CONSTRUCTIONS OF DEATH AND LOSS: EVOLUTION OF A RESEARCH PROGRAM

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As historians of science have noted, scientific careers are characterized by "networks of enterprise", multiple, sustained, and mutually reinforcing programs of research that yield not only answers but also further questions across a period of many years. This article traces one such long and multifaceted network of projects, one concerned with death attitudes, suicide intervention, and grief and loss, which has benefited from periodic infusions of constructivist concepts and methods since its inception.

Key words: *Death attitudes, suicide, grief and bereavement, constructivism*

Writing about the psychology of scientific creativity, Howard Gruber (1989) introduced the concept "networks of enterprise" to explain how scientists organize a program of purposeful work across a period of many years, and frequently a lifetime. As he elaborated:

"I use the term 'enterprise' to cover groups of activities extended in time and embracing other activities such as projects, problems, and tasks. Commitment to an enterprise is exhibited by the recurrent reappearance of activities belonging to it. The key point is that the creative completion of a project leads not only to satisfaction and relaxation but also to the replenishment of the stock of projects and problems within the enterprise in question, and to reinvigoration for further work" (Gruber, 1989, p. 246).

While making no pretense that the creativity of my own work over the last few decades bears comparison to that of Darwin or Piaget, the subjects of Gruber's analysis, I nonetheless can resonate to his depiction of *"the protracted hard and unremitting work"* (p. 247) that yields conceptual and methodological innovations. Likewise, his depiction of the branching and grafting of such networks over time strikes a responsive chord for me, as *"the periods of dormancy which each enterprise in such a network must necessarily undergo allows... room and time for creative forgetting, mutual assimilation of distinct schemata, and serendipitous encounters with the real world"* (p. 262), all of which carry the work forward in partly predictable, partly unpredictable directions. Finally, the sheer *"duration, difficulty, and complexity of the work combine to promote development of all sorts of relationships of collaboration and communication among workers in the same vineyards"* (p.262), reflecting the importance of the social psychology, as well as the cognitive psychology of science (Neimeyer et al., 1989). My goal in the present article is to reflect on one of my own central networks of enterprise across the years, specifically on that concerning the place of death in human life. Although this selective rendering of my long-term interests neglects some of the other major branches of my investments over time (especially those concerned with constructivist theory and pychotherapy [1], it is sufficient to convey several of the features of such networks as described by Gruber, including their longevity, cross fertilization, social organization, and the way in which their evolution reflects the personal evolution of the scientist. The reflexivity inherent in this sort of retrospection on a career in the course of pursuing it seems appropriate to an orientation like personal construct theory, which blurs the dividing line between the personal and professional, while recognizing that the self-narrative so constructed cannot claim to be a wholly veridical account of life events (Neimeyer, 1995).

At a substantive level, I also hope that this review will help summarize a widely dispersed literature for those readers sharing my interest in thanatology, the study of death and dying, and acquaint other personal construct theorists around the globe with a thriving research program that takes some of its inspiration from the theory we share. As this network of enterprise has unfolded over the last 30 years, it has naturally developed

three distinguishable emphases, on (a) death threat and anxiety, (b) suicide intervention, and (c) grief and loss. I will therefore review each of these areas in turn.

