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SEARCHING FOR MEANING IN LOSS: ARE CLINICAL ASSUMPTIONS CORRECT?

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Three assumptions guiding research and clinical intervention strategies for people coping with sudden, traumatic loss are that (a) people confronting such losses inevitably search for meaning, (b) over time most are able to find meaning and put the issue aside, and (c) finding meaning is critical for adjustment or healing. We review existing empirical research that addresses these assumptions and present evidence from a study of 124 parents coping with the death of their infant and a study of 93 adults coping with the loss of their spouse or child to a motor vehicle accident. Results of these studies indicate that (a) a significant subset of individuals do not search for meaning and yet appear relatively well-adjusted to their loss; (b) less than half of the respondents in each of these samples report finding any meaning in their loss, even more than a year after the event; and (c) those who find meaning, although better adjusted than those who search but are unable to find meaning, do not put the issue of meaning aside and move on. Rather, they continue to pursue the issue of meaning as fervently as those who search but do not find meaning. Implications for both research and clinical intervention are discussed.

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Introduction

Keith and Yvette lost their only child, Jody, 8, in an accident that occurred while she was riding her bicycle to a friend's house. She was struck by a drunk driver who was traveling at a high rate of speed on a residential street. The driver had been convicted of two previous DUIs and was driving without a license at the time.

Harold and Margaret had been married for 45 years and had raised three children, the youngest of whom was now in college. Harold worked as a teacher in a local elementary school and Margaret worked as a secretary to an attorney. The couple looked forward to their retirement, when they were planning to take a two-horse trailer across the country, camping and trail riding along the way. These dreams were dashed a few months before their retirement plans came to fruition. At a routine physical exam, Harold was diagnosed with pancreatic cancer. Despite aggressive treatment, he died within 6 weeks of his diagnosis.

Losses like those described in the vignettes above (and many others that we learn about on the evening news) lead most of us to wonder "Why?". For many, events such as these challenge our need to see the world around us as ordered, predictable, and meaningful. As detached observers, the need to find some reason or purpose for these events typically fades after a few days. Often unable to produce a satisfactory answer or explanation, for most of us the issue gradually is dropped. But is this the case when the tragedy strikes close to home? In fact, many observers of grieving families have reported that those coping with loss, especially those losses that are sudden and traumatic, usually engage in a persistent search for some reason, explanation, or meaning in their loss (e.g., Cornwell, Nurcombe, & Stevens, 1977; Helmrath & Steinitz, 1978; Parkes & Weiss, 1983).[1]

Perhaps because this search for meaning is so commonly observed among people coping with loss, and because those facing a tragedy often seem so compelled to make some sense of it, several

[1] For our present purposes, we define meaning as an explanation for an event that renders it consistent with one's assumptions or understanding of the nature of the social world. That is, an event "makes sense" or "has meaning " when it does not contradict fundamental beliefs about justice, order, and the distribution of outcomes (see Janoff-Bulman, 1992). By this definition, one may make sense of an event by interpreting the event as consistent with existing views of the self and world or by changing self- or worldviews to be consistent with the interpretation of the loss.

theorists have suggested that finding meaning is critical for successful adjustment following loss. For instance, Moos and Schaefer (1986) argued that "when a death occurs, the loss must be accepted intellectually and somehow explained. Victims of disaster must appraise their personal losses and try to imbue their experience . . . with an acceptable meaning" (p. 11). Neimeyer (1998) has maintained that the attempt to reconstruct a world of meaning is "the central process in the experience of grieving" (p. 83). Similarly, Gilbert (1997) claimed that "attributing meaning to loss is essential to grief resolution" (p. 103). In fact, many descriptive articles in the clinical literature have suggested that therapists should assist the client in a search for meaning in the loss (e.g., Brown, 1993; Romanoff, 1993). Similarly, several articles describing interventions for grief, such as support groups, emphasize that they are effective primarily because they assist survivors in their search for meaning (e.g., Getzel & Mahoney, 1993).

For the past two decades, we have conducted research on sudden, unexpected losses with a particular focus on how people come to terms with these events. More recently, we have become interested in identifying or developing interventions that will facilitate healing and adaptation to loss. In reviewing our own work and that of others, we have identified three assumptions that both researchers and clinicians seem to share with respect to meaning in the context of a major loss. First, it is often assumed that following personal losses, especially those that are sudden and traumatic in nature, most if not all people will be motivated to search for meaning in the event. Second, it is widely believed that over time, most people coping with such losses are able to find meaning in the experience, resolve what has happened, and move on with their lives. Third, many researchers and clinicians maintain that finding meaning is critically important for successful adjustment or adaptation to a major loss.

Because belief in these assumptions is likely to influence the field's research agenda and also to guide clinical practice, it is important to assess their validity. In this article, we examine scientific studies—both our own and those of other investigators—that have been conducted on the processes of searching for and finding meaning in stressful life experiences. Next, drawing from the literature and reflecting on the vignettes above, we highlight factors

that seem to be important determinants of whether people search for and find meaning. Third, we explore conceptual issues that surround the study of meaning, and discuss ways in which researchers and clinicians might inform one another about better ways to approach the study of meaning-making. Finally, drawing from available research and clinical work on finding meaning, we consider what steps might be taken, both by clinicians and society as a whole, to provide solace for those who are struggling with issues of meaning.

Our Research on the Search for Meaning

In the late 1970s and 1980s, a number of studies of people coping with accidents, illnesses, losses, and other adversities suggested that people faced with these events very often ask themselves "Why me?" (e.g., Affleck, Allen, Tennen, McGrade, & Ratzan, 1985; Bulman & Wortman, 1977; Gotay, 1985; Kiecolt-Glaser & Williams, 1987; Parkes & Weiss, 1983; Thompson, 1991). These and other studies indicated that approximately 80% of participants typically sought some reason for why the event (e.g., a cancer diagnosis, a spinal-cord injury, the death of one's spouse) had happened to them. Surprisingly, however, the findings suggested that most of those who asked themselves, "Why me?", reported having no answer to the question. For example, in their study of undergraduates coping with the loss of a parent, Schwartzberg and Janoff-Bulman (1991) found that although approximately 3 years had passed since their loss had occurred, only half were able to answer the question, "Why me?" or "Why my parent?".

To the extent that this question captures the need to find meaning, the data suggest that most people coping with these events fail to come up with some acceptable meaning or explanation for the event (for a review of these data and further discussion of this issue, see Davis, Lehman, & Wortman, 1999). Moreover, most of these studies indicate that those respondents who were able to answer the question did not seem to be functioning better than those unable to answer the question. In fact, those who appeared to be coping best were those who had not asked themselves the question at all.

These findings heightened our curiosity about the kinds of people who endure a great loss or trauma but yet never ask "Why

me?" Do these people not ask "Why me?" because they already have an explanation for why the event happened to them? Or are these people, for whatever reason, simply unconcerned with such existential issues? Anecdotal evidence from Silver's (1982) study of people coping with spinal-cord injuries suggested that some respondents were disinclined to think of their accident in such terms. As one of her respondents volunteered, "I don't look back and have remorse or aggravation and all that because my philosophy is to adapt to the situation and go on. You can't turn back the clock." To distinguish between those people who already possessed meaning, and those who were not concerned with the issue, respondents in two of our subsequent studies were asked separate questions about searching for, and finding, meaning. It is to these studies that we now turn.

Both studies involved people who had experienced a sudden, unexpected loss. The first consisted of 124 parents who lost a child to sudden infant death syndrome (SIDS). These parents were interviewed on three occasions: 2–4 weeks after their baby had died, 3 months post-loss, and again approximately 18 months post-loss (for more information on sampling procedure, response rates, and attrition, see Downey, Silver, & Wortman, 1990; McIntosh, Silver, & Wortman, 1993). Most of the participants in this study were women (79%) and half the sample was African American. SIDS, it should be noted, is identified as the official cause of death when a postmortem examination rules out all other potential causes (Bergman, Beckwith, & Ray, 1970). As such, SIDS has no known cause. Death of one's infant from SIDS is sudden, unexpected, and unpredictable.

Our second study consisted of a sample of people who lost a spouse ($n = 40$) or a child ($n = 53$) in a motor vehicle accident (MVA) which had occurred 4–7 years prior to the interview. An important feature of this study is that every effort was made to recruit a representative sample of people who had experienced a loss that was nearly random in its occurrence. Specifically, potential respondents were randomly selected from a microfilm file that contained a complete list of all motor vehicle fatalities in Wayne County, Michigan, which had occurred 4–7 years previously. The accident records for these fatalities were then screened to include only those incidents in which the deceased was deemed an innocent

victim (in the sense that the person had died in a crash for which the driver of his or her vehicle was not responsible). Thus, from the point of view of the family of the deceased, the loss was totally unexpected and unpredictable (for further information, see Lehman, Wortman, & Williams, 1987).

