Loss and Meaning

How Do People Make Sense of Loss?

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People who have lost a loved one often try to make some meaning of their loss. The authors explore the ways people try to make meaning of loss, the factors that predict difficulty in making meaning, and the emotional outcomes of finding meaning. They also contrast the process of finding meaning with finding some benefit in the loss, even if meaning cannot be found. Our discussion centers on a study of 205 bereaved people who were interviewed before their loss and 1, 6, 13, and 18 months after their loss. The authors draw conclusions from this work not only for bereavement theories but also for general theories of adjustment in social and personality psychology.

Few bereavement theorists or researchers, we suspect, would take issue with the claim that coping with loss is a dynamic process that evolves over time. Yet, representing and modeling this process has been a challenge not often met by those who have studied the process. Although there is no shortage of theoretical accounts for the process of adjusting to the loss of a loved one, empirical support for these statements has not been impressive (Bonanno & Kaltman, 1999; Wortman & Silver, 1987, 1989, in press).

On one hand, this lack of empirical support may in part reflect the difficulty researchers have experienced trying to adequately represent dynamic or process models of grief and bereavement in their research designs (which are often limited to making observations at one or two points in time). On the other hand, the

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lack of empirical support may be owing to individual differences in response to loss that seem to render any single model deficient. In our bereavement research, we have attempted to overcome some of these problems by focusing on rather specific issues that we see coming up frequently in clinical and narrative accounts of the bereavement process, as well as studies that are more quantitative in nature, and by following our research respondents with several interviews conducted during a long period of time. In this way, we are able to observe some of the dynamics of the process of coping with loss both quantitatively and at an individual level through respondents' explanations and concerns—albeit on elemental issues.

In this article, we present a summary and an update of our research on an issue that appears to be of concern to many (but by no means all) people coping with loss: the finding of meaning. In fact, as we have argued in an earlier article (Davis, Nolen-Hoeksema, & Larson, 1998), finding meaning represents not one but two significant issues for the bereaved: a need to make sense of the loss and a desire to find benefit in one's experience with loss. In this article, we consider the processes whereby people come to make sense of their loss and derive benefit from their experience.

Our theoretical foundations are not specific to bereavement, coming instead from social-cognitive models of coping and adjustment (Epstein, 1973, 1994; Janoff-Bulman, 1992; Parkes, 1988; Taylor, 1983). These theories propose that meaning-making plays a central role in the process of adjusting to loss and trauma because it serves to maintain two aspects of our sense of self that often are most threatened by loss and trauma: our sense of self-worth and our most fundamental beliefs or assumptions about how the world works (assumptive worlds or worldviews).

Our data come from the Stanford Bereavement Project, a large multiwave bereavement study conducted in the San Francisco Bay area (Davis et al., 1998; Nolen-Hoeksema & Davis, 1999; Nolen-Hoeksema & Larson, 1999; Nolen-Hoeksema, Parker, & Larson, 1994). Potential participants, all of whom at the time of initial contact were losing a loved one to a terminal illness, were recruited through a number of hospices in the bay area. All of the terminally ill family members were living at home at the time the respondents entered the study, and most died at home. Hospice personnel provided in-home care on an as-needed basis. Their functions included providing palliative care, 24-hour consultation and assistance, counseling and support services, and bereavement services.

In-person interviews were conducted by trained clinical psychology graduate students, and the structured interviews covered a variety of issues. Some of our interview questions were open ended, allowing participants to tell us in their own words their feelings, thoughts, and experiences. Other constructs (such as symptoms of depression) were measured using standard protocols, some of which are described below.

Of the 455 people who agreed to be in the study, 328 participated in a preloss interview on an average of 3 months before their family member's death, 362 participated in an interview 1 month postloss, 360 participated in a 6-month postloss interview, 313 participated in a 13-month postloss interview, and 280 participated in an 18-month postloss interview.

This article reports on data from 205 family members who participated in the preloss interview as well as the 6- and 13-month postloss interviews. (Of these family members, 180 also participated in a final interview 18 months postloss, and these data are also included in selected passages of our report.) Half of those excluded from the original sample were excluded because they could not be interviewed prior to the death of their loved one. A further 25% of those excluded did not participate in any postloss interviews for a variety of reasons, including that the loved one had not yet died by the end of the study or that the respondent could not be located or had chosen not to participate further in the study. A further 8% participated in only one postloss interview, and 14% were excluded because one of the postloss interviews could not be scheduled within the specified time parameters. A final 2% were excluded because an interview had to be ended prematurely, prior to the questions on meaning, because of the respondent's schedule. Those respondents excluded appeared to be no different than the included respondents on any of the variables of interest except distress. Those included were less distressed at preloss, $t(325) = 3.00$, $p < .01$, and marginally less distressed at 6 months postloss, $t(357) = 1.76$, $p < .10$. There were, however, no differences in distress between those included and those excluded at subsequent interviews ($ts < 1$).