DEATH THREAT AND ANXIETY

The historical core of my interest in personal constructs and thanatology originated in research being conducted at the University of Florida in the early 1970's by Franz Epting, Seth Krieger, and Larry Leitner. Prompted in part by the upsurge of popular and professional interest in issues of death and dying (Kübler-Ross, 1969), the Florida group brought to bear the conceptual and methodological resources of personal construct theory on the problem of assessing people's attitudes toward their own eventual mortality, a nascent area of research cluttered with psychometrically shabby instrumentation and poorly designed studies. The result of this effort to upgrade the death attitude literature was the Threat Index (or TI) (Krieger, Epting, & Leitner, 1974), a repertory grid-based measure that operationalized Kelly's (1955) concept of threat as the "awareness of imminent, comprehensive change in one's core role structure." Specifically, the TI required eliciting a significant sample of death-relevant constructs (e.g., painful vs. painless, familiar vs. unfamiliar, meaningful vs. meaningless) from the respondent through a triadic comparison of situations involving death (e.g., a tornado kills three children in an elementary school, your grandmother dies in her sleep). The respondent was then asked to rate the elements self, preferred self, and (personal) death on these constructs, and the number of 'splits' in which both self-elements were aligned with one construct pole, and death with its contrast, served as the index of the subjective threat that would be required to construe the death of self as a personal reality. As an undergraduate research assistant, I joined the research effort at the point that TI was being developed into a standardized measure to circumvent the rather cumbersome administration of full repertory grids to individuals, which limited the measure's use in research. Thus, my first task was to assist in the administration of grid-based interviews, in order to elicit thousands of death-relevant constructs and then winnow these to the 30 or 40 most commonly occurring dimensions to comprise the items for the standardized paper-and-pencil form of the instrument. The work was initially fascinating, offering me a glimpse of people's views of life and death within the mutually reassuring format of a structured interview. I fell in love with the work and the theory behind it, and soon devised several studies of my own that helped establish the psychometric soundness of the resulting measure (Neimeyer, 1986; Neimeyer, Dingemans, & Epting, 1977; Rigdon, Epting, Neimeyer, & Krieger, 1979). As this research proceeded over the decade of the 80's, the TI consolidated its place as the most valid and reliable instrument in the broad but checkered death anxiety literature (Neimeyer, 1994a; Neimeyer, 1994b).

But despite the initial thrill of the research, the fairly compulsive methodological focus of the early work also generated a certain amount of restiveness on the part of the younger members of the Florida research team. I recall strolling along a lake on the University of Florida campus in 1975 with Peter Dingemans, my principal co-investigator and graduate exchange student from the Netherlands, lamenting and laughing about the possible irony of spending our careers on picayune issues like the internal consistency of the TI, when our imaginations led us to far broader horizons. This intermittent dissatisfaction with a psychometric preoccupation yielded a handful of substantively interesting articles on such topics as the death threat experienced by suicide intervention workers (Neimeyer & Dingemans, 1980; Neimeyer & Neimeyer, 1984) and on the link between death anxiety and the completion of one's existential projects (Neimeyer, 1985a; Neimeyer & Chapman, 1980), but for the most part, research with the TI and its derivatives remained rigorously methodological until about 1990. It was chiefly this psychometric research that was summarized in my earlier review of the TI literature (Neimeyer, 1994b). This focus continued briefly into the 90's, producing a massive study of the TI with my student, Marlin Moore, that yielded a confirmatory factor analysis of the measure (Moore & Neimeyer, 1991), still to the best of my knowledge the only one of its kind done on a death attitudes instrument.

Eventually, however, the psychometric properties of the TI were established even to our scientific satisfaction, allowing my students and me, now at the University of Memphis, to begin ap-

plying it—and a few other soundly developed death anxiety scales (Neimeyer & Gillies, 2001; Neimeyer & Moore, 1994)—to a host of substantive areas. Our first target was the frequently noted finding that women report greater fear of personal death than men, across dozens and perhaps hundreds of studies in the vast death anxiety literature (Neimeyer & Fortner, 1997; Neimeyer & Van Brunt, 1995). Although this finding was typically explained in terms of the greater emotional expressiveness of women, our findings led us to call this interpretation into question, as this result held in a large sample of men and women even when we controlled for their level of self-disclosure (Dattel & Neimeyer, 1990). We also began to examine the personal anxieties about death experienced by vulnerable groups, such as a large group of gay and bisexual men living in the shadow of the AIDS epidemic (Bivens, Neimeyer, Kirchberg, & Moore, 1994). Here again, our findings were surprising and informative: HIV positive men (half of whom had developed AIDS symptomatology) and the caregivers who worked with them were actually far less threatened and anxious about the prospect of death than were G/B men who were HIV negative and uninvolved in caregiving. Further scrutiny of our data suggested a possible explanation for this pattern of results, as the former two groups reported significantly more intrinsic religious faith than their less directly affected peers. This study, and my ongoing treatment of gay men in therapy, led to a broader review of the role of death awareness and anxiety in the psychosocial adjustment of persons with AIDS, and how it might be worked with in the context of counseling (Neimeyer & Stewart, 1998; Neimeyer, Stewart & Anderson, 2004).