In each of these studies, an attempt was made to complement the rigorous assessment of key variables (e.g., psychological distress) with the collection of rich qualitative data about how people felt their lives had been altered by the loss. We also included questions about what the loss meant to the respondent, such as whether the respondent had searched (or continues to search) for meaning following the loss, whether he or she had come up with a meaningful account of what had happened, how distressing it was for him or her not to find any meaning, and/or how comforted he or she was by the meaning found. (Specific questions asked of our respondents in these two studies are given in Appendices A and B.)

The SIDS Study

When parents in the SIDS study were asked at the first interview 2–4 weeks after their baby's death if they had ever searched for meaning, 14% indicated that they had not. Of these, 77% indicated that they did not have any meaning for the event. Moreover, these respondents were very unlikely to report searching for meaning at any of the subsequent interviews: of this subsample, 94% reported that they were not searching for meaning at the second interview (3 months post-loss) and 82% reported that they were not searching for meaning at the third interview (18 months post-loss). Apparently, for these respondents, the loss did not appear to raise existential, philosophical questions. When these respondents were asked at each interview how important it was for them to make sense of the death, the modal response was "not at all."

Although 14% of the sample reported at the first interview that they had never searched for meaning in their loss, a further 18% reported that they *had searched* for some meaning since the death but no longer were searching at the time of this first interview. Had they stopped searching for meaning because they had been able to

find some meaning? More often than not, the answer was no: 59% of these respondents reported that they had not been able to find any meaning in their loss.

The remaining respondents (68%) were actively searching at the first interview to make sense of, or find some meaning in, their loss. Compared with the other two groups described above (who in this respect did not differ from one another), these respondents reported that it was significantly more important for them to make some sense or find some meaning in their loss ($M = 3.2$ vs. Ms of 2.2 and 2.6, respectively, on a 5-point scale where 1 represented *not at all* (important) and 5 represented *a great deal* (important); $F(2, 103) = 9.01$, $p < .001$). Despite being more concerned about the issue of meaning, this group was not more likely than the other two groups to report finding meaning at this or any of the subsequent interviews, (χ^2 ($df = 2, N = 121$) $< 2.3, ps > .30$).

Our next step was to contrast these three groups on measures of psychological adjustment. Several measures of adjustment were obtained at each interview, including the depression and somatization subscales of the revised Symptom Checklist (SCL-90–R; Derogatis, Rickels, & Rock, 1976), a measure of general subjective well-being (Bradburn, 1969), and a scale that assessed the extent to which respondents had experienced negative emotions such as sadness, anxiety, and anger during the previous weeks (Derogatis, 1975). Strikingly consistent results emerged indicating that the first two groups (those who were not searching for meaning at 2–4 weeks post-loss) were doing better at all interview points than those who were searching for meaning at this point in time (see Figure 1). That is, not only were those not searching for meaning at the first interview likely to be less emotionally distressed at that first interview than those who were searching for meaning, they also were likely to be less emotionally distressed throughout the entire study period.

Next, we examined the relations between finding some meaning and other outcomes. Thirty-eight of the 91 SIDS parents who reported at the first interview that they had searched for meaning indicated that they had found some meaning. Slightly more than half of the respondents came up with an explanation with religious overtones. As one respondent put it, "God wanted her. He's the boss. I'm assuming in faith that he took her for a good reason."

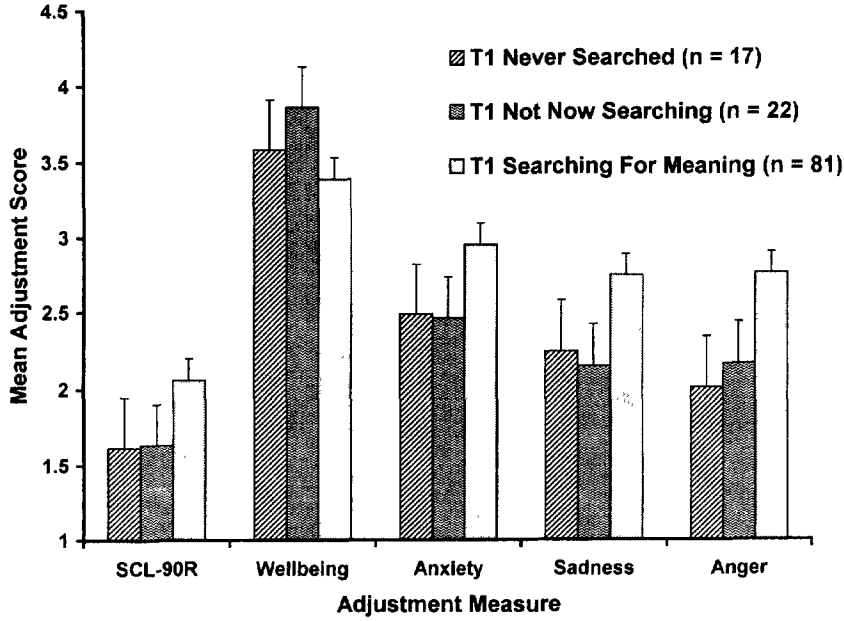

FIGURE 1 SIDS Study: Main Effects (Over Time) for Adjustment as a Function of Searching for Meaning Groupings. Multivariate analysis of variance effect for group was significant, $F(10, 192) = 4.02$, $p < .001$; Wilks' $\lambda = .462$. Effects for each adjustment dependent variable were significant Fs $(2, 100) > 3.40$, ps $< .05$. Mean adjustment scores are main effect means where 1 is the lowest possible score on the scale and 5 is the highest possible score. Means for SCL-90–R refer to mean symptom rating for combined depression and somatization subscales, where high scores indicate that the symptom was reported to be more distressing. Higher scores on the Bradburn Well-being Scale represent a greater sense of well-being. Higher scores on the emotion subscales (anxiety, sadness, and anger) indicate more frequent experiences of these emotions. Error bars indicate the 95% confidence interval for the means.

The next most frequent category was finding something positive in the death. One respondent said that "It's brought my wife and I closer together. It's made me appreciate my other son more. It's helped me to affirm in my mind that family priorities come first." A category used less frequently than the first two was that the loss happened because of fate ("It was just his time").

Were those who reported finding some meaning better adjusted than those who did not? In these analyses, those who were not searching for meaning at the first interview and had never found

meaning ($n = 26$) were compared with those who were searching for meaning but without finding any meaning ($n = 53$) and those who reported at the first interview that they had searched and found meaning ($n = 38$). Dependent variables were those noted above. Results indicated that for most measures of outcomes, including SCL-90–R and well-being scores, those finding meaning did not differ significantly from those who never searched for meaning (in a main effect over three interview times), and both groups were better adjusted by these measures than those who were searching for meaning without finding meaning. On all measures, those never searching were doing better than those who reported searching but not finding meaning (see Figure 2).

So far, these analyses indicate that those parents least interested in making sense of their baby's death were doing significantly

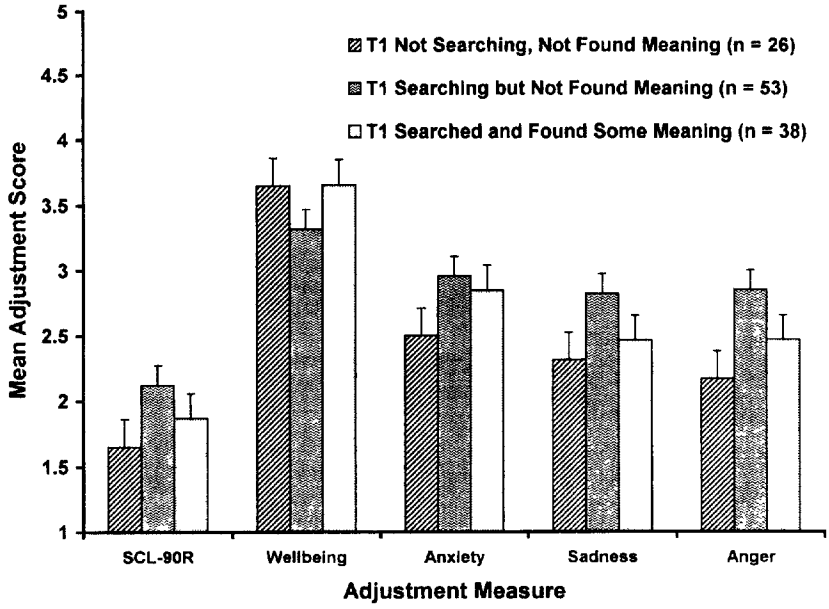

FIGURE 2 SIDS Study: Main Effects (Over Time) for Adjustment as a Function of Finding Meaning. Multivariate analysis of variance effect for group was significant, $F(10, 186) = 2.75$, $p < .005$; Wilks' $\lambda = .759$. Effects for each adjustment dependent variable were significant Fs $(2, 97) > 3.17$, ps $< .05$. Mean adjustment scores are main effect means where 1 is the lowest possible score on the scale and 5 is the highest possible score. See Figure 1 for information regarding scale numbers. Error bars indicate the 95% confidence interval for the means.

better than those who could not find meaning in their loss. Although the data indicate that finding some meaning is associated with less emotional distress relative to those unable to find meaning, the effect for finding meaning only brings one in line with the level of adjustment of those who never searched for meaning. Notably, of those searching to make sense of their loss, most could not find any meaning at the first interview, nor were they likely to find any meaning subsequently. Whereas 34% of the sample reported finding some meaning at the first interview, fewer (25%) reported having found at least a little meaning at each of the subsequent interviews. This finding is in direct contradiction to the belief that more and more people will find meaning as time goes on.

