Chapter 19

# Constructions of Death and Loss: A Personal and Professional Evolution

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**Elaborated aspects of theory:** anxiety, death, grief, loss, threat

## Introduction

When my father died on the eve of my twelfth birthday, one world ended and another began. Long depressed and increasingly isolated by the progressive glaucoma that had robbed him of his sight and that now threatened to

take from him the family pharmacy he had founded 20 years before, he decided one cold January evening to relinquish a life that had for him become unliveable. Our awareness of his suicide – meticulously planned, drawing on the same pharmaceutical skills that once had sustained his life – burst in on my sleeping nine-year-old brother and me the next morning in the form of our mother's panicked announcement that she could not wake our father. Frightened and bewildered, we scrambled out from under our cowboy quilt and stood peering around the door jamb of our parents' bedroom, as our mother approached our father's lifeless body, touched him through the thin turquoise bedcover and then recoiled in horror and a convulsion of tears. With that one abrupt gesture, most of what constituted the themes of our family narrative was swept away and we were thrown collectively into a tumultuous renegotiation of who we were, how we would manage and what his death meant. Many of the subsequent emotional, relational and occupational choices made by my mother, my brother, my little sister and me can be read as responses to my father's fateful decision, though their meaning continues to be clarified, ambiguated and reformulated across the years.

Of course, the intervening years brought with them a train of additional losses, a consistent counterpoint to my life's many gains. Among the most poignant of these would be a range of relational lapses, subtle and unsubtle, the sudden death of friends in spasms of violence or through senseless medical malpractice, and the slow wasting of my mother through a progressive emphysema that robbed her of life one breath at a time. Now, I write these words in the wake of our family's memorial gathering for my mother-in-law, Gloria, who lived with verve and optimism through all but the final months of the cancer that slowly turned down the flame of her life until it flickered out in her home and in our arms. In both their commonality and individuality these different losses at times have served to affirm shared and personal frameworks of meaning, and at others have initiated a search for significance in events that seemingly eluded comprehension. Although I did not always recognise it at the time, they therefore primed me for the key themes of constructivism, and ultimately melded with a maturing professional identity that found increasing coherence with the personal.

My goal in this chapter is to offer some working notes on this personal and professional evolution, tacking from my own life experiences to the theory that held a clarifying mirror to them, and that ultimately generated a multifaceted research programme concerned with death, suicide and grief as a central strand of my life work. Although this process has been highly individualised in its impetus and expression, it is hardly unique – indeed the braiding together of life and work is likely to be a common theme in

the careers of engaged clinicians, active scholars and productive scientists. To frame this account I will therefore shift from the personal to professional, and offer a view from the lofty perch of the psychology of science, before descending again into the darker valley of personal experience in which my constructivist sojourn began.

## Networks of Enterprise

Writing about the psychology of scientific creativity, Howard Gruber [(1989)] introduced the concept 'networks of enterprise' to explain how scientists organise a programme 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)

While making no pretence that the creativity of my own work over the last few decades bears comparison to that of Charles Darwin or Jean Piaget, the subjects of Gruber's analysis, I nonetheless can resonate to his depiction of 'the protracted hard and unremitting work' that yields conceptual and methodological innovations. Likewise, his depiction of the branching and grafting of such networks over time strikes a responsive chord fin 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', 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', reflecting the importance of the social psychology, as well as the cognitive psychology of science (Neimeyer et al. 1989).

My goal in this chapter is to reflect on one of my own central networks of enterprise across the years, specifically 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 psychotherapy, it is sufficient to convey several of the features of such networks as described by Gruber, including their longevity, cross-fertilisation, social organisation 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 such as personal construct theory (PCT), which blurs the line between the personal and professional, while recognising 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 summarise 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 world with a thriving research programme 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: death threat and anxiety; suicide intervention; and grief and loss. I will therefore review each of these in turn.

## Death Threat and Anxiety

As the reader might imagine, my family's plunge into the tumultuous terrain of bereavement through suicide precipitated all of us into a world that none of us knew how to inhabit, and one that was violently at odds with the Catholicism of our community in the small Ohio town in which we lived. Thus, it is not surprising that this profound confrontation with the unknown, compounded greatly by my mother's decision to flee reminders of her loss by moving to the distant state of Florida – thereby sundering any remaining strands of continuity in our experience – prompted me to find some stability in the two worlds I could master: school and work. Throwing myself at age 12 into both, I managed to get through adolescence as best I could and entered the University of Florida some six years later in the early 1970s. It was there I discovered PCT in the context of a life-changing freshman course in Personality Theories taught by Seth Krieger, a charismatic and personable graduate student of Franz Epting.