A second vulnerable population to attract our attention in the early 90's was older adults, whose age and health status placed them at elevated risk of death. Together with my student, Barry Fortner, I first undertook a qualitative review of research on death anxiety in the elderly, trying to make sense of the often contradictory studies pointing to various markers of elevated fear of death (e.g., gender, health status) in an aging population (Neimeyer & Fortner, 1995). This effort convinced us of the need for a more systematic approach to integrating the literature, leading us to undertake a major quantitative review of all published and unpublished studies of death attitudes in older adults. The results were

clarifying: across nearly 50 studies including over 4,500 participants, older adults' fears of personal death were found to be unrelated to gender and religiosity, departing from the modal finding in the death anxiety literature on younger populations. Instead, the most powerful predictors turned out to be their level of 'ego integrity' or life satisfaction—the feeling that they had lived long and well—in combination with their level of institutionalization and physical health problems (Fortner & Neimeyer, 1999). Reflecting on these findings, we placed them into the context of life-span developmental theory, and considered those dehumanizing aspects of institutional care and medical difficulties that could exacerbate fears of death at the end of life (Fortner, Neimeyer, & Rybarczeck, 2000; Neimeyer & Fortner, 2000).

A recent elaboration of this same research program stemmed from its fusion with the studies of attitudes toward aging spearheaded by my ex-student, student Steve DePaola, reviewed below. Specifically, we investigated the relationship between death anxiety, attitudes toward older adults, and personal fears of aging in a group of nearly 200 older men and women (DePaola, Neimeyer, Griffin & Young, 2003). As predicted, we found that respondents with greater personal anxieties about their own aging and death—and especially the unknown implied by the latter—displayed more social derogation of elders, a group to which the respondents themselves belonged. Other intriguing findings pointed to ethnic differences in the character of death attitudes, with American whites reporting greater fears of a protracted and painful dying process, whereas American blacks were more fearful about what transpired after death itself, including fears of being buried alive, of bodily deterioration, and the fate of their souls in an afterlife.

A complementary prong of this research effort in connection with older adults entailed examining not the elders themselves, but the health care professionals who work with them most frequently, at least in the United States. Thus, Depaola and I began to study the psychosocial context of nursing homes, where dismissive, avoidant, or infantilizing attitudes on the part of staff toward residents is an all-too-common occurrence. Comparing a large group of nursing home staff to demographically similar controls from the Memphis community, we discovered that staff as a group had comparable levels of

death threat to controls, and the comparison group actually was more fearful of contact with dead bodies, perhaps as a function of their lesser exposure. However, we additionally discovered that increasing levels of death concern were associated with greater personal anxiety about aging, especially among nursing home workers, who also displayed significantly more negative attitudes toward the elderly (DePaola, Neimeyer, Lupfer, & Fiedler, 1992). Subsequent research extended these findings by providing evidence that nursing assistants, the least trained caregivers in elder care facilities, had higher levels of personal death anxiety than registered nurses and licensed practical nurses in these same facilities (DePaola, Neimeyer, & Ross, 1994). This enhanced my concern over the possible linkage between personal death attitudes and suboptimal caregiving practices, especially among less trained and less experienced helpers—a concern that found expression in the studies of counselors and suicide interventionists reviewed below.

A final line of work on death attitudes concerned the reactions of counselors to situations involving death and loss, testing the assumption—widely held in thanatology circles—that such situations trigger more discomfort and avoidance on the part of caregivers than other potentially serious problems. Providing masters level counselors a set of 15 written descriptions of both death-related counseling scenarios (e.g., grief, life-threatening illness, suicide risk) and non-death-related situations (e.g., rape, spouse abuse), Tom Kirchberg and I found that five of the eight problems they rated as most uncomfortable were in the former category. In contrast, none of the 7 least distressing situations concerned death or loss. However, our attempts to link these reactions to levels of personal death threat or years of experience proved unsuccessful (Kirchberg & Neimeyer, 1991). Having discovered evidence of discomfort with death among these neophyte counselors, Marie Terry, Alex Bivens and I then sought to test the generality of this effect by recruiting a large group of highly expert grief therapists (averaging 14 years experience). Both in their ratings of brief presenting problems and in their written responses to detailed 'transcriptions' of opening statements by clients, these expert counselors reversed the earlier finding, finding death and grief issues more comfortable to respond to than other serious non-

death-related problems (Terry, Bivens, & Neimeyer, 1995). Moreover, counselors responded with greater empathy to clients presenting with grief and loss issues, a tendency that was enhanced with more years of training and practice in death education and counseling. However, neither comfort nor empathy was related to personal death fears in the counselors, who were characteristically quite death accepting and typically religious.