We noted earlier that those parents who were disinclined to search for meaning at the first interview typically indicated that it was "not at all" important that they find some meaning in their baby's death. When these parents were asked how painful it was for them not to have found any meaning, the modal response was that it was "just a little" painful (i.e., 2 on a 5-point scale). In contrast, when parents who at the first interview had searched but were unable to find any meaning were asked how painful it was for them not to have made sense of their baby's death, the modal response was "a great deal" (5 on the 5-point response scale). And when these parents were asked how important it was for them to make some sense of their loss, the modal response was the same. Clearly, making sense of their loss was a significant issue for them to deal with, and the fact that they could not make sense of it was very distressing to them.

Despite being invested in finding some meaning in their loss, by 18 months post-loss, two-thirds of these parents unable to find meaning at the first interview still were unable to make any sense of their loss. And most of these people continued to maintain that it was "quite a bit" or "a great deal" painful for them not to have found meaning at this later time. Apparently, finding meaning does not become easier with the passage of time. Nor, for many, does the issue go away or become less painful to think about.

The SIDS study also suggested that making sense of the death did not put the issue to rest and allow the parents to move on, as many theorists and clinicians in this area might assume. Of the

relatively few SIDS parents reporting that they had been able to make sense of their loss at the first interview, most continued to search for meaning at subsequent interviews. In fact, those reporting that they had made some sense of the loss at the first interview were searching to make sense of the loss just as frequently at interviews 3- and 18-months post-loss as those who searched but were unable to make sense of the loss at the first interview. Most of those who reported being able to make some sense of their loss continued to struggle with the issue one and a half years later (for comparable findings from a different sample, see Silver, Boon, & Stones, 1983).

In sum, the data suggest that (a) a significant number of individuals do not search for meaning, and appear to be relatively well-adjusted to the loss that they have experienced; (b) less than half the sample reported finding any meaning in their loss, with the majority of these respondents reporting that they had found meaning by 2–4 weeks after the loss rather than developing a meaningful account over time; and (c) those who did find meaning did not put the issue of meaning aside and move on. Rather, they continued to pursue the issue of meaning as fervently as those who searched but did not find meaning.

The Motor Vehicle Accident Study

In the second study, we took a longer-term perspective on meaning and adjustment to loss. As noted above, in this study, people who had lost a spouse or a child in an MVA 4–7 years earlier were interviewed about their reactions to the loss. We have noted elsewhere that as a group, these people were still experiencing considerable distress and, in fact, suffered more distress symptoms than a nonbereaved comparison sample (Lehman et al., 1987). For our present purposes, we review additional data from this study that address the issue of meaning. Specifically, we consider whether, as was the case in the SIDS study, a significant subset of people indicate that they had never searched for meaning in their loss, and whether finding meaning is associated with standard indicators of psychological adjustment.

Four to seven years after their loss, 30% of those who had lost a spouse and 21% of those who had lost a child reported that they

had never been concerned with making sense of, or finding meaning in, their loss. When asked if they had nevertheless been able to make sense of the loss, the majority of these respondents (92% of those widowed and 64% of those who lost a child) reported that they had not. As one widow in our study stated: "I never questioned it. It was just something that happened. I don't think there was any explanation for it. As they say, in the wrong place at the wrong time."

When asked how painful it has been for them not to have found any meaning in their loss, the mean response among those who had never searched for meaning was 2.3 (where 2 = *just a little*), which is significantly lower than the mean painfulness rating of those widows and parents who had searched for meaning but found none ($M = 3.8$; $t(55) = -4.62$, $p < .001$). Likewise, when asked the extent to which they felt that the death of their loved one was unfair, the mean response among those who had never searched for meaning (and never found meaning) was 3.3 (where 3 = *somewhat*), which is significantly lower than the mean unfairness rating of those widows and parents who had searched for meaning but found none ($M = 4.2$, where 4 = *quite a bit*; $t(56) = 2.39$, $p < .05$). These results are quite consistent with the SIDS data reported earlier.

When we compared those who reported never searching for meaning with those who had reported searching for meaning on measures of psychological adjustment, we observed that the former group reported fewer symptoms on the SCL-90–R ($M = 1.6$ vs. 2.0; $t(90) = -2.51$, $p < .05$), better well-being on the Bradburn index ($M = 3.5$ vs. 3.1; $t(90) = 2.71$, $p < .01$), and perceived themselves to be more recovered from the loss ($M = 4.3$ vs. 3.6; $t(90) = 2.00$, $p < .05$).

Twenty-eight of the 69 respondents who reported searching for meaning reported that they had been able to find some meaning. Twelve of the 28 meaning explanations offered by respondents cited God or made reference to religious convictions. Typical is the response offered by one parent: "My belief is that God had his reasons. [My son] was a Christian, so I know in my heart we'll see each other again somewhere." Other explanations, less frequently noted, included that the death had served some purpose (e.g., that some good had come of it), that it was fate, and that it was an

acknowledgement that life is fragile and may be taken at any moment. Comparing those who found some meaning ($n = 28$) with those who reported searching but not finding meaning ($n = 41$) and the group of respondents who had never searched ($n = 24$), those who had found some meaning were intermediate in terms of well-being, SCL-90–R distress, and self-rated recovery, not differing significantly from those who reported never searching for meaning and those reporting that they had searched but found no meaning. Those reporting never searching for meaning continued to exhibit significantly better adjustment on each of these measures than those who were searching for meaning to no avail.

Taken together, these two studies provide evidence that many widely held beliefs about the process of searching for and finding meaning following a loss may deserve reconsideration. The studies demonstrate that for a significant minority of respondents, the tragedy does not appear to elicit concerns about meaning. Some report having found meaning; others report that they have not, but do not convey distress about the absence of meaning in what has happened. There is no evidence to suggest that this is a delayed grief reaction; SIDS parents who were initially unconcerned about meaning displayed the least distress both immediately following the loss and at 3 months and 18 months post-loss.

These data also fail to support the belief that most survivors go through a process whereby they come to find meaning over time. Results of the SIDS study suggest that if the bereaved are going to find meaning, typically they do so within the first few weeks following the loss. The vast majority of those who continued to search for meaning were unable to find meaning throughout the 18 months that parents were studied. It could be argued that parents need more time to find meaning in a traumatic loss. Yet in the MVA study, the majority of people who lost a spouse or child were unable to find any meaning 4–7 years later.

The study does support the notion that finding meaning is an important issue for most people who have experienced a loss. In both studies, respondents who continued searching for meaning but were unable to find it experienced considerable pain about their inability to resolve the loss, and also exhibited more severe symptomology than people who did not search for meaning or people who searched for meaning and were able to find it.

Have other studies produced findings that are consistent with those reported above? A few studies have assessed whether a major loss poses existential issues for the survivor, and have found that for a substantial minority of people, such issues do not emerge. For example, Yalom and Lieberman (1991) reported that approximately 30% of their (nonclinical) sample of widows and widowers displayed no evidence of any heightened existential awareness when interviewed within the first year of bereavement. Only 37% of this sample was coded by the researchers as experiencing a definite heightened existential awareness (i.e., they were keenly aware of the inevitability of death; they were struggling with the issues of meaning in life; or they had regrets about choices made in life). Similarly, Cleiren (1993) reported that meaning-making was "not all that pervading" an issue among his bereavement sample 4-months post-loss (p. 124). Those most likely to be concerned with making sense of their loss were those who lost a spouse or a child (vs. sibling or parent) and those whose losses were from suicide or an MVA (vs. those deaths following prolonged illnesses). Comparable to our MVA study findings, Cleiren reported that at 14 months post-loss, 74% of those who lost a loved one in an MVA could not find meaning in the loss.