Delving deeply into Kelly's (1955) magnum opus, the basic metaphor of the personal scientist, boldly striving to organise and respond to the onrush of events and not merely be a 'victim of his biography', struck a responsive intellectual chord in me, ennobling my own sometimes desperate efforts to do something similar. More viscerally, I resonated to Kelly's depictions of

**anxiety** as confronting experiences for which our constructs were pitifully insufficient, and **threat** as immersion in a foreboding and forbidden shift in the whole of our system triggered by looming invalidation of core constructs. Consciously, I connected precisely none of this, or my similarly passionate draw to the darker existential philosophies of Martin Heidegger or Jean-Paul Sartre, to my own experience of traumatic loss. With the wisdom of hindsight I would now understand this seemingly astonishing naïveté as a vindication of other aspects of Kelly's theory, namely the **fragmentation** corollary, with its acknowledgement of the compartmentalised structure of less than fully integrated construct systems, his notion of **suspension** of elements of experience for which we have no suitable structure, and the protective role of attentional **constriction** in managing an overwhelming internal or external world. In brief, Kelly's theory offered me a refined and coherent vocabulary for beginning to reflexively construe my own experience, and I took to it like a duck to water.

Academically, the historical core of my interest in personal constructs and thanatology originated in research being conducted at the University of Florida by Epting, Krieger and a coterie of graduate students, including 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 PCT on the problem of assessing people's attitudes towards 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 (TI) (Krieger, Epting & Leitner 1974), a repertory grid-based measure that operationalised Kelly's (1955) concept of threat as the 'awareness of imminent, comprehensive change in one's core structures'. 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 when TI was being developed into a standardised 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
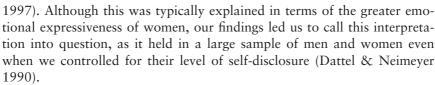
was to assist in the administration of grid-based interviews, in order to elicit thousands of death-relevant constructs and then winnow these to the 30 or 40 most commonly occurring dimensions to comprise the items for the standardised paper-and-pencil form of the instrument. The work was initially fascinating, 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 which helped establish the psychometric soundness of the resulting measure (Neimeyer 1986; Neimeyer, Dingemans & Epting 1977; Rigdon et al. 1979). As this research proceeded over the following decades, TI consolidated its place as one of the most valid and reliable instruments in the broad but varied death anxiety literature (Neimeyer 1994; Neimeyer, Moser & Wittkowski 2003).

But despite the initial thrill of the research, the fairly compulsive methodological focus of the early work also generated a certain restiveness among the younger members of the research team. I recall strolling along a lake on the 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 minor 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 & Chapman 1980; Neimeyer 1985), but for the most part, research with TI and its derivatives remained rigorously methodological until about 1990. It was chiefly this psychometric research that was summarised in my earlier review of the TI literature (Neimeyer 1994). This focus continued briefly into the 1990s, producing a massive study of TI with my student Marlin Moore, which yielded a confirmatory factor analysis of the measure (Moore & Neimeyer 1991), still to the best of my knowledge the only one of its kind on a death attitudes instrument.

Eventually, however, the psychometric properties of TI were established even to our scientific satisfaction, allowing my students and me, now at the University of Memphis, to begin applying it – and a few other soundly developed death anxiety scales (Neimeyer & Moore 1994; Neimeyer & Gillies 2001) – 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 & Van Brunt 1995; Neimeyer & Fortner

1997). Although this was typically explained in terms of the greater emotional expressiveness of women, our findings led us to call this interpretation into question, as it 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 (G/B) men living in the shadow of the AIDS epidemic (Bivens et al. 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 dealt with in the context of counselling (Neimeyer & Stewart 1998; Neimeyer, Stewart & Anderson 2004).

A second vulnerable population to attract our attention in the early 1990s was older adults, whose age and health status placed them at a high 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 ageing 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 illuminating: across nearly 50 studies, totalling in excess of 4,500 participants, older adults' fears of personal death were found to be unrelated to gender and religious faith, departing from the typical findings 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 institutionalisation 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 dehumanising 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 programme stemmed from its fusion with the studies of attitudes toward ageing spearheaded by one of my former student, Steve DePaola (reviewed below). Specifically, we investigated the relationship between death anxiety, attitudes toward older adults and personal fears of ageing in a group of nearly 200 older men and women (DePaola et al. 2003). As predicted, we found that respondents with greater personal anxieties about their own ageing 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 Caucasian Americans reporting greater fears of a protracted and painful dying process, whereas African Americans were more fearful about what transpired after death, including fears of being buried alive, of bodily decomposition and the fate of their souls in an afterlife.