Practical as well as theoretical concerns drew my attention once again to beginning counselors, as this was the group that was visibly death and grief-avoidant, not only in our first study, but also in my supervision of doctoral trainees in psychotherapy in our departmental clinic. I therefore welcomed further collaboration with Tom Kirchberg, my co-investigator in the original study, in conducting a more tightly controlled and more realistic study of counselor responses to death and grief situations with clients. For this study, we enlisted the help of actors, carefully counterbalanced for gender and race, to enact the part of clients presenting with death-related (e.g., grief, AIDS) or non-death-related problems (e.g., marital discord, physical handicap), videotaping their performances. Counselors then watched one set of videos, rating their discomfort and recording their responses to the clients' self-presentations. As we hypothesized, we found greater discomfort in responding to the death than non-death enactments, a response that proved to be mediated by the personal death fears of the counselor. Contrary to our predictions, counselors were actually slightly more empathic in relation to death and grief situations, although the level of empathy was surprisingly small in absolute terms (Kirchberg, Neimeyer, & James, 1998). The least empathic responses were provided by counselors who construed death in fatalistic terms on the Threat Index, suggesting that working with death and loss can prove especially challenging for those neophyte counselors whose personal death anxieties leave them vulnerable to such work.

My present work in death attitudes has taken the form of joining with my American and German colleagues Rick Moser and Joachim Wittkowski to synthesize and interpret the substantive findings of the vast and uneven literature on death anxiety and death acceptance (Neimeyer, Wittkowski & Moser, 2004) and to evaluate its best-developed and most frequently used

measures and methods (Neimeyer, Moser & Wittkowski, 2003). In addition, I have joined with fellow theorist and methodologist Adrian Tomer to undertake a large grant-supported study of death attitudes and quality of life at the end-of-life, developing a comprehensive model of factors affecting the adjustment of a substantial cohort of hospice patients, a project that is just getting underway. Thus, a recurrent pattern of methodological development followed by practical application seems to characterize my network of enterprise in the study of death attitudes across time, with each branch of the program periodically intersecting with and enriching the others.

Viewed in hindsight, my substantive research on death threat and anxiety over the decades has reached toward a kind of symmetry, stemming from a focus on the death concerns of vulnerable populations (e.g., persons with AIDS, the elderly), and then broadening to include the potentially problematic role played by the personal death fears and concerns of those who work with them (e.g., caregivers, nurses, counselors). Although this complementary research strategy was at best only half-conscious at the time, a roughly parallel pattern was evident in my research in a second death-related area, namely, suicide intervention.

SUICIDE INTERVENTION

My early work with Dingemans had left more questions than answers about the death concerns of suicide intervention workers, as some findings had pointed to elevated death threat in this group (Neimeyer & Dingemans, 1980), while later work contradicted this conclusion (Neimeyer & Neimeyer, 1984). As an undergraduate, my research focus on crisis intervention services had been partly a matter of convenience, and partly a matter of personal curiosity, as I found myself working with life-threatening callers weekly in my role as a paraprofessional in one of the pioneering suicide and crisis intervention centers on the east coast of the United States. What role, I wondered, might staff anxieties about death and dying play in affecting their responses to clients who often were quite literally presenting with life-threatening situations? However, as I contemplated this question in light of our initial studies, I soon confronted a more basic problem: the dearth

of credible assessments of suicide prevention skills that could make an empirical answer to this question feasible. Thus, I began as we had with the Threat Index research, constructing the first self-report instrument for the assessment of suicide prevention competencies—the Suicide Intervention Response Inventory or SIRI (Neimeyer & MacInnes, 1981)—and then marching it through a series of validational studies through the 1980s that collectively supported its psychometric soundness (see Neimeyer & Pfeiffer, 1994a for a review) [2]. The logic of the SIRI was straightforward, consisting of 25 responses on the part of a potentially self-destructive client (e.g., veiled suicide threats, perturbation, depressive helplessness), to which the respondent could choose one of two possible replies, one constructive and the other neutral to negative from the perspective of crisis intervention theory. The score on the SIRI was simply the number of preferred responses.

