends. Viewed from this perspective, tragic losses invalidate the "assumptive world" (Janoff-Bulman & Berg, 1998) on which we rely as our taken-for-granted senses of security, predictability, trust, and optimism are profoundly and perhaps permanently undercut by the traumatic experience. One mother whose child died after years of intensive caregiving for his congenital heart problem exemplified this response, seeking answers to the urgent question of why this tragedy had befallen her family. Feeling as if the loss were a violation of the entire belief system that had given her life meaning, she reformulated a wiser, if darker, view of the universe, seeing the death as a spiritual wake-up call from a demanding god who forced her to reappraise the materialism and superficiality of her previous life. The result was a great deal of pain and soul searching but also growth. Research has demonstrated that the compelling need to grapple with an explanation for the loss attends the great majority of traumatic bereavements and that survivors' ability to make sense of the death and to find some important existential benefit or life lesson in the loss are among the best predictors of their eventual adaptation (Davis, Nolen-Hoeksema, & Larson, 1998).

COMPLICATED GRIEF: A PSYCHIATRIC PERSPECTIVE

As the previous sections suggest, adapting to normative as well as traumatic losses poses significant challenges to survivors, who draw on personal, social, and cultural resources to give meaning to the loss and to incorporate the experience into their ongoing life narrative (Neimeyer, 2001a). However, not all bereaved persons meet these challenges optimally, as a significant minority (10% to 20%) find it exceedingly difficult to integrate the loss and move on with their lives (Prigerson & Jacobs, 2001b). For this group, the death of the loved one is not only profoundly sad but also deeply disturbing to their sense of who they are, their sustaining life projects, and their anchoring in the relational world. In this section we will review research on this complication in grieving, focusing on its correlates and consequences, and conjecture on its causes in the interaction of objective bereavement and its subjective significance for the survivor. As we shall see, this will lead once again to a consideration of attachment phenomena as well as the challenges to the basic models of meaning to which these give rise.

Viewed from a psychiatric perspective, symptoms of complicated grief include intense and persistent symptoms of separation distress (e.g., ruminative thoughts of the deceased, yearning and searching, and excessive loneliness resulting from the loss) and symptoms of traumatic distress (Prigerson & Jacobs, 2001a, 2001b) (see Table 1). Significantly, the symptoms of complication listed under Criterion B can all be viewed in terms of a struggle to integrate the meaning of the loss, as described earlier in this article. For example, numbness and disbelief can be seen as expressions of the inability to assimilate the loss into one's previous constructions of reality. A shattered worldview as well as a compromised sense of purpose, significance, security, and control refer directly to the decimation of frameworks of meaning that previously sustained the bereaved individual. Finally, both persistent anger and pathological identification can be seen as suboptimal means of adapting to the invalidation of existing meanings by hostilely attempting to impose one's constructions on events or by preserving continuity with one's preloss identity through identifying with negative aspects of the deceased individual (Neimeyer, 2002). When these symptoms persist in intense form for 6 or more months following the loss in the context of substantially impaired functioning in family, work, and social roles, then sufficient evidence exists for the diagnosis of complicated grief.

Consistent with Lindemann's (1944) pioneering observations, recent research demonstrates that complicated grief symptoms (a) form a coherent cluster of symptoms distinct from bereavement-related depressive and anxiety symptom clusters (i.e., the underlying phenomenology of the symptoms indicates they constitute separate syndromes); (b) endure several years for some bereaved subjects; (c) over and above depressive symptoms, predict substantial morbidity and adverse health behaviors, including cardiac events, high blood