Of the 205 participants in this report, 74% were female, reflecting the fact that most caregivers of terminally ill patients are female spouses, daughters, or daughters-in-law of the patients. Mean age of respondents was 51.2 years ($SD = 14.1$ years). Median level of education was "some college," and median annual income was in the range of $30,000 to $35,000 (assessed preloss). Most respondents were White (81%), 6% were Mexican American, 5% were African American, and the remainder were of other ethnicities. Slightly more than 50% of the respondents were the primary caregivers for the ill loved one. The results we present below do not differ for the caregiver and noncaregiver participants in the study.

Of the respondents, 72% were losing a loved one to cancer, 14% were losing a loved one to AIDS, and the remainder to other causes (e.g., heart disease) or causes unknown to the respondent. Of respondents, 44% were losing a parent, 35% were losing a spouse or partner, 9% a child, 7% a sibling, and 5% another relative or very close friend. At the time of the preloss interview, the mean length of the loved one's illness was approximately one-half year ($SD = 53$ months). The mean age of the deceased at his or her time of death was 63.7 years ($SD = 16.8$).

Psychological adjustment was measured at each wave of the study as a composite of three standard indicators: symptoms of depression, feelings of positive

affect, and symptoms of posttraumatic stress. Depressive symptoms were measured with the self-report Inventory to Diagnose Depression (IDD) (Zimmerman & Coryell, 1987), using the "past week" time frame for the assessment of symptoms. Positive affect was measured with positively valenced items from the state version of the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970). Respondents rated the extent to which they currently felt each of the 10 mood descriptors (e.g., "relaxed," "contented," and "at ease"). The measure of posttraumatic stress symptoms was generated for this study and contained items reflecting feelings of numbness (e.g., "I am unable to feel at all") and preoccupation with thoughts (e.g., "I am preoccupied with thoughts of loved one's (illness/death), even when I try to think of other things"). Principal components analyses of the three adjustment summary scores conducted at each wave consistently suggested a single factor. Thus, a composite measure of distress was generated by summing the standardized scores (within each wave) for each of the three measures (after reversing the positive affect scores).[1]

THE NEED FOR MEANING

For several years, people working with the bereaved have remarked on the apparent need, expressed by many of their clients, to find meaning in their loss (e.g., Gilbert, 1997; Miles & Crandall, 1983; Moos & Schaefer, 1986). Particularly when coping with a loss that is sudden, unexpected, or untimely, people seem driven to find some meaning or purpose in the loss; they want to make sense of it. The urgency of the need for meaning is captured in the following quote from a widow in Parkes and Weiss's (1983) classic bereavement study.

> I wish somebody could just sit down and explain to me why a young man had to die. A lot of people have died, but I still want to know why it had to happen to him. . . . I still can't understand it, why he had to die. His being so young. (pp. 85-86)

For many, this need for meaning represents a critical issue for coping.

A key focus of our research has been to understand why people have this powerful need for meaning and how they ultimately find meaning in loss. The fact that people do search for meaning suggests that they assume that events in their lives should have meaning. Although people often agree in the abstract that unexpected tragedies such as untimely deaths are facts of life (as the woman quoted above acknowledges), people by and large are unwilling to acknowledge the possibility that such events can happen to them. For if people really did acknowledge the fragility of life and the inevitability of death, few would be expected to seek meaning in loss. But given our deep-seated belief in justice and fairness and our assumption that most important events in our lives are ordered

and more or less predictable, people have come to expect that death does not come by chance; something as momentous as death needs to have a reason (Janoff-Bulman, 1992; Parkes, 1975).

Social psychologists since Heider (1958) have been interested in the explanations that people make for unexpected events. As Heider (1958) and Kelley (1972) have argued, the task of attributing cause for unexpected events lends constancy and predictability to our lives and thus allows us to plan and anticipate outcomes. And research indicating that attributions are spontaneously generated suggests that people at least implicitly recognize the importance of attributing cause to significant events in their lives (Weiner, 1985; Wong & Weiner, 1981).

Yet, it is apparent in our bereavement research that causal attributions are not what underlies the evident need for meaning. That is, people coping with loss tend not to be satisfied with a causal understanding of the death but seek a deeper, philosophical meaning for their loss. A physician can likely explain how (or what caused) a loved one died, but the physician is not likely able to answer what is often the more pressing question of why (or for what reason) the loved one has died. For instance, in a study of women and men coping with the sudden and unexpected loss of their spouse or child, Lehman, Wortman, and Williams (1987) reported that 68% of bereaved spouses and 59% of bereaved parents indicated that they had not made any sense or found any meaning 4 to 7 years after the loss, despite knowing the cause (i.e., losses were the result of motor vehicle accidents). Causal attributions may aid one in the search for meaning, but finding such an explanation rarely provides a reason.