By the late 80's the SIRI was ready to be used in substantive research, which initially took the form of attempting to catalogue the ten most frequent errors of medical and non-medical suicide interventionists (Neimeyer & Pfeiffer, 1994b). Surveying over 200 professional and paraprofessional staff, we found a tendency toward superficial reassurance, avoidance of strong feelings, professional distancing, inadequate assessment of suicidal intent, failure to identify precipitating problems, and passivity to be relatively common responses. Medically trained interventionists in the sample tended to err in ways that were distinctive from the psychologically trained counselors: whereas the former tended toward defensive, distancing, advice-giving, and dismissive interactions, the latter displayed excessive passivity and failure to structure interactions with a potentially suicidal client. This rekindled old concerns about the personal factors that could contribute to such suboptimal responses among interventionists. As a result, Barry Fortner, Diane Melby and I studied a large and heterogeneous group of respondents likely to have contact with people in the midst of a suicidal crisis, who varied from untrained peers, through crisis paraprofessionals, to masters level psychologists and counselors (Neimeyer, Fortner, & Melby, 2001). The results were illuminating: level of training, experience with suicidal clients, and death acceptance were positively associated with suicide intervention skills, whereas a personal history of

suicidality and a casual, permissive stance toward suicide as a "personal right" were negatively associated with appropriate responding. Moreover, among the most highly trained professional interventionists, a personal history of suicidality was even more strongly associated with poorer suicide counseling skills. One "spin-off" of this research was our decision to use the SIRI as a screening device to ensure a minimum level of suicide management competency in our ongoing randomized controlled trial of mutual support groups and cognitive therapy for depression (Bright, Baker, & Neimeyer, 1999). These findings also informed my attempt to develop a more coherent training agenda for counseling psychologists in suicide and hastened death, one that gave attention to the experiential exploration of personal attitudes toward death and suicide, as well as systematic training in professional ethics and crisis management (Neimeyer, 2000b).

A final feature of our research program in suicide intervention also deserves brief mention, namely, my work with Steve Hughes to elaborate a model of suicidal behavior (Hughes & Neimeyer, 1990) that integrated a number of constructivist features (e.g., constriction and disorganization of the personal construct system) with other compatible cognitive processes (e.g., foreshortened future time perspective, impaired problem solving). This provided not only a heuristic framework for clinical assessment, but also spawned one of the few genuinely prospective studies of suicide risk, in which risk factors assessed at one point in time were used to predict escalating suicidality in the weeks that followed. Tracking nearly 80 patients admitted to psychiatric hospitals, we discovered that their relatively common reports of suicide ideation across the course of hospitalization were best predicted by their level of assessed hopelessness at intake. However, the prediction of those patients likely to be placed on 15-minute checks by staff because of elevated suicide risk was improved by the additional consideration of other, more fundamental factors: their shift toward self-negativity within their own systems of meaning, and the deterioration of their ability to define and resolve critical life problems. Finally, the emergence of extremely high risk behaviors, such as actual acts of self-injury sufficient to mandate one-on-one observation, was predicted not only by hopelessness, not only by self-negativity and impaired

problem-solving, but also by the unique impending disorganization of patients' construct systems regarding the social world as assessed by repertory grid technique (Hughes & Neimeyer, 1993). These findings seemed to carry practical as well as theoretical import, suggesting the necessity of attending to qualitatively different indices of risk at the level of people's construct systems as the suicidal crisis deepened. By implication, the projection of a more hopeful future that might be a minimum sufficient intervention to mitigate risk of self-injury among suicide ideators might be woefully inadequate for a high-risk client facing abject self-hatred, helplessness, and the disintegration of perceived order in the social world. In such a case, more than simple crisis intervention is called for, as the therapist and client must grapple with a more basic assault on the latter's world of meaning that can make the planned or precipitous abdication of life seem like the most logical choice. Recently I have collaborated with my British colleague, David Winter, in reviewing the multifaceted contributions of personal construct theory to conceptualizing the suicidal choice, which provides an empirically informed and novel approach to the multiple paths that can eventuate in self-harm (Neimeyer & Winter, 2004).