TABLE 1: Diagnostic Criteria for Complicated Grief

Criterion A	*Criterion B*	*Criterion C*	*Criterion D*
Person has experienced the death of a significant other and response involves three of the four following symptoms experienced at least daily or to a marked degree: • Intrusive thoughts about deceased • Searching for deceased • Excessive loneliness since the death	*In response to the death, four of the following eight symptoms experienced at least daily or to a marked degree:* • Purposelessness, feelings of futility about future • Subjective sense of numbness, detachment, or absence of emotional responsiveness • Difficulty acknowledging the death (disbelief) • Feeling life is empty or meaningless • Feeling that part of oneself has died • Shattered worldview (lost sense of security, trust, and control) • Assumes symptoms or harmful behaviors of or related to the deceased • Excessive irritability, bitterness, or anger related to the death	• Duration of disturbance (symptoms listed) is at least 6 months	• The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning

pressure, cancer, ulcerative colitis, suicidality, social dysfunction, anergia, global dysfunction, and changes in food, alcohol, and tobacco intake; and (d) unlike depressive symptoms are not effectively reduced by interpersonal psychotherapy and/or tricyclic antidepressants (Pasternak et al., 1991; Prigerson, Bierhals, et al., 1997; Prigerson et al., 1996, 1999; Prigerson, Frank, et al., 1995; Reynolds et al., 1999; Silverman, Johnson, & Prigerson, 2001). Given these results demonstrating the distinctive symptoms, clinical course, and response to treatment, as well as morbidity associated with symptoms of complicated grief, consensus criteria have been developed to more precisely delineate and diagnose this syndrome. Several reports have begun to provide empirical validation of the proposed criteria (Prigerson & Jacobs, 2001b), and psychometric support

for a carefully constructed assessment of complicated grief is strong (Neimeyer & Hogan, 2001; Prigerson, Maciejewski, et al., 1995). These findings highlight the need to understand the etiology of complicated grief so that risk factors can be identified and targeted by appropriate interventions. We believe that the meaning of the loss to the survivor and its corollary (internal working models of attachment) figure prominently in the identification of complicated grief risk factors.

INTERNAL WORKING MODELS AND THEIR ROLE IN BEREAVEMENT ADJUSTMENT

Although horrific, sudden, or off-time forms of bereavement can radically shake the foundations of nearly any survivor's assumptive world, some individuals are more susceptible to developing complicated grief responses than others. One potential vulnerability factor predisposing to such reactions—even in the face of nontraumatic bereavement—is the "internal working model" on which the person relies to construct a basic theory of self, other, and world (Bowlby, 1973). Such models develop from a person's experience with primary attachment figures, most notably in one's relationship to parents. Working models serve as mental schemas that assist in the interpretation of interpersonal experiences. A secure working model is one in which an individual has confidence that a protective, supportive figure will be accessible and available and that he or she is competent to confront environmental demands. By contrast, a working model of self as devalued and incompetent develops when parents are rejecting or neglectful of the child's needs for emotional, social, and material support and encouragement. Insecure working models engender a sense of uncertainty about the availability and accessibility of a supportive attachment figure and instill anxiety about one's ability to meet environmental challenges. Once established, these working models function as the largely nonconscious foundations of the person's ongoing self-narrative (Guidano, 1991), shaping the individual's dominant attachment patterns in subsequent relationships.

Bowlby (1973) proposed that

> adults whose mourning takes a pathological course are likely before bereavement to have been prone to affectional relationships . . . marked by a high degree of anxious attachment . . . and compulsive caregiving. People in these groups are likely to be described as nervous, overdependent, clinging or temperamental. . . . In a . . . contrasting group there are strenuous attempts to claim emotional self-sufficiency and independence of all affectional ties. (p. 202)

Thus, we might expect bereaved persons whose dominant way of relating to others is marked by excessive dependence, compulsive caregiving, defensive separation, and an unstable or disorganized attachment style that oscillates between approach and avoidance in relationships to be at heightened risk of complicated grief.