Other research corroborates our finding that if meaning is to be obtained, it is likely to be obtained soon after the event. In a study focusing on people who had lost a spouse, parent, adult sibling, or child to various terminal illnesses including cancer, cardiovascular disease, and AIDS, Davis, Nolen-Hoeksema, and Larson (1998) found that people who reported within 6 months of the loss that the loss had some meaning for them were less distressed than those who could not make sense of the loss, even after taking into account their level of distress prior to the loss. In that study, only a small percentage of respondents reported making sense of the loss for the first time beyond the 6-month post-loss interview. Moreover, in contrast to those who found some meaning within the first six months of the death, those reporting that they had found some meaning for the first time at later interviews (13- and 18-months post-loss) tended to report explanations that were negative in tone and were not associated with improvements in emotional adjustment. As one respondent in this study said at his interview 13 months after the loss,

> The sense of his death is that there is no sense. Those things just happen . . . The sense of his death for me is "get ready to die." Don't be surprised when it happens. Don't think that somehow you're going to be exempt from it. . . . There's no underlying sense of order in the sense that things progress in an expectable pattern. Well, the pattern is that you're born and you die. (Davis et al., 1998, p. 569)

These data support the suggestion that making sense is important for psychological adjustment as long as the meaning is obtained relatively soon after the event's occurrence. People who persist in their need to find meaning tend not to experience the reprieve from emotional distress that those who find meaning earlier report. Similar to the SIDS study, Davis et al. (1998) found that most who reported making any sense of their loss did so within the first 6 months after their loss.

On the basis of these findings, we became very interested in learning more about people who experience major losses, yet who do not seem to be troubled by existential issues. How can this reaction be understood? Similarly, we felt it was important to consider why many people are unable to resolve issues about the meaning of their loss despite the passage of a considerable length of time. What factors impede or facilitate the process of resolution following loss?

Understanding Why Some People Don't Search For Meaning

Available research provides some important clues regarding why some people may not undertake a search for meaning following the loss of a loved one. The first of these has to do with the nature of the relationship that was lost. Although it is often assumed that the loss represents a major stressor, there are many circumstances under which this may not be the case (see Wortman & Silver, in press, for a more detailed discussion). In a provocative analysis, Wheaton (1990) has maintained that for some people, the death of a loved one may represent the end of a chronically stressful situation, such as a bad marriage or heavy caregiving responsibilities. In a prospective study, he demonstrated that in circumstances such as these, mental health actually improves following the death of a

spouse. Sanders (1999) discussed an interesting case that illustrates this pattern of findings. A 75-year-old man, recently retired, was looking forward to becoming involved in leisure activities such as bridge with his wife and their other friends. However, she refused to let him engage in these activities because she said that she wanted him with her. She managed to acquire one psychosomatic illness after another to reinforce the desire. She died unexpectedly after voluntary surgery. Her husband was surprised, but then relieved, as he could now begin to live his life as had always planned. Over the next several months, he began joining organizations and meeting new people. At 2 years after the loss, he seemed quite content and had begun dating. Sanders suggested that in such cases, interventions are typically unnecessary. Cleiren (1993) has found that feelings of relief are quite common following the loss of a loved one. In his study, such feelings were most prevalent among those whose loved one committed suicide or died following a serious illness than those who died in traffic accidents. In both of those cases, many respondents commented that the death brought an end to their loved one's suffering.

A second reason why individuals may not search for meaning following a major loss has to do with their attachment history. Drawing from Bowlby's work, Fraley and Shaver (1999) have maintained that as a result of growing up in a setting where emotional bonds are not valued, some people may become "compulsively self-reliant" and make tenuous ties with others. These individuals invest little of themselves in relationships. Such people can avoid becoming attached to their spouse even in the course of a relationship that lasts for years. When the relationship ends, they may experience little sorrow. Because their representations of themselves and the world were not organized around their partners, we believe they are also unlikely to search for meaning following loss. Others, as a result of the frequent rejection or separation experiences, may develop defenses so "thick" or highly organized that they can shut off their emotions successfully. As Fraley and Shaver have emphasized, however, such individuals may show little grief or need to find meaning following a loss, but their emotional lives may be more shallow, and their chronic pattern of nonengagement may cause pain to their relationship partners and families.

We are aware of no studies linking early attachment patterns with reactions to the loss of a loved one. However, it is widely believed that early attachment experiences influence an individual's general style of coping with distress. Perhaps some mourners rely primarily on avoidant coping strategies to deal with the loss. In an important study, Bonanno and Keltner (1997) sought to determine whether those who had avoidant coping styles would deal better with the loss of a loved one than those who used more confrontative styles. Bereaved individuals were asked to speak about their loss, and then completed scales indicating what they were experiencing. Physiological data assessing their cardiovascular reactivity were simultaneously collected. Bereaved individuals who evidenced emotional avoidance (i.e., little emotion relative to their physiological scores) showed low levels of interviewer-rated grief throughout the 2-year study. Although the authors do not appear to have assessed whether respondents searched for or found meaning, it is likely that avoidant respondents, who experienced little grief, would be less inclined to undertake such a search. Other personality variables may also influence whether individuals undertake a search for meaning. For example, respondents who are more introspective may be more likely to give thought to such issues than respondents who are not.

In our judgment, one of the most important determinants of whether a search for meaning will be initiated concerns whether the event can be reconciled with one's "working models" (Parkes, 1971) or assumptions about the world (Janoff-Bulman, 1992). These assumptions typically include a belief that the world is predictable and controllable, that the world is meaningful and operates according to principles of fairness and justice, that one is safe and secure, that the world is benevolent, and that, generally speaking, other people can be trusted (Janoff-Bulman, 1992). As we will discuss in more detail below, many theorists have maintained that losses are particularly likely to result in an existential crisis if they shatter the survivor's most basic assumptions about the world. Events that, by their nature, threaten aspects of these worldviews are likely to initiate a desire to "make sense" of them; that is, to reduce the inconsistency between the worldview and the evidence from the event that certain aspects of the worldview are invalid. Loss events that do not challenge one's worldviews (e.g., an "on-

time" death, such as the death of an aging parent or deaths from natural causes) are thus less likely to lead one to try to make sense of the loss. As noted above, findings by Cleiren (1993) and Davis et al. (1998) are consistent with this view. But how might one explain the fact that many of our respondents in the SIDS and MVA studies were unconcerned with making sense of their loss? Presumably, these individuals possessed worldviews that allowed them to incorporate such events.

We first noted the power of such worldviews or working models in our study of coping with SIDS loss, when our interviewers returned 3 months following the baby's death for the second interview. Our interview began with a general question about how life was going at that point. We were surprised that many of the parents did not even mention the death of their baby. Instead, they described other stressors that they were currently facing, including evictions, arrests, job loss, etc. Because many of our respondents came from the inner city areas of Detroit and Chicago, they were faced with such stressors, and worse, on a regular basis. We speculated that as a result, they may have developed a worldview prior to the loss such as "major stressors are a part of life, and are not generally controllable." Such a worldview may be a natural consequence of living under conditions of poverty, crime, limited opportunity, and urban decay. This worldview may have allowed them to incorporate the loss of their baby without becoming intensely distressed or searching for meaning.

In recent years, there has been increasing interest in the role that an individual's religious or spiritual beliefs may play in coping with loss. Several theorists have suggested that a deep religious commitment may mitigate threats to meaning, because most have doctrines that explicitly address the meaning of death. Religious or spiritual beliefs may help people make sense of trauma in part by providing a ready framework of belief systems for incorporating negative events (Pargament & Park, 1995; Park & Cohen, 1993). For example, a religious doctrine may emphasize that the event's meaning is known to God, was the will of God or was predetermined, or was intended to make the survivor a better person (see, e.g., Chamberlain & Zika, 1992; Dull & Skokan, 1995). Specific tenets of one's faith, such as the belief that the loved one is in a better place and that the survivor and loved one will someday be reunited also may mitigate an existential crisis. Some support for

the importance of religion in coping with loss is provided in our study among parents who lost an infant to SIDS (McIntosh et al., 1993). Parents who were more religious were more likely to find meaning within the first few weeks of their loss, and finding meaning was contemporaneously associated with greater positive affect and less distress (see also Davis et al., 1998; Nolen-Hoeksema & Larson, 1999).

To summarize, there are some studies in the research literature to suggest that religious beliefs may make it easier to find meaning following a major loss, or even mitigate the need to search for meaning. We hasten to add, however, that the clinical literature is replete with examples of cases in which experiencing a major loss may lead people to seriously question their religious beliefs. This was the case for Margaret, the woman who lost her husband to pancreatic cancer. Margaret had always been a devout Catholic. As she expressed it, "Every day I would say the rosary asking God to keep my husband safe . . . I feel as though God has betrayed me." In cases such as these, religious beliefs seem to compound, rather than alleviate, meaning concerns. Wilson and Moran (1998) have noted that a major loss can undermine human faith in a loving, caring, and powerful God. These investigators maintain that following a major trauma, "God is viewed as absent from a situation which demanded divine concern, divine protection, and divine assistance. The God in whom one once believed no longer deserves faith. Consequently, the spirituality of the traumatized person becomes hardened and numb . . . In these situations, faith becomes impossible; faith oftentimes is broken (p. 173)."

At this point, more research is needed to determine when a person's religious beliefs will enhance the likelihood that they will incorporate the event within their view of the world (and hence cope more adaptively with it) and when the tragedy will shake those beliefs to their very core. Wilson and Moran (1998) suggested that despite the absence of more research data, clinicians should acknowledge and include the spiritual dimension in their discussions with clients about the loss.