GRIEF AND LOSS

Several years ago, our research program in thanatology took a new and integrative turn, shifting toward the study of grief and loss from our previous concentration on death attitudes and suicide intervention. In part, this represented a natural extension of the previous two foci, in combination with the impact of my clinical practice, which had long included significant numbers of clients dealing with losses of all kinds, through bereavement, assault, illness, job loss, relationship deterioration, and geographic displacement. But this move also embodied a more personal motivation to span my two largely separate identities as a thanatological researcher on the one hand, and constructivist psychotherapy theorist, on the other, as well as to respond to personal experiences of loss of my mother, father-in-law, and best friend in short succession. The result was a new hybrid program of scholarship on meaning reconstruction in the wake of loss, a

program that is quickly moving to center stage as an orienting frame for my own thinking and that of my current students.

The overarching proposition animating our work to date is that grieving is a process of reconstructing a world of meaning that has been challenged by loss (Neimeyer, 1997). Issues of meaning-making in the wake of loss had of course received some attention in earlier work on bereavement (Marris, 1974; Parkes, 2001), but for the most part this had been a side note to a much more central concern with emotional stages of adjustment in response to loss or a psychiatric preoccupation with acute symptomatology of grieving construed in largely pathological terms. In contrast, a new breed of grief researchers was beginning to attend to the ruptured assumptive world of the bereaved person (Janoff-Bulman, 1989), the cognitive processes by which the bereaved cope with loss (Bonanno & Kaltman, 1999), and the post-traumatic growth displayed by many of those who suffer adversity (Tedeschi, Park, & Calhoun, 1998). Likewise, it was apparent that the field of grief theory was in ferment, as scholars took a second look at timeworn assumptions about the need to 'withdraw emotional energy' from the one who had died, in order to 're-invest' it elsewhere (Hagman, 1995). Instead, thinkers were beginning to focus on the potentially sustaining continuing bonds the bereaved construct to the deceased (Klass, Silverman, & Nickman, 1996), and the active processes by which they strive to 'relearn the world' in the wake of loss (Attig, 1996). My own entry into these discussions in various professional settings [3] was enthusiastic, as I saw the immediate applicability of constructivist concepts and methods in advancing an alternative, and more constructive understanding of the human response to loss.

Our initial constructivist contribution to this conceptual reorientation took place at the juncture of thanatology and traumatology, as my post-doctoral colleague, Alan Stewart, and I endeavored to conceptualize loss in terms of the traumatic assault on the survivor's world of meaning (Neimeyer & Stewart, 1996). Our guiding metaphor in this work was the self-narrative, defined as the life story one both enacts and expresses that gives a sense of coherence to one's identity over time. In our view, traumatic loss disrupts the continuity of the narrative construction of self, dislodging the individual from a sense of who he

or she is (Neimeyer, 2000c). Complicated grief can result, especially in vulnerable individuals whose senses of self and relationships are tenuous as a function of an insecure attachment history (Neimeyer, Prigerson & Davies, 2002). For example, the struggle to 'emplot' traumatic events within one's self-narrative can leave one with a fragmented sense of autobiographical continuity through time, much as a previously naïve conscript into the Vietnam war might survive horrific experiences of combat that his fellow infantrymen did not, only to find it impossible to build a conceptual bridge between the person he once was and the person he had become. Traumatic losses of many kinds, we theorized, would introduce sharp experiential discrepancies into the survivor's self-narrative, while at the same time challenging the individual's capacity to subsume the traumatic events into the pre-existing construct system. Gradually I elaborated this model to include other forms of disruption of the self-narrative occasioned by loss, contributing not only to disorganized narratives as described above, but also to dominant narratives in which a single constructed view of the traumatic self comes to 'colonize' a person's identity, and dissociated narratives in which secret stories of loss (e.g., through disguised suicide or unspoken histories of marital infidelity) precluded the fuller integration of the experience into one's personal of relational reality (Neimeyer, 2004; Neimeyer & Arvay, 2004).