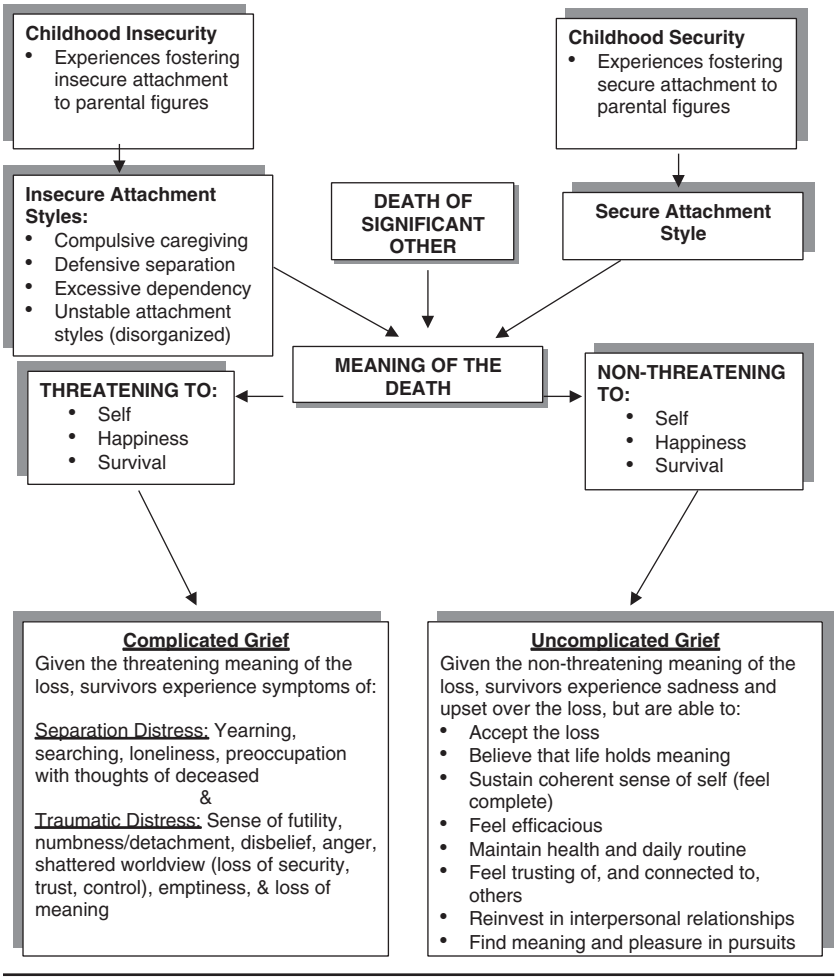

Figure 1: Model of Pathways to Complicated Grief and Uncomplicated Grief Mediated by the Meaning of the Loss to the Survivor

Consistent with attachment theory, we propose a causal model in which experiences of childhood adversity (e.g., serious abuse or neglect) predispose a person to insecure attachment styles (see Figure 1). These insecure working models of self, others, and the world heighten the potential for survivors to perceive the death of a primary attachment figure as a threat to their safety and security, which in turn predisposes them to complicated grief reactions. By contrast, those with secure working models, while considering the death of the significant other to be a sad and upsetting event, do not ordinarily experience it as threatening their security, long-term fulfillment, or survival and therefore are expected to be on a path to uncomplicated grief.

Evidence in support of aspects of this model can be found in the results of several recent investigations. In one such study, the relative influence of childhood and adulthood adversities on current diagnoses of major depressive disorder (MDD), post-traumatic stress disorder (PTSD), and complicated grief (CG) was compared among recently widowed older adults (Silverman et al., 2001). Results indicated that adversities occurring in childhood (abuse and death of a parent) were significantly associated with CG and secondarily MDD, whereas adversities occurring in adulthood (nonbereavement traumatic events and death of a child) were only associated with PTSD. These findings suggest that vulnerability to CG is rooted in childhood experiences explicitly. An explanation of these results is that abused or neglected children develop insecure attachment styles predisposing them to complicated grief reactions.

Although the full path model proposed in Figure 1 has not been tested, anecdotal evidence supports the connection between childhood adversity and the development of adult insecure attachment styles. In a clinical case conference on complicated grief (Prigerson, Shear, Frank, & Beery, 1997), a widow described how her father used to disappear for long periods of time when she was a child. Although the patient was aware that something was "drastically wrong" with her family, the secret that her father sired and supported another family was not revealed to her until she was an adult. Her sense of security and trust were further undermined by a mother who kept secret that she was an illegitimate child, the financial hardship associated with the father's dual life, and her father's heart attack that permanently disabled him, all of which contributed to an insecure, defensively separated attachment style. Consequently, the death of her husband on whom she was emotionally and financially dependent was understood as extremely threatening and her grief reaction complicated.