Understanding Why Some People Are Unable to Find Meaning in the Loss

In the section above, we have attempted to facilitate greater

understanding of those who react to trauma or loss with relative equanimity. In our judgment, an equally important task facing both clinicians and researchers involves clarifying why some individuals continue to struggle with issues of meaning for many years following the trauma. As was illustrated in our review, this latter group is generally reasonably large, at least for certain kinds of loss. Not only are these people unable to find meaning and reach a state of resolution regarding what happened, but the inability to come up with a meaningful account of the trauma is experienced as quite painful. What might lead to a reaction of this sort?

Basically, we believe that people are particularly likely to struggle with issues of meaning under two sets of circumstances. The first of these factors has been alluded to earlier: when the event shatters the bereaved person's view of the world. The second set of circumstances depends on the kind of relationship the bereaved person had with the deceased. In certain cases, bereaved people define themselves in terms of their relationships with a spouse or child. In such cases, the bereaved person's basic identity can be profoundly shaken by the loss. Each of these sets of circumstances is discussed below in more detail.

Shattering of Worldviews

In many cases, the death of a loved one can challenge or shatter fundamental assumptions about the world. As Parkes (1998) has expressed it, "For most people in the early stages of bereavement the world is in chaos . . . they feel as if the most central, important aspect of themselves is gone and all that is left is meaningless and irrelevant—hence the world itself has become meaningless and irrelevant" (p. 79). Consistent with this view, two studies have indicated that people who have lost a loved one view the world as more meaningless, and more controlled by chance, than people who have not experienced such a loss (Schwartzberg & Janoff-Bulman, 1991; Stroebe & Stroebe, 1992).

For the world to be meaningful, people must perceive some connection between their behavioral investments and their outcomes. The death of a loved one causes many to question the value of working toward long-term goals because they know that every-

thing important to them can be taken away. Perhaps for this reason, the bereaved often seem reluctant to engage in subsequent goal-directed behavior. There is also considerable evidence to suggest that the bereaved lose interest in the world around them. They report, for example, that they are less interested in their jobs, engaging in leisure activities, maintaining the household, or watching the news (Archer, 1999). This lack of interest and willingness to invest may even influence important relationships with friends and even family. As one of the respondents in the motor vehicle study told us following the death of his son, "I just couldn't get that involved with my other son after the first one died."

It is believed that certain kinds of deaths are more likely to shatter worldviews than others and, hence, result in more difficulties in finding meaning. Although the evidence is not entirely consistent, several studies have indicated that when the loss occurs suddenly and without warning, it poses grave difficulties in making sense out of the loss (Parkes & Weiss, 1983). There is also evidence to indicate that if the death occurred as a result of an intentional act (i.e., homicide), the loss will be more difficult to resolve than if the death was due to natural causes (Murphy, 1997). Finally, several studies have provided evidence that if the loss is untimely—for example, if an individual loses a spouse at a relatively young age, or if parents lose a child, the survivor will have considerable difficulty in coping with the loss (see Archer, 1999, for a review). Nolen-Hoeksema and Larson (1999) found that the parents in their study who lost an adult child to a terminal illness were less likely to be able to make sense of the loss than were adult respondents who lost a sibling, a spouse, or a parent. Comments like, "It just seems too unfair. She hadn't started her life. She hadn't done any of the things she had planned on doing" (p. 35) were common among the respondents. In a study by Cleiren (1993), parents who lost children were the most preoccupied with questions about meaning, followed by spouses, adult siblings, and adult children. Interestingly, parents displayed hardly any decrease in their preoccupation with issues of meaning over the course of this 14-month longitudinal study. At 14 months post-loss, 68% of the parents indicated that at least sometimes they were occupied with the search for meaning. These results were similar to those obtained in our MVA study, discussed previously. As

Cleiren, Diekstra, Kerkhof, and van der Wal (1994) have indicated, "the death of a child, even if the latter is already an adult, is almost always felt unnatural by the parents. The natural order of life is that children survive their parents." (p. 27)

Neimeyer (1998) has emphasized that the objective circumstances of the loss may be less predictive of subsequent difficulties in processing the loss than how the death is perceived. Schut, DeKeijser, Vanden Bout and Dijkhuis (1991) conducted a study of conjugal loss in which most of the bereaved lost their spouse following an illness. The authors apparently did not assess whether the bereaved were able to find meaning. However, those who said they anticipated the loss were less likely to experience subsequent PTSD symptoms, such as intrusive thoughts and concentration problems, than those who said they did not expect the loss to occur. A more objective measure of forewarning, the length of the final illness, was not found to be related to subsequent PTSD symptomology.

It is important to note that the factors discussed thus far—suddenness of the loss, whether harm was intended, or whether the loss was untimely—cannot really explain why some respondents in the SIDS and motor vehicle studies continued to struggle with issues of meaning while others did not. We have identified several additional factors in our own work (Wortman, Battle, & Lemkau, 1997) and in the clinical literature (Green, 1990; Rando, 1993) that we believe merit further attention by researchers in the area. One such factor is whether the death occurred because of someone else's negligence. In our experience, most survivors find it difficult to live with the fact that their loved one is gone, but that it did not have to happen, and indeed it would not have happened except for the carelessness of someone else. A second set of factors involves whether the death involved violence, mutilation, or the likelihood of intense suffering on the part of the deceased. In our experience, many survivors are haunted by images of their loved one's mutilated body and thoughts about what their loved one may have experienced during his or her final moments. Depending on how the loss occurred, survivors may struggle with such issues as whether the loved one knew he or she was about to die, whether he or she was afraid, and whether he or she suffered.

In situations involving a perpetrator, there are some additional factors that may influence the degree to which survivors may have

difficulty finding meaning. In our judgment, an extremely important factor in successful resolution of the loss concerns whether the perpetrator expresses remorse or sorrow for what has been done. Perpetrators frequently do not offer apologies to survivors for the loved one's death. In fact, in cases where there is a criminal or civil trial, any apologies by the perpetrator could have a negative impact on his or her legal case. The outcome of legal proceedings is yet another factor that may complicate finding meaning in the loss. Many survivors enter such proceedings expecting justice to be done. Yvette and Keith were shocked and profoundly distressed by the legal proceedings that occurred following the death of their only child. The man who struck and killed her was convicted of vehicular homicide. Despite his prior record of repeated DUIs, he served no time in jail and was asked to pay only a small fine. There is some evidence to suggest that in those cases where the bereaved person feels that justice has been done, involvement in the judicial system can be beneficial. In one study of family survivors of homicide victims, the most important determinant of survivors' mental health was their satisfaction with the treatment by the criminal justice system (Amick-McMullan, Kilpatrick, Veronen, & Smith, 1989).

Negative Impact on Identity

Recently, some investigators have begun to emphasize that the loss of a loved one can result in a profound threat to the survivor's basic identity (Archer, 1999; Davis & Nolen-Hoeksema, in press; Neimeyer, 1998; Parkes, 1998). As Archer (1999) has noted, the bereaved frequently describe their loss in physical terms, making such statements as, "I feel as though a part of me has died." Although the topic has generated surprisingly little systematic research, there are indications in the literature that the more a person's basic identity is threatened by the loss, the harder it will be to process what has happened and make sense out of it. Of course, there are several reasons why one person's death may threaten the identity of another. These include (a) the attachment history of the bereaved person, which can influence the nature of a relationship that is formed; (b) the extent to which the bereaved and deceased have lives that are interdependent and intertwined;

and (c) the extent to which bereaved individuals define themselves exclusively or primarily in terms of their role relationship to the deceased (e.g., as a spouse or parent) and the extent to which they have invested in that role.

Two teams of researchers have discussed the role that a person's attachment history may have on reactions to the loss of a loved one. Fraley and Shaver (1999) have suggested that because of early experiences with unavailable, unreliable, or nonresponsive attachment figures, some peoples' attachment systems are organized around the implicit assumptions that attachment figures cannot be counted on. They maintain that because the mind of these individuals "has become organized to detect cues of unavailability and unresponsiveness, a real loss continues to prime the attachment system, making extreme anxiety and sorrow almost unavoidable" (p. 740).

The importance of attachment style has also been emphasized in the work of Prigerson and her associates (Prigerson, Shear, et al., 1997). These investigators have suggested that individuals with certain attachment/personality styles will experience traumatic grief if their marriage served a countervailing or compensatory function—for example, if the marriage was security-increasing and stabilizing. They propose a theoretical model that begins with a history of physical or sexual abuse or neglect, hostile conflict, early parental loss or separation, or fluctuations between parental overinvolvement and neglect. They maintain that such a background typically leads to attachment disturbances such as excessive dependency or compulsive caregiving, and/or self-regulatory deficits, such as fear of abandonment or poor affect modulation (especially of anger). For such people, loss of a relationship that was stabilizing may rekindle early attachment issues and result in intense separation anxiety and traumatic grief, even if the loss itself did not occur under traumatic circumstances. At present, the investigators are involved in research to test and extend this intriguing model. These investigators have not explored whether those who experience traumatic grief have more difficulty finding meaning in the loss than those who do not. In our judgment, this would be a worthwhile direction for future research.