A complementary prong of this research effort 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 infantilising attitudes on the part of staff towards 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 less frequent exposure. However, we also discovered that increasing levels of death concern were associated with greater personal anxiety about ageing, 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 care facilities for the elderly, had higher levels of personal death anxiety than registered nurses and registered nurses in these same facilities (DePaola, Neimeyer & Ross 1994). This increased my concern about the possible link between personal death attitudes and suboptimal caregiving, especially among less trained and less experienced helpers – a concern that found expression in the studies of counsellors and suicide interventionists (reviewed below).

A final line of work on death attitudes concerned the reactions of counsellors 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

(Katz & Johnson 2005). Masters level counsellors were given a set of 15 written descriptions of both death-related counselling scenarios (e.g. grief, life-threatening illness, suicide risk) and non-death-related situations (e.g. rape, spouse abuse), and 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 seven least distressing situations concerned death or loss. However, our attempts to link these reactions to levels of personal death threat or years of counselling experience proved unsuccessful (Kirchberg & Neimeyer 1991).

Having discovered evidence of discomfort with death among these neophyte counsellors, 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 expertss reversed the earlier finding, experiencing death and grief issues as more comfortable to respond to than other serious but non-death-related problems (Terry, Bivens & Neimeyer 1995). Moreover, counsellors 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 counselling. However, neither comfort nor empathy was related to personal death fears in the counsellors, who were characteristically quite death-accepting and typically religious.

Practical as well as theoretical concerns drew my attention once again to trainee counsellors, 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 Kirchberg, my co-investigator in the original study, in conducting a more tightly controlled and more realistic study of counsellors' responses to death and grief situations with clients. For this study, we enlisted the help of actors, carefully balanced for gender and race, to enact the part of clients presenting with death-related (e.g. grief, AIDS) or non-death-related (e.g. marital discord, physical handicap) problems, and videotaped their performances. Counsellors then watched one set of videos, rating their discomfort and recording their responses to the clients' self-presentations. As we hypothesised, we found greater discomfort in responding to the death than to non-death enactments, a response that proved to be mediated by the personal death fears of the counsellor. Contrary to our predictions, counsellors expressed slightly more empathy 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 counsellors who construed death in fatalistic terms on the TI, suggesting that working with death and loss can prove especially challenging for inexperienced counsellors, whose personal death anxieties leave them vulnerable to such work.
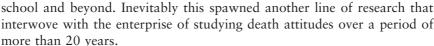
More recently, we have extended this concern with the psychological challenges of working in an end-of-life context by studying protective factors that could mitigate the impact of unique stressors that lead to burnout in nurses, counsellors, social workers and chaplains who work with terminally ill clients and their families. Surveying a large group of medical and mental health practitioners attending palliative care seminars, we found that daily spiritual experiences – sensing the divine or transcendent in everyday life – was negatively correlated with physical, cognitive and emotional forms of burnout in the workplace. In addition, a negative correlation was found between the amount of end-of-life (EOL) training received and burnout in the physical and cognitive domains. However, training did not appear to have a substantial impact on EOL workers' level of emotional exhaustion (Holland & Neimeyer 2006).

In hindsight, it can be seen that my substantive research on death threat and anxiety over the decades has reached towards a kind of symmetry, stemming from a focus on the death concerns of vulnerable populations (e.g. persons with AIDS, the elderly), 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, counsellors). 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 – suicide intervention.

## Suicide Intervention

In another apparent expression of unconscious motivation, within a few months of my arriving at the University of Florida, I found myself seeking training as a paraprofessional in one of the pioneering suicide and crisis intervention centres on the east coast of the United States, again without explicitly connecting my doing so with my own life-experience. Instead, I simply attributed my engagement in this work to my deepening interest in psychology, reinforced by my early research on death attitudes from a personal construct perspective. Whatever its source, my motivation was sufficiently strong to engage me in crisis intervention work, initially as a trainee and volunteer, and ultimately as a trainer and supervisor, in a series of suicide prevention centres from my undergraduate years through graduate

school and beyond. Inevitably this spawned another line of research that interwove with the enterprise of studying death attitudes over a period of more than 20 years.