HOW PEOPLE MAKE SENSE OF LOSS

The Stanford Bereavement Project provided us an opportunity to investigate how people make sense of their loss. As previously noted, participants in this study were caregivers and loved ones of people dying from terminal illnesses. Thus, the deaths were not as sudden or unexpected as those losses represented in Lehman et al.'s (1987) study. In this study, our interest was in understanding how people make sense of their loss, including the factors that seem to promote sense making. The longitudinal nature of the study also permitted us a glimpse of the time line for sense making. Is making sense of loss something that people are able to do right away, or is it a process that takes years?

Making sense of loss was assessed at each postloss interview by asking family members whether they felt that they were able to make sense of the death. Their responses were coded in two ways. First, responses were coded in terms of whether the family member reported being able to make sense of the loss. Coding the 1-month postloss data, it quickly became apparent that a simple "yes" versus "no" coding scheme was insufficient, as a number of family members indicated that they were currently working on the issue, or had "partly"

made sense of it. Many other responses were unclear to us, suggesting again that at this time, the process of sense making was incomplete for many family members. There was also a small number of family members (less than 5% at each wave) who indicated that making sense of the loss was not an issue for them.

The second way in which we coded family members' responses was in terms of how what they said gave them meaning. The three most common meaning explanations that family members provided were that (a) the death was predictable in some way (e.g., as a logical consequence to some set of behaviors or factors in the deceased's life), (b) it was consistent with the family member's perspective on life, and (c) religious or spiritual (afterlife) beliefs provided meaning. When people indicated that they could not make sense of the loss, they often indicated that the death seemed unfair, unjust, or random. For instance, one family member who reported she could not make sense of her mother's death described her concern in the following terms:

> Here was a woman [my mother] who spiritually had a God that she believed in very strongly, lived her life according to what she felt were good religious beliefs, was known as everybody's angel, always there for people. Why she suffered as she did, and why she had to experience death in a very slow, painful way, was the thing I couldn't accept.

This example and many others offered by the participants suggest that people appear to make sense of their loss by considering the event in terms of existing worldviews. If the loss is consistent with these worldviews (such that it is perceived as predictable, the natural end to a long life, or consistent with deeply held religious or philosophical principles about life and death), then making sense does not appear to represent a significant coping issue for the family member. As one participant in our study said, "You never question God."

However, when the event is perceived to be inconsistent with these fundamental worldviews, people are faced with the difficult task of either revising their interpretation of the loss (to make it consistent with their worldviews) or revising their worldviews to accommodate the loss. Assumptive world theory (Janoff-Bulman, 1992) suggests that significant change to one's fundamental worldview is the less-preferred option (see also Greenwald, 1980; Parkes, 1975). Shifting the foundation on which one's perception of the world rests, according to the theory, produces great uncertainty, feelings of vulnerability, and consequently anxiety and distress. Thus, these worldviews are believed to be conservative in the sense that they are highly resistant to change.

Two factors that should predict meaning-making are the normativeness of the loss and the extent to which one possesses religious or spiritual beliefs. Loss events are normative to the extent that they are "on time." We tend to assume that the old will die before the young, and people often remark that it seems "unnatural" to bury their child (e.g., de Vries, Dalla Lana, & Falk, 1994; de Vries, Davis, Wortman, & Lehman, 1997). Thus, widely shared beliefs about the

normativeness or age appropriateness of death represents one relevant piece of people's worldviews. Therefore, we predicted that the older the deceased was when he or she died, the more likely family members would be able to make sense of their loss.

Religious and/or spiritual beliefs represent a second relevant piece of people's worldviews. It can be argued that one important function played by religion is to provide a comforting explanation for events that cannot otherwise be explained (Dull & Skokan, 1995). Religion in many cases provides a reason (or suggests that a reason is known to a higher power) for events that science and logic cannot satisfactorily explain. Not the least among these events, it seems, is why loved ones die and where they go from here. Thus, we predicted that family members who reported prior to the death that they possessed religious or spiritual beliefs should be more inclined to make sense of their loss than those who did not have such beliefs (see also McIntosh, Silver, & Wortman, 1993).

The data supported these hypotheses. With regard to normativeness of the loss, we found that the older the deceased was at the time of death, the easier it was for family members to make sense of the loss. Dividing family members into three groups on the basis of the age of their loved one at the time of death, we found that 87% of those losing a loved one in the oldest age category (older than 72.15 years of age at death) were able to make sense of the loss, whereas 60% of those losing a loved one in the youngest group (younger than 57.25 years of age) were able to make sense of their loss by 6 months postloss. Using the three groupings for age of the deceased, a logistic regression indicated that the odds of making sense of the loss increased 2.7 times from one age category to the next ($p < .001$; 95% confidence interval [CI] for the odds ratio was 1.60 to 4.55). The pattern of findings is described eloquently as follows by one respondent in our study:

> I mean, my mother's death I can make sense of. My father's death I can make sense of. But a young man dying of a disease that they can't seem to do anything about—no, I can't make sense of that. (Nolen-Hoeksema & Larson, 1999, p. 51).