To assess construct systems that had been compromised in these ways, we experimented with the use of biographical construct repertory grids, a variation of repertory grid technique that I had previously explored in the early 1980's (Neimeyer, 1985c). The method consisted of a structured interview in which interviewees were presented with triads of life events anchored by iconically rich scenes depicting important "chapters" in the person's life narrative (e.g., when I rode my tricycle to the community swimming pool at age 5, playing baseball at age 12, serving in Vietnam, when my first child was born). Comparing and contrasting these 'plot elements' in their own life stories, respondents formulated thematic constructs that compared and contrasted the different events (e.g., powerful vs. helpless; filled with rage vs. filled with love). Case studies using this technique accompanied by a visual printout of self identity plots proved illuminating

both to us as investigators and therapists, and to the bereaved or traumatized persons with whom we shared the results (Neimeyer, Keesee, & Fortner, 2000; Neimeyer & Stewart, 1996). Roughly contemporaneous research by Kenneth Sewell and his colleagues (Sewell, 1996; Sewell, 1997; Sewell et al., 1996) extended this "life event grid" paradigm, and lent valuable empirical support to the emerging constructivist model.

Although I remain fascinated with the potential power of grid technique to aid in the articulation of meaning systems disrupted by loss, I also find myself shifting in other methodological directions. In particular, I have been drawn to broader narrative models and methods, prompted in part by misgivings I share with Yorke (1989) and others about the degradation of more comprehensive meanings entailed by the segmentation of accounts of loss into the adjectival antonyms elicited by repertory grid technique. Not only does the relatively unconstrained report of oral or written narratives of loss provide a valuable source of qualitative data that is subject to various forms of disciplined analysis [4] (Neimeyer & Hogan, 2001), but it also began to suggest a vast array of narrative means to therapeutic ends in the context of grief counseling. As an example of the former, my students Adam Anderson, James Gillies and I began experimenting with the coding of brief responses to probing questions—which we put to over 1,000 bereaved persons to date—regarding (a) the sense they have made of their loss experience, (b) any form of unexpected benefit or life lesson the experience has brought them, and (c) and progressive or regressive shifts they have noticed in their sense of personal identity in the wake of the loss. Like Davis and his colleagues (Davis, Nolen-Hoeksema, & Larson, 1998), we are finding that the inability to make sense of the loss, in particular, is emerging as the single best predictor of intensified grieving, outweighing the contribution of "objective" factors such as the relationship that was lost (e.g., of a parent, child, friend), the cause of death (e.g., from natural or unnatural/violent causes), or the passage of time. More tentatively, we are also glimpsing a relationship between the inability to find existential benefit in the loss or regressive identity change on the one hand, and more traumatic or complicated forms of grieving on the other.

Aside from these indices of meaning-making, my colleague Heidi Levitt and I have also been drawn to examine the various narrative processes by which people formulate accounts of loss, and the implications these carry for their integration of death into their life story (Neimeyer & Levitt, 2000; Neimeyer & Levitt, 2001). For example, some people narrate their losses in an 'external' voice, focusing on objective events in a way that might be reported by an outside observer ('My mother died of emphysema in the fall. All of her children were there at her bedside, sitting in vigil. Nurses came and went, sometimes gesturing one or more family members into the hall for a medical update.'). Others engage in a more 'internal' and emotional narrative process ('When my mother lay dying, I felt a cascade of emotions, from hope, to despair and loneliness, to deep sadness. But above all, I had a sense of awe and privilege to be there.'). Still others present a more 'reflexive,' significance-seeking account ('My mother's death made me aware of the fragile order of life, and the critical importance of sharing these life transitions as a family.'). In subsequent research spearheaded by my student Adam Anderson, we investigated the role of these various narrative processes in promoting integration of loss, and facilitating adaptation to bereavement. Although it is too early to say what we will find in our longitudinal research, we suspect that an alternation among narrative processes in ongoing personal grief journals will prove most helpful in embroidering meaning of the loss, and facilitating a vital continued engagement in life (Neimeyer & Anderson, 2001).