This model may help to explain why it is that very close, supportive relationships have been shown to predispose bereaved individuals to complicated grief (Prigerson, Shear, Bierhals, et al., 1997). Although Freud (1957) postulated that ambivalent or conflictual marriages would result in bereavement-related depression, we find that widowhood following marriages that were security increasing, stabilizing, and relatively exclusive are those that are most likely to result both in complicated grief as well as worse physical health, greater health service use, and higher health care costs. In a study of caregivers of terminally ill spouses, we also examined whether insecure attachment styles were associated with complicated grief and depressive symptoms (Prigerson, Shear, Bierhals, et al., 1997). Findings suggested that security-increasing marriages and insecure attachment styles put partners at risk for elevated complicated grief symptoms.

GROWTH THROUGH GRIEF

Although our emphasis to this point has been on the way in which bereavement can challenge the world of meaning of survivors—particularly for those

whose attachment patterns leave them vulnerable to such disruption—a focus on loss-related complications risks marginalizing a perhaps more common response to bereavement, namely, posttraumatic growth (Tedeschi, Park, & Calhoun, 1998). For this reason, we will conclude by reviewing work that illuminates how meaning reconstruction in the wake of loss entails not only sadness, sorrow, and despair but also the potential for growth. As we shall see, even in the most painful losses, many survivors experience the enhancement of personal meaning rather than its decimation.

From the moment of confirmation of a pregnancy, most women are filled with hopes, dreams, and the expectation of a healthy newborn. But when the baby is diagnosed with a life-limiting condition, such as congenital anomalies or neuromuscular progressive disease, profound parental grief ensues. As Roos (2002) documented, the "chronic sorrow" that attends such losses entails not only the relinquishment of past dreams and the constant revision of present plans and coping patterns but also the anticipation of a future that is "bereft" of "markers" that typically structure the family life cycle (e.g., the child's graduation from school and marriage). But even in the face of this erosion of the preexisting assumptive world, many families find meaning, power, and value in their experience of parenting children with disabilities. Milo (1997), in her qualitative research of mothers whose disabled child had died, reported that most of the mothers were very successful in finding meaning and benefit in the life and death of their children and were able to continue seeing the world as benevolent and purposeful. Despite the arduous caregiving responsibilities, these mothers credited the experience with making them more keenly aware of the essentials of life and the sustaining power of love. As a result of surviving the crucible of caregiving and loss, they had become more patient, confident, empathetic, and nonjudgmental. Although they certainly had never wished for the experience or would have wished it on anyone else, they were grateful for having learned these life lessons.

Similar bittersweet benefits have been reported to attend the loss of nondisabled children. Research on parental bereavement indicates that the search for significance is central to the process of readjustment after a child's death and that parents who are able to find meaning through becoming stronger or more compassionate people, accepting human finitude, or deepening their spirituality cope better with the loss (Davis et al., 1998; Wheeler, 2001). Even in the aftermath of youth suicide, a heart-rending loss for family members, survivors have the potential to move toward healing as they tap into their innate strengths and coping capabilities and decide to make a commitment to life and living (Kalischuk & Davies, 2001).

The death of a child not only profoundly affects parents but also can have an enduring effect on surviving siblings as they grapple with their own grief as well as that of others in the family system. Here again, however, data suggest that the experience also provides children with the impetus for psychological growth.

For example, research on families in which a child had died from cancer 7 to 9 years previously demonstrated that siblings' self-concept scores were actually higher than the normative group of children (Martinson, Davies, & McClowry, 1987). Moreover, interviews with the siblings indicated they had grown psychologically as a result of their experience. For example, one 16-year-old commented, "I have a better outlook on life now; I realize how important life is as a result of my sister's death" (Davies, 1999, p.90). Parents' data also indicated the children were seen as caring individuals who matured as a result of their experience. Another study reported on the long-term effects of sibling death based on interviews with adults who in their childhood had lost a sibling (Davies, 1999). Many siblings felt as if the experience taught them to appreciate life, to live each day to the fullest because they knew firsthand that life was limited. They learned to appreciate their loved ones more and were confident in speaking with others who were very ill. Similar identity reconstruction and personal growth has been reported by bereaved college students contending with a broad range of losses (Neimeyer, 2001c).