My early work with Dingemans had generated more questions than answers about the death concerns of suicide intervention workers, as some findings had pointed to the elevated death threat in this group (Neimeyer & Dingemans 1980), while later work contradicted this conclusion (Neimeyer & Neimeyer 1984). As I observed the widely varying ways in which my fellow volunteers responded to callers in crisis, I began to wonder what role staff anxieties about death and dying played in their responses to clients who often were quite literally presenting with a life-threatening situation. 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 TI research) constructing the first self-report instrument for the assessment of suicide prevention competencies – the Suicide Intervention Response Inventory (SIRI) (Neimeyer & MacInnes 1981) – and then taking it through a series of validational studies through the 1980s, which collectively supported its psychometric soundness (see Neimeyer & Pfeiffer 1994a for a review). 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. Later research refined the instrument by establishing a 'gold standard' provided by a panel of highly expert suicidologists, with deviation from their Likert ratings of ideal responses serving as an index of the respondent's competence (Neimeyer & Bonnelle 1997).

By the late 1980s 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 in excess of 200 professional and paraprofessional staff, we found 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 counsellors: whereas the former favoured defensive, distancing, advice-giving and dismissive interactions, the latter displayed excessive passivity and failure to structure interactions with a potentially suicidal client.

This rekindled earlier 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 counsellors (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 towards 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 counselling skills. Placing these findings in an international context could prove still more sobering, as our recent research with hundreds of Italian physicians and nurses indicates that an astonishingly small percentage of them receive any training in the management of suicidal crisis, despite their keen interest in it, and general practitioners in particular show marked deficiencies in identifying appropriate responses to suicide threat in a patient (Palmieri et al. 2008). 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 a randomised 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 counselling psychologists in suicide and hastened death, one that gave attention to the experiential exploration of personal attitudes towards death and suicide, as well as systematic training in professional ethics and crisis management (Neimeyer 2000b).

A final feature of our research programme in suicide intervention also deserves a brief mention, namely, my work with Steve Hughes to elaborate a model of suicidal behaviour (Hughes & Neimeyer 1990), which integrates a number of constructivist features (e.g. constriction and disorganisation of the personal construct system) with other 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.

By tracking nearly 80 patients admitted to psychiatric hospitals, we discovered that their relatively common reports of suicide ideation across the course of hospitalisation were best predicted by their level of assessed

hopelessness at admission. 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 turn towards self-negativity within their own systems of meaning and the worsening of their ability to define and resolve critical life problems. Finally, the emergence of extremely high risk behaviours, such as self-injury sufficient to mandate one-on-one observation, was predicted not only by hopelessness, self-negativity and impaired problem-solving, but also by the unique impending disorganisation of patients' construct systems regarding the social world as assessed by repertory grid techniques (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 PCT to conceptualising the suicidal choice, which provides an empirically informed and novel approach to the multiple paths that can eventuate in self-harm (Neimeyer & Winter 2006).

## Grief and Loss

Examined through the rear-view mirror that mid-life affords, the evolution of my scholarship has followed a topical progression from the general to the specific with reference to my own life and losses. That is, my early undergraduate interest in death attitudes represented one of the larger concentric circles targeted by my research, in the sense that it focused on construing the relationship between self and death in general. A graduate school concentration on suicide intervention tightened this focus and came 'closer to home' in its attention to the most life-altering of the losses in my experience, at least up to that point. But it was with the development of a specific focus on meaning reconstruction in bereavement, a development of only the past 10 or 12 years, that I began to hit my personal bull's-eye.

In part, this shift in focus 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 and conscious 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 further personal experiences of loss of my mother, father-in-law and best friend in short succession. The result was a new hybrid programme of scholarship on meaning reconstruction in the wake of loss, a programme that has now moved to centre stage as an orienting frame for my own thinking and that of my 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; Malkinson 2007) and the post-traumatic growth displayed by many of those who experience adversity (Calhoun & Tedeschi 2006).

Likewise, it was apparent that the field of grief theory was evolving, as scholars took a second look at timeworn assumptions about the need to 'withdraw emotional energy' from the one who has died, in order to 'reinvest' 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 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 postdoctoral colleague, Alan Stewart, and I endeavoured to conceptualise 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, which gives a sense of coherence to one's identity over time (Neimeyer 2004). 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 sense of self and relationships is 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 a fragmented sense of autobiographical continuity through time, much as a previously naïve conscript to the war in Iraq might survive horrific experiences of combat or terrorism 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 has become.