Not surprisingly, the elasticity of the narrative metaphor has prompted a good deal of creative theorizing on the part of not only our own research group, but also that of like-minded clinicians and scholars (Attig, 2000; Nadeau, 1997; Romanoff & Terenzio, 1998). In my own writing in this emerging genre, I have tried to harvest the lessons of cutting-edge constructivist research to formulate some working propositions that scaffold a new theory of grieving, one that better accounts for the individuality of grief, our active personal processes of adaptation, and familial and cultural factors that shape our efforts after meaning (Neimeyer, 1997; Neimeyer & Jordan, 2001; Neimeyer & Keesee, 1998). Equally, I have tried to use this nascent theory in a generative way, to envision new constructivist practices—

biographical, interview-based, reflective, metaphoric, poetic, and narrative—that help bereaved people take perspective on their losses and weave them into the fabric of their lives (Neimeyer, 2001a; Neimeyer, 2001b; Neimeyer et al., 2000). One unanticipated offshoot of this work is the not uncommon discovery by other clinicians and helping professionals that a constructivist and narrative approach provides a more coherent and useful framework for their best practices (e.g., the creation of meaningful rituals; transformative procedures for restoring a sense of community in the wake of violation or loss) than did traditional theories (Neimeyer & Tschudi, 2003). I have consistently found such reports to be highly affirming, as, in the words of an insightful participant in one of my grief therapy workshops, 'we as bereavement professionals finally have a chance to put our practice into theory.' Thus, I am hopeful that a constructivist and narrative perspective on bereavement and its complications can help foster a more effective approach to grief therapy, whose uncertain outcomes in available research studies call for deep-going analysis and reflection (Jordan & Neimeyer, 2003).

CLOSING CODA

In this brief chapter I have tried to reflect on my long involvement in the field of death studies, an involvement that has drawn impetus and occasional new direction from my parallel work as a constructivist theorist and clinician, as well as simply a maturing person. This has afforded me a rare opportunity to reflect on the many interconnected networks of enterprise that constitute an evolving research program, glancing back in time to its undergraduate origins in an early fascination with the measurement of death threat, and sometimes glimpsing the outline of findings that are still taking shape. No brief account can convey all the peregrinations of a lengthy and multifaceted program of study [5], but I have tried to suggest something of the braiding together of different strands of theory, research, and practice on death attitudes, suicide intervention, and grief that has animated, and perhaps constrained, my work in this area. I hope that the resulting account is a reasonably honest one—at least as written from my present position in mid-career—and that the decision to focus reflexively on that work in

which I have been most directly involved does not obscure the critical contribution made to this program by many others, and which is beginning to suggests clear roles that psychologists might play in research and practice in the broad end-of-life arena (Haley et al., 2003). No doubt each of my students and colleagues could provide his or her own unique account of some of these same developments, and see rather different significance in them!

Aside from any literal utility of this review in acquainting interested readers with the broad purview of research programs that they might explore, extend or critique, I also hope that the frequent citation of the work and role of others suggests something of the social nature of science, and the importance of collegiality and community in supporting our individual and joint initiatives. Just as the identifiable strands of our personal networks of enterprise are complexly inter-braided, so too are they bound up with those of many others. Ultimately, I hope that this summary of my own collaborative work continues this process, suggesting points of useful contact and contrast with the work of others who share my long-term fascination with the role of death in human life.

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[1] Readers interested in some personal reflections on the development of these other core branches might consult Neimeyer (1996) and Neimeyer (2000a).

[2] Actually, despite the utility of the SIRI in our own research programs and those of other investigators, one significant constraint of the original version become clear in these studies—the instrument's ceiling effect with more highly trained respondents (e.g., counselors with postgraduate training in psychology). This stimulated our work on a revision of the instrument—the SIRI-2—that removed this ceiling effect, while at the same time meeting or exceeding other indices of the original scale's validity and reliability. For a report on the revised measure, see Neimeyer and Bonnelle (1997).

[3] Chief among these was the *Association for Death Education and Counseling*, in which I had been active for many years, eventually serving as its President in 1996 and 1997, and the *International Work Group for Death, Dying & Bereavement*, which I chaired 2002 to 2004. The latter in particular provided a place for generative dialogues with several scholars on the forefront of bereavement research and practice, pushing all of us toward a more central recognition of the role of meaning making in adaptation to loss.

[4] Actually, my students and I had already started experimenting with the coding of free-response narratives some years before in our research on death attitudes (Holcomb, Neimeyer, & Moore, 1993). But it took a conceptual as well as methodological reorientation for me to shift to the elicitation and analysis of various forms of narrative in connection with loss.

[5] For other attempts to synthesize aspects of this research program and situate it in the broader context of death and loss studies see Neimeyer and Van Brunt (1995), Wass and Neimeyer (1995) and Neimeyer (1998).

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