Although studies of individual adaptation to loss are illuminating, a more adequate picture requires studying family meaning making on an interactive level. For example, following the death of a child, many families puzzle over what to do with a child's belongings. Research indicates that a deceased child's clothes, room, and mementos often serve as memories with meanings, although the significance of such "linking objects" individually held by one parent, for example, frequently differ from those mutually held within the family (Davies, 1987). The greater the discrepancy in the significance attributed to such mementos by family members, the greater is the potential for misunderstandings in the family and the more troublesome is the family's grief. When family members share their individual meanings, they tend to make greater sense of the experience and gain higher levels of comfort and growth.

But not all individuals or families are the same, and neither do they face the same kind of bereavement. A study of families with a member who has terminal cancer provides an example (Davies, Chekryn-Reimer, Brown, & Martens, 1995). Such families are in the nonlinear transition of "fading away": from living with cancer to experiencing a death from cancer. In an essential first step, the patient and family adjust or redefine their views to fit the reality of how the patient now looks and what the patient can presently do. The patient confronts the possibility of being a burden, and other family members confront the burden of extra responsibility. The family struggles with the paradox of the patient living with cancer and at the same time dying from cancer. All members of the family unit face major changes in their lives and search for meaning in the experiences that confront them. Patients often undertake this journey privately, possibly trying to make sense of the situation by connecting with their inner and spiritual selves. Partners search for meaning by spending more time together, taking stock of their lives, and resetting priorities. Adult children in these

families come face to face with their own mortality and the effect of their parent's impending death on their future. They reevaluate many aspects of their lives but particularly their attitudes about themselves, their families, and their lifestyles.

Of course, as implied in our discussion of complicated grief in the preceding section, not all meanings to which families resort are equally adaptive. When patients or other family members do not redefine the situation in a way that takes into account the reality of the patient's impending death, they tend to focus on the negatives of the situation and wish that things were different than they are. Sometimes these family members look to the past for meaning, and in these cases, rather than finding hope and some element of growth or peace, their frustration only increases. To the degree that family members are able to redefine the situation, they are able to reconstruct a meaningful life, adjust, and psychologically grow from their experience of loss.

THE MEANING OF MEANING

Viewed in a broad, interdisciplinary perspective, the phenomena of loss, grief, and mourning are permeated with meaning. Although human grief reactions are grounded in an evolutionary history shared with other social animals, our distinctive penchant to construct a symbolic universe superimposed over a natural one also gives our adaptation to death and loss a uniquely human form. In this brief article we have attempted to position the human response to bereavement sociologically by recognizing the role of ritual, local culture, and discourse in attributing meaning to loss; psychologically by viewing grieving as the effort to renegotiate a coherent life narrative that accommodates painful transitions, whether normative or traumatic; and psychiatrically by reviewing evidence that complicated grief constitutes a distinct diagnosis to which persons with troubled attachment histories might be particularly vulnerable. We have also documented the impressive extent to which human beings are capable of growing through grief, reaffirming or revising the very assumptive worlds that were challenged by their loss.

Implicit in this account is an expanded view of the concept of meaning, one that transcends the often limiting discourse that equates it with cognitions in the minds of individuals (Neimeyer, 2000). Although meaning is sometimes framed in terms of interpretations, beliefs, and self-statements, individual consciousness represents merely one site for the construction of meaning, which also resides and arises in language, cultural practices, spiritual traditions, and interpersonal conversations, all of which interact to shape the meaning of mourning for a given individual or group. One implication of this more socialized view of meaning is that even that which appears most irreducibly personal—namely, our implicit working models of self and world—are anchored in our attachment bonds to significant others. We hope that the reader shares our fascination with

this matrix of meaning and will join us in seeking to understand the role of bereavement as both an impediment and spur to human growth and fulfillment.

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