Even in relationships not characterized by an attachment disorder of one of the partners, the identity of one partner may be

threatened by the death of the other. Neimeyer (1998) has emphasized that the loss of someone we love "can occasion profound shifts in our sense of who we are, as whole facets of our past that were shared with the deceased slip away from us forever, if only because no one else will occupy the unique position in relation to us necessary to call them forth" (p. 90). Thus, the more two peoples' lives are intertwined, the greater the challenge may be to rebuild one's life and find meaning in it following loss. Archer (1999) maintained that grief may vary according to the intensity and breadth of one's close relationships, which may vary cross-culturally. He suggested that in some societies, where emotional ties are dispersed among many kin, the impact when one of them dies may be less than in societies like the United States, where family ties are concentrated on a small number of people. As Archer has noted, several studies suggest that the more dependent one spouse is on another, the more separation distress is likely to occur when the spouse dies (cf. Parkes & Weiss, 1983). These studies are consistent with the analysis that those whose attachments are more concentrated on one person may be particularly vulnerable if that person dies (see Archer, 1999, for a more detailed discussion).

There is some research to indicate that those who invest heavily in the marital or parental role, to the exclusion of other roles and activities, will be hit hard by the loss of their loved one (cf. Talbot, 1996–1997). The literature provides clear evidence that mothers suffer more following the loss of a child than do fathers, perhaps because of their greater investment in caring for the child. Those who lose an only child typically show greater distress than those who have surviving children (see Archer, 1999, for a review). In the former case, the parental role is completely lost with the death of a child. Desires to contribute to the world by nurturing a capable and caring child are crushed in such cases, particularly if is not possible for the parents to have more children.

Above, we have drawn from literature on trauma and bereavement to suggest that events that are particularly likely to shatter our views of the world, or our views of the self, are likely to result in a struggle to find meaning. In the former case, the struggle may be tied to the knowledge, learned as a result of the trauma, that the world is a dangerous place, that the world is neither benevolent nor just, that events do not follow the natural order that they

should, and that others cannot be trusted (cf., McCann & Pearlman, 1990; Janoff-Bulman, 1992). In the second case, the struggle may entail facing a world that now seems empty without the loved one, who provided an important sense of identity and a measure of security.

Of course, any individual loss may involve one or more factors that shake the bereaved person's belief in the world (e.g., the sudden, violent death of a school-aged child who is the victim of homicide) and one or more factors that undermines the survivor's identity (e.g., loss of an only child when the mother lacks other role relationships and/or cannot have other children). Although more research is needed on the matter, we agree with Rando (1993) that factors of this sort can have a cumulative impact. In such cases, the resources of the bereaved person may be completely overwhelmed, and outside help may be warranted if one is to make sense of what happened and move forward with life.

Conceptual Issues Concerning the Process of Finding Meaning

In this article, we have used the term "*finding meaning*" to refer to being able to explain or make sense of the death, in terms of the philosophical reasons for its occurrence. As we have argued elsewhere however, meaning-making can be conceptualized in many different ways (Davis et al., 1999). Some have used the term to refer to understanding specific causes of the negative event (e.g., "How did this happen?"). Others have conceptualized meaning with respect to a general sense of purpose in one's existence (e.g., "What does my life mean now?"). Still others have focused on perceived positive life changes that may stem from negative life events (e.g., "What benefit has come of this?). As we have emphasized elsewhere (Davis & Nolen-Hoeksema, in press; Davis et al., 1998), these various components may have different antecedents and consequences. One implication of this discussion is that as researchers, we need to be far more precise about what we mean by "finding meaning." In our judgment, one reason for the disparate results reported in the literature regarding the relationship

between finding meaning and adjustment is because different investigators have operationalized the term very differently.

To add to the conceptual confusion regarding meaning-making, some researchers and clinicians have discussed finding meaning as an outcome, whereas others have viewed it more as a process. In both cases, use of the term has been vague and imprecise. Regarding meaning-making as an outcome, the vast majority of studies have focused on how it relates to distress or well-being. But this leaves many important conceptual questions unanswered. How does finding meaning relate to other indicators of resolution of the loss, such as being able to confront reminders of loss with equanimity or being able to invest in new life goals? Under some circumstances, is it possible to be able to face reminders, and/or, be able to invest in new goals, even though one has not been able to make sense of the loss?

When we focus on the process of finding meaning, we are also faced with a dearth of empirical findings and many unanswered conceptual questions. How does searching for meaning relate to other processes that have been discussed in the grief literature, such as "working through" the loss? Are people more likely to find meaning in the loss if they engage in active, effortful coping strategies such as thinking about one's relationship with the loved one, discussing their thoughts and feelings with others, or expressing their emotions through writing about the loss?

It is widely believed among clinicians that processing the loss in these ways helps the individual make sense of what happened and facilitates the healing process (Wortman & Silver, in press). Attempts to deny the implications of the loss, or avoid thoughts or feelings about it are generally regarded as unproductive. Yet a careful review of the available research evidence provides mixed evidence, at best, for the value of confrontive coping strategies. For example, in a study of gay men who lost a partner to AIDS, Nolen-Hoeksema et al. (1997) found that those who thought about their life without the partner, and how they changed as a result of the loss, showed positive morale immediately after the loss but more persistent depression over the next year. Stroebe and Stroebe (1991) reported that 18 months following the loss of a spouse, there were no differences in depression between widows who confronted their loss (i.e., did not avoid reminders) and those who did not.

However, among widowers, those who confronted their feelings showed less depression over time. In one study focusing on the disclosure of feelings, it was found that talking about the loss of one's infant to SIDS led to lower rates of depression if those in the social environment were supportive but higher rates of depression if support providers reacted negatively to emotional disclosures (Lepore, Silver, Wortman, & Wayment, 1996). Pennebaker and his associates (e.g., Pennebaker, 1997; Pennebaker, Mayne, & Francis, 1997) found in several studies that writing about a trauma results in fewer health visits. Those who demonstrated this effect showed an increase in the use of causal and insight words, suggesting that they were able to reorganize how they thought about the event, which would perhaps facilitate finding meaning. However, writing about the trauma had no effect whatsoever on self-reported psychological distress. It is unfortunate that these investigators did not report data on whether respondents were able to find meaning in the death. Hence, at this point, virtually nothing is known about whether active processing of a loss makes it easier for respondents to find meaning in it.

All of the previously reviewed studies focused on bereaved respondents from the general population, as opposed to the bereaved who seek counseling. Does the participation in grief therapy or counseling facilitate meaning-making? In a meta-analysis of 23 studies on the effectiveness of grief counseling, Fortner and Neimeyer (1999) reported a significant but rather small effect size of .15. Although most of the studies included in their meta-analysis did not assess meaning-making per se, the results raise serious questions about the efficacy of bereavement interventions. Even more alarming was the finding that 38% of those who received grief counseling showed deterioration as a result of their treatment. The only optimistic news to come out of their study is that in studies dealing with sudden, traumatic loss or chronic grief, a reliable positive effect was found, and the potential for deterioration was substantially lower.

A meta-analysis on critical incident debriefing therapy (Rose & Bisson, 1998) also raises questions about the value of treatment for trauma survivors. Originally developed by Jeffrey Mitchell to help soldiers in World War II deal with the traumas of war, this treatment is widely used today throughout the world following disasters

and traumatic incidents. In such treatments, "participants are encouraged to provide a full narrative account that encompasses facts, cognitions, and feelings. In addition, emotional reactions to the trauma are considered in some detail . . . Individuals are reassured that they are responding normally to an abnormal event" (p. 698). Despite its widespread use, the authors were able to identify only six controlled studies testing its value. Two of these demonstrated that the intervention had a positive outcome, two revealed negative outcomes, and two revealed no differences in outcome between intervention and non-intervention groups.

What can be concluded from these findings? At the very least, they suggest that it is naïve to assume that placing a person in therapy or "debriefing" will necessarily promote meaning-making or healing. We strongly agree with Neimeyer (in press) that it is time for grief therapy to undergo a radical shift in focus, and move "beyond the well-intentioned but vague assumption that a sharing of feelings in a supportive environment will promote "recovery"' (p. 9). In our judgment, it is critically important to develop and test specific strategies designed to promote finding meaning among those who are struggling with this issue. Some preliminary ideas for developing such strategies are considered below.

Clinical Implications

In this article, we have presented data that challenges some widely held assumptions about the process of searching for and finding meaning following a trauma or loss. We have attempted to illustrate that for some individuals such a search is never initiated. Nonetheless, these people appear to adjust relatively well to the loss. We have also shown that despite the passage of considerable time, many people are unable to make sense of what has happened to them. They continue to experience distress and depression for a long period of time following the loss. What are the implications of these findings for treatment providers and for the bereaved themselves?