Traumatic losses of many kinds, we theorised, would introduce sharp experiential discrepancies to 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 **disorganised** narratives as described above, but also to **dominant** narratives in which a single constricted view of the traumatic self comes to 'colonise' a person's identity, and **dissociated** narratives in which secret stories of loss (e.g. through disguised suicide or unspoken histories of incest) 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 the repertory grid technique that I had explored in the early 1980s (Neimeyer 1985d). 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 the age of five, played baseball at age 12, served in the army, the birth of my first child). Comparing and contrasting these 'plot elements' in their own life-stories, respondents formulated thematic constructs which 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 to us as investigators and therapists, and to the bereaved or traumatised persons with whom we shared the results (Neimeyer & Stewart 1996; Neimeyer, Keesee & Fortner 2000). Roughly contemporaneous research by

Kenneth Sewell and his colleagues (Sewell 1996; 1997; Sewell et al. 1996) extended this 'life-event grid' paradigm and lent preliminary 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 the 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 (Neimeyer & Hogan 2001, Neimeyer, Hogan & Laurie 2008), but it also began to suggest a vast array of narrative means to therapeutic ends in the context of grief counselling. As an example of the former, with my students Adam Anderson and James Gillies, I began experimenting with the coding of brief responses to probing questions, which we put to over 1,000 bereaved persons, regarding the sense they have made of their loss experience; any form of unexpected benefit or life lesson the experience has brought them; and progressive or regressive shifts they have noticed in their sense of personal identity in the wake of the loss.

This multifaceted and ongoing research programme, driven especially by my two young colleagues, Joseph Currier and Jason Holland, has gone some distance towards demonstrating the power of the meaning reconstruction paradigm with a variety of losses and populations. Like 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, greatly 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 (Currier, Holland & Neimeyer 2006; Currier, Holland, Coleman & Neimeyer 2007; Keesee, Currier & Neimeyer 2008). 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 (Holland, Currier & Neimeyer 2006).

It even appears that the ability to make sense of the loss in personal terms interacts with other important processes in adaptation to loss, such as through mitigating the greater reports of complicated grief symptoms associated with heavier reliance on the continuing bond with the one who

has died (Neimeyer, Baldwin & Gillies 2006). In other words, several studies converge to support the proposition that the ability to integrate the reality of loss into a system of personal meaning is a key marker of bereavement adaptation. Vigorous and ongoing research using this paradigm within our group has led to deeper recognition of the challenges posed by bereavement to such groups as college students (Neimeyer, Laurie et al. 2008), older adults (Neimeyer, Holland et al. 2008), those who have lost loved ones to suicide, homicide or fatal accident (Currier et al. 2006), bereaved parents (Keesee et al. 2008) and African Americans (Laurie & Neimeyer 2008), the latter being especially likely to be neglected by grief researchers.

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 the integration of death into their life-story (Neimeyer & Levitt 2000; 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 autumn. 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 our longitudinal research will reveal, 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 theorising on the part not only of our own research group, but also that of like-minded clinicians and scholars (Nadeau 1997; Romanoff & Terenzio 1998; Attig 2000). 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 & Keesee 1998; Neimeyer & Jordan 2001). Equally, I have tried to use this nascent theory in a generative way, to envisage new constructivist practices – biographical, interview-based, reflective, metaphorical, poetic, narrative – that help bereaved people take a perspective on their losses and weave them into the fabric of their lives (Neimeyer et al. 2000; Neimeyer 2001a; 2001b; Neimeyer, Herrero & Botella 2006).

One unanticipated offshoot of this work has been my personal experimentation with writing, as well as publishing the poetry of loss (Neimeyer 2006b), which has opened new horizons and conversations for me in communities beyond the purely clinical and scientific. Another horizon has been the not uncommon finding 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 a perceptive 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 analysis and reflection (Jordan & Neimeyer 2003; Currier, Holland & Neimeyer 2007; Currier, Neimeyer & Berman 2008).

## Coda

In this chapter I have reflected on my long involvement in the field of death studies, an involvement that has drawn impetus and occasional new direction from my own legacy of loss, as well as my parallel work as a constructivist theorist and clinician. This has afforded me a rare opportunity to contemplate some of the many interconnected networks of enterprise that constitute an evolving research programme, 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 programme of study, 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 programme by many others. No doubt each of my students and colleagues could provide a unique account of some of these same developments, and see rather different significance in them, an outcome that would be fully in accord with PCT!

Aside from any literal utility of this review in acquainting interested readers with the broad purview of research programmes that they might explore, extend or critique, I hope that my 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 interwoven, 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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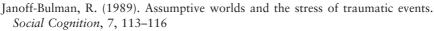
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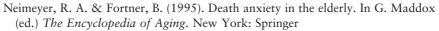
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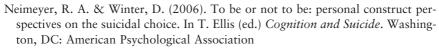
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