One implication of these findings for care providers is that they provide information about the conditions under which the bereaved are most likely to have difficulty making sense of the loss.

As our review has shown, the people at highest risk tend to be those who are exhibiting intense distress and struggling to find meaning shortly after the death; people who experience the loss under traumatic circumstances (e.g., sudden, untimely, violent); spouses who have a disordered attachment history and who were involved in a stabilizing relationship with their partner; spouses who were highly dependent on their partner; people who lose an identity-defining relationship when the loved one dies; and parents who lose a child. We know that in these cases, survivors are not only likely to struggle with issues of finding meaning, but they are more likely to experience long-term depression and anxiety. Furthermore, we know that those who experience traumatic loss also are at risk for serious health problems including the development of cancer, high blood pressure, heart disease, substance abuse, and suicidal ideation (Prigerson, Kasl, et al., 1997).

What techniques can therapists use to aid bereaved clients in a search for meaning? Although a review of this topic is beyond scope of this article, a few illustrations can be suggested from the treatment literature. Results from a study by Schut et al. (1991) provide one suggestion regarding how therapists can facilitate meaning-making if they are working with a client whose loved one is seriously ill. These investigators found that respondents who participated in a goodbye or "leave-taking" session with their loved one prior to the death, and were satisfied with the leave-taking session, were less likely to show post-traumatic symptoms than respondents who did not participate in a leave-taking or were dissatisfied with the leave-taking that occurred. This suggests that care providers may be able to facilitate meaning-making and resolution by assisting the bereaved in planning a meaningful and satisfying leave-taking. This might be particularly important in the case of those who are highly dependent on their spouse or are in a security-enhancing relationship. These latter respondents may be so terrified of the death of their spouse that they are to prepare themselves for the death, like leave-taking.

Once the death has occurred, it is generally agreed that the first task is to stabilize the client and help him or her minimize the anxiety and terror brought on by the trauma. During the initial weeks and months following a loss, the therapist often functions as a "container" for the bereaved person's intense and painful feelings

(McCann & Pearlman, 1990). During this period, some therapists use techniques to help the bereaved person maintain some control over their anxiety, such as training in breathing or relaxation. As the bereaved person becomes more and more capable of tolerating painful thoughts and feelings, feelings of helplessness should diminish and the bereaved should be ready to undertake the process of meaning-making (Janoff-Bulman & Frantz, 1997).

A technique that may facilitate meaning-making during therapy involves the use of ritual in therapy with the bereaved. For example, Van der Hart (1988) encourages the bereaved to become involved in tasks that will allow them to process the meaning of the death, such as writing poems or stories for the deceased. Rituals can also assist the bereaved in experiencing their grief in a less global, undifferentiated manner (Rando, 1993). For example, Keith and Yvette developed a ritual of gathering clothing and toys from friends and neighbors on the days preceding Christmas and distributing these to needy families. This activity helped them to demonstrate their love for Jody and to illustrate to themselves and others that they had not forgotten her. This brought them some small measure of solace in attempting to get through the holidays without Jody (for a more complete discussion of the use of ritual, see Rando, 1993).

A related strategy for facilitating the process of finding meaning is to ask the client to complete tasks that will help him or her to impose some narrative structure on what has happened. For many survivors of a traumatic loss, their thoughts and feelings are a confused jumble of painful and unrelenting stimuli. If clients are asked to write a statement indicating how the loss has influenced their life, they can begin to organize their thoughts and feelings and preparing such an "impact statement" should result in greater feelings of coherence and control. This technique has been used successfully by Resick and Schnicke (1992) in their treatment of rape victims. Surviviors are asked to revise their impact statement several times during the course of therapy, each time gaining greater control over their feelings and insight into what happened and how they responded.

During the course of treatment, caregivers may be able to gain information about obstacles to finding meaning by asking clients about their ruminations or recurring thoughts. For example,

Yvette had recurring thoughts that it was her fault that Jody had died. Jody wanted to go shopping with her mother that day but Yvette told her no—that it was a nice day and that she should take a bike ride instead. The caregiver can then encourage the client to "put her thoughts on trial, and weigh the evidence." By gently challenging these beliefs, Yvette could be helped to see that she was falling victim to the "counterfactual fallacy," that she had honestly tried to choose the activity that would be best for her daughter, and that she was not to blame for the incident (see Davis & Lehman, 1995). Such cognitive behavioral procedures have been developed and tested for use with other trauma populations (cf. Resick & Schnicke, 1992) but thus far have rarely been used to treat the bereaved.

Several authors have suggested that the pursuit of goals is fundamental to being able to find meaning. Emmons, Colby, and Kaiser (1998) have found that following a life event, people have more difficulty accomplishing their goals and say they required more effort. As noted earlier, they also report losing interest in many events and activities that they formerly enjoyed. Hence, therapists can help clients restore their belief that life is meaningful by encouraging them to set goals. Parkes (1998) recommended an approach where the therapist sets targets that are easily achievable by the bereaved, thus helping to restore their self-confidence and become more engaged with life. He recommends negotiating these goals with the patient, and writing them down so that progress can be monitored. A related therapeutic approach is to empower the bereaved person by emphasizing that despite the loss, many choices are available to him or her (Neimeyer, in press). The caregiver can assist the bereaved in identifying those choices that are available and making good decisions with respect to them.

To date, the literature suggests that the particular meaning found is less important than the fact that the survivor is able to derive meaning from the experience that is satisfying to him or her. Neimeyer (1998) emphasized that such meanings do not have to be "cosmic" or spiritual. He cites the case of one mother, a social activist, who "accepted it as a given that the world was imperfect, that everyone had pain in their lives, and that one's task was to ameliorate it whenever possible through involvement and advocacy" (p. 116). Neimeyer (1998) has also suggested that, particu-

larly when the loss was sudden and traumatic, it may be more fruitful to assist the client in finding meaning in his or her own life than in the loved one's death. We agree that with Neimeyer's suggestion that caregivers should focus more attention on the bereaved person's identity, and how it has been impacted by the loss, to impart meaning. Rando (1993) described specific techniques that can be used by caregivers to help the bereaved understand what has been lost or gained in the self, and how new, positive aspects of the bereaved person's identity can be strengthened (see also Klass, 1988, who discussed identity change following the death of a child). Encouraging the bereaved person to pursue new goals, as well as new relationships that help strengthen the new identity should be very useful. For example, a single parent may be encouraged to become involved in new activities with other single parents.

Above, we have provided just a few suggestions regarding how care providers might assist bereaved individuals who are having difficulty making sense out of what has happened to them. It is hoped that over time, these and other strategies for meaning-making will be incorporated into systematic treatments for the bereaved that can be subjected to careful empirical testing.

We agree with Neimeyer (in press) that a great deal can be learned by studying "best practices" for helping people resolve a trauma or loss. As noted earlier, the bereavement literature provides virtually no example of treatments that have been demonstrated to be effective. However, there are many studies in the trauma literature suggesting that in treating individuals who are suffering as a result of prior combat exposure or rape, a brief treatment involving prolonged exposure can be highly effective (see Foa & Meadows, 1997, for a review). For example, Foa and Rothbaum (1998) have developed a highly effective treatment for rape victims based on having them repeatedly re-experience the event and then perform in vivo exposure "homework" in which they confront avoided places and things. Foa and Rothbaum suggested that this therapeutic approach facilitates processing of the trauma and ultimately making sense out of what has happened. Frank, Prigerson, Shear, and Reynolds (1997) have recently adapted Foa and Rothbaum's approach to individuals experiencing traumatic grief, and preliminary results appear highly encouraging.

Even if effective treatments for traumatic loss become more widely available, they are likely to have an impact on only a tiny fraction of those who may need help. It is clear from the literature that only a small percentage of the bereaved seek professional help (Jacobs, 1993). People may not seek treatment in part because they wish to avoid situations that may stir up feelings associated with the loss. They also may fail to seek treatment because they are concerned that the therapist will not be receptive to what they need to talk about. One woman whose child was murdered was reluctant to discuss her elaborate fantasies of revenge against the perpetrator. A third reason why people may fail to seek treatment is because of deep-seated feelings in our society that people should be able to handle their own problems without help, and that seeking help is indicative of personal weakness. Laypersons may hold the same belief about resolving the trauma that we maintain is held by clinicians and researchers—that over time, the survivor will be able to make sense out of what has happened and put the loss behind him or her.

There is some evidence to suggest that if the bereaved are going to talk with any professional person about their problem, they seek out their clergyman or their physician. If so, they typically participate in a few conversations, not a treatment. These choices may not be ideal because clergy and physicians vary considerably in the amount of training they have in dealing with traumatic loss. In one study (Dent, Condon, Blair, & Fleming, 1996), only 8% of physicians indicated that they had received special training on helping parents cope with the loss of a child. As a society, it may be useful to enhance trauma training skills among physicians and clergymen. It also would be valuable to develop referral programs that operate through clergymen or physicians. Perhaps they could be trained in identifying clients at high risk, in communicating the benefits of treatment, and in making a referral to a treatment provider or program specializing in sudden, traumatic loss.

Many studies have reported that the bereaved do not receive as much support from family or friends as they may have hoped for, especially if the loss is sudden and traumatic (see Wortman et al., 1997, for a review). There are several reasons why others may not be able to provide adequate support to a survivor of a traumatic loss. First, most potential support providers have not had experi-

ence with a traumatic loss, and therefore may assume that shortly following the loss, individuals resolve and recover from the death. Indeed, in a study of survivors who lost a loved one in a drunk driving crash, nearly 20% of the respondents reported being upset because after only a month, friends and relatives thought that the grief process should be over and that the survivor's life should be resumed as normal (Lord, 1987). Second, because of their assumptions regarding resolution and recovery, outsiders may regard the survivor's continuing search for meaning, lack of resolution, or displays of distress as a sign of character weakness or personal pathology, rather than a legitimate response to the loss. Third, potential support providers may have a limited understanding of the sequelae of traumatic losses (e.g., the sleep and concentration problems, as well as the traumatic imagery that may be involved). They also may have little awareness of the accompanying losses that may face the survivor. Keith and Yvette's friends knew that they were grieving the absence of their daughter. However, they may not have been aware that Keith and Yvette also were grieving the loss of all of their hopes and dreams for Jody, the loss of their belief in God as a benevolent protector, and the loss of their belief in a fair and just legal system.

Finally, potential support providers may have difficulty offering support to people who have suffered a loss because contact and interactions with survivors evoke powerful negative feelings (Wortman & Lehman, 1985). Encounters with a bereaved person may be uncomfortable because the potential survivor may feel awkward and not know what to say (Lehman, Ellard, & Wortman, 1986). When the loss is sudden and traumatic, potential support providers also may experience intense feelings of personal vulnerability. Several theories in social psychology have suggested that people's reactions to others who are less fortunate are determined in large part by their own needs for security (e.g., Lerner's "just world" theory; see Wortman, Carnelley, Lehman, Davis, & Exline, 1995). Such feelings can lead others to engage in a number of behaviors that are hurtful to survivors. One set of behaviors concerns avoidance and withdrawal. Bereaved parents often comment that they are treated as social pariahs. After their daughter was struck and killed by a drunk driver, Yvette and Keith found that people avoided them at the supermarket, presumably because they

were uncomfortable and did not know what to say. This was so painful that the couple drove to the next town to do their grocery shopping.

Another response to the bereaved that is regarded as unhelpful involves asking inappropriate questions (e.g., whether the loved one was wearing a seat belt; whether the body was crushed upon impact). In one study, it was reported that 20% of respondents were subjected to such questions on the day of the funeral (Lord, 1987). It is not known whether these questions stem from a desire to learn something about what happened that will enable the person to feel protected from a similar fate, or from an attempt to fill socially awkward moments. Additional responses that are usually regarded as unhelpful include discouraging expression of feelings (e.g., "Tears won't bring him back"), minimizing the loss (e.g., "You had many good years together"), encouraging the survivor to recover more quickly (e.g., "You should get out more often"), portraying their own experiences as similar to those of the survivor (e.g., "I know how you feel, I lost my second cousin"), and offering advice (e.g. "You should consider getting a dog; they're wonderful companions").

Some of the most painful responses that survivors endure at the hands of others are those involving derogation and blame. In one case, a child climbed out of his car seat shortly before another driver collided with their car, and the child was killed. As his devastated mother reported, "Several people said that if he had been secured in his seat, he probably would have lived. This may be true, but it broke my heart to hear them say it."

In this section, we have tried to convey some of the difficulties the bereaved may face in trying to resolve or find meaning in their loss by discussing the loss with other people. Because of the factors delineated above, laypersons are unlikely to be able to provide the bereaved with the type of support that may be most helpful in processing the loss: talking with others who are receptive and nonjudgmental, and who allow them to express their feelings if and when they choose to do so (Lepore et al., 1996; Lehman et al., 1986). Therefore, we believe that it is particularly important that people receive professional help in dealing with the aftermath of a sudden, traumatic loss.

Because interactions with others may be experienced as

unhelpful at best and alienating and offensive at worst, the bereaved may be inclined to withdraw from others and attempt to cope with the loss on their own. Will they be able to process painful and wrenching thoughts, feelings, and images without guidance or support? Several writers have indicated that if the bereaved person cannot accept or make sense of the event, this sets up an alternating cycle of painful intrusive thoughts and extreme avoidance that makes assimilation of the event extremely difficult (Archer, 1999; Horowitz, 1990). Another possibility is that in thinking about what happened, the bereaved person may become "stuck" in the grieving process, continuing a painful process of rumination with little progress (cf. Holman & Silver, 1998). This was the case with Margaret, who engaged in frequent ruminations that she contributed to her husband's illness and death because of the low-fiber, high-fat diet they both consumed. These individuals may become flooded with painful affect when they think about the loss and may not be able to "stay with" their feelings long enough to move forward with the grieving process. Those with more well-developed coping capacities and resources for self-soothing (cf. McCann & Pearlman, 1990) may be able to move back and forth between processing the loss and avoiding its implications, gradually being able to assimilate the loss and become re-engaged with life (Stroebe & Schut, 1999).

Although it seems possible to identify those individuals who are at greatest risk for poor outcomes following loss, it is very difficult to get them into treatment. Given the reluctance of survivors to seek treatment, it also seems valuable for health care providers to develop and evaluate outreach programs as well as specific tools for finding meaning that respondents may use on their own. Keeping diaries, completing workbooks, and interacting with other survivors on the Internet are but a few examples.

Conclusion

Finding meaning represents a significant issue for many people coping with loss. In the case of traumatic loss, finding a satisfactory meaning has, for many individuals, proven to be a painful and fruitless task. In this article, we have noted conditions that we

expect will facilitate or inhibit the acquisition of meaning. For instance, events that shatter deeply held worldviews seem particularly unlikely to yield meaning.

In situations in which meaning is not forthcoming (which our data indicate is often the case), we suggest that clinical intervention might profitably be focused on rebuilding shattered assumptions about the benevolence of people, justice, and self-worth. Although this may not lead clients to find meaning in their loss, it may help them restore meaning in their lives. However, empirical research on the processes by which people develop meaning in the event or restore meaning in their lives following trauma and loss is lacking. Until such data are more readily available, clinical interventions aimed at developing and restoring such meaning may represent shots in the dark. Spurred by dialogue between researchers and clinicians, we are hopeful that significant light will be shed on these processes in the not too distant future.

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Appendix A

Meaning Questions Asked of SIDS Parents

1. Some SIDS parents have said that they find themselves searching to make some sense or find some meaning in their baby's death. Have you ever done this *this past week*? (response options: (1) no, never, (2) yes, but rarely, (3) yes, sometimes, (4) yes, frequently, (5) yes, all the time.)
2. [For those indicating that they had not searched for meaning in the past week:] Have you ever done this since your baby died? (Response options same as 1 above.)
3. At present, can you make any sense or find any meaning in your baby's death? (response options: (1) no, not at all, (2) yes, a little, (3) yes, some, (4) yes, quite a bit, (5) yes, a great deal.)
4. [For those not able to make any sense of the loss:] Can you tell me more about why you feel that way?
5. [For those able to make at least a little sense of the loss:] How have you done so?
6. At present, how important is it to you to make any sense or find any meaning in your baby's death? (Response options same as 3.)
7. [For those unable to make any sense or find meaning in their loss:] How painful has it been for you not to have found any meaning in your baby's death? (Response options same as 3.)

Appendix B

Meaning Questions Asked of Parents/Spouses of Motor Vehicle Fatalities

1. Some people have said that they find themselves searching to make some sense or find some meaning in their baby's death. Have you ever done this since your (son's/daughter's/husband's/

wife's) death? (Response options: (1) no, never, (2) yes, but rarely, (3) yes, sometimes, (4) yes, often, (5) yes, all the time.)

2. [For those indicating that they had searched for meaning:] Have you done this during the past month? (Response options same as 1 above.)
3. Have you made any sense or found any meaning in your (son's/daughter's/husband's/wife's) death? (response options: (1) no, not at all, (2) yes, a little, (3) yes, some, (4) yes, quite a bit, (5) yes, a great deal.)
4. [For those not able to make any sense of the loss:] Can you tell me more about why you feel that way?
5. [For those unable to make any sense of their loss:] How painful has it been for you not to have found any meaning in your (son's/daughter's/husband's/wife's) death? (Response options: (1) not at all, (2) just a little, (3) some, (4) quite a bit, (5) a great deal.)
6. [For those able to make at least a little sense of the loss:] How have you done so?