The same regression equation (and thus controlling for age of the deceased) likewise found that those who reported in the preloss interview that they had religious or spiritual beliefs were 2.65 times more likely to make sense of the loss ($p < .05$; 95% CI for odds ratio was 1.07 to 6.58).[2] This should not imply, however, that religious or spiritual beliefs necessarily provide meaning. For many people, loss events challenge religious beliefs (see e.g., Kushner, 1981). "It's harder if you're deeply religious," said one of our respondents. "I went to a rabbi with the question of why people suffer when they die. He didn't give a good answer" (Nolen-Hoeksema & Larson, 1999, p. 76). Similarly, losses may be taken to signify that God does not exist or is absent or deaf to the concerns of people (e.g., Davis, Wortman, Lehman, & Silver, in press; Wilson & Moran, 1998). Even so, our results suggest that the possession of religious or spiritual

beliefs on the whole is more facilitative than inhibitive of the process of meaning-making. The conditions under which religious beliefs aid or hinder the acquisition or maintenance of meaning remains a matter for future research, however (see Pargament & Park, 1995). As Rabbi Kushner (1981) makes clear in his book *When Bad Things Happen to Good People*, the questioning of one's faith is not restricted to those whose faith is less developed in the first place.

THE COURSE OF MAKING SENSE

People with preexisting worldviews into which they can fit their losses may find it easier to make sense immediately after the loss. Does the process of making sense simply take more time for others? In general, data from the Stanford Bereavement Project indicate that people unable to make sense of their loss within the first 6 months are generally unable to make sense of it later. Of the 39 family members who were coded as unable to make sense of the loss at 6 months postloss, only 8 reported making sense at a later interview. On the other hand, of the 21 family members coded as "ambiguous" or "partly" with respect to making sense at 6 months postloss, 15 reported making sense at a later interview. However, what is interesting about those who report making sense at a later interview is that the explanations they report tend to suggest the world is not as ordered, just, or benevolent as they once thought it was. As one respondent put it,

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

This respondent is ironically making sense by adopting the philosophy that death makes no sense.

Moreover, whereas making sense of loss in the first 6 months postloss was significantly associated with decrements in emotional distress (from preloss to postloss), making sense for the first time at later interviews was not significantly associated with changes in emotional distress (see Davis et al., 1998).

Corroborating evidence comes from a longitudinal study of parents coping with the loss of their baby to sudden infant death syndrome (SIDS) (Davis et al., in press). Parents in this study were interviewed approximately 3 weeks, 3 months, and again 18 months following the sudden, unexpected death of their baby. During the length of the study, less than half of the parents reported being able to find any meaning in their baby's death, with most of those finding meaning reporting so in the first interview postloss. Whereas finding meaning by the first interview was associated with lower levels of emotional distress (relative to those searching for meaning but unable to find any at this time), finding meaning

for the first time subsequently was not significantly associated with decrements in emotional distress. It is also important to note that finding meaning did not put the issue to rest among these SIDS parents. Those who reported finding meaning early on were just as likely to be searching for meaning at 18 months postloss as were those who searched but were unable to find meaning at the first interview.

COMING TO TERMS

Making sense of loss, then, seems to require a fit between the characteristics of the loss event and the preexisting worldview of the bereaved person. The factors that promote sense making reviewed so far are factors that influence the extent to which meaning is sought, if at all. Because the old are expected to die before the young, such losses may already make sense. Those with strong religious beliefs may be less inclined to have any doubts about the meaning of the loss. Such individuals may never really search for meaning; there is nothing for them to search for. But how do people come to make sense of a loss if the initial fit is poor?

Janoff-Bulman and Frantz (1997) have suggested that to come to terms with a "senseless" or "meaningless" death requires that one put aside as unsolvable the issue of comprehending (making sense of) the event and focus instead on ascribing personal value or significance to it, which involves deriving some benefit or growth from it. Several other researchers have suggested that people can psychologically compensate for or ameliorate the negative meanings of the event by dwelling on the positives (e.g., Taylor, 1983; Tedeschi & Calhoun, 1995). Focusing on what good has come of the experience may not help one make sense of the loss as much as it distracts one from it. Learning something new about oneself or the value of relationships, for instance, does not explain why the loss happened or what purpose was served by it. But such lessons learned may take some of the pain of suffering away from not understanding why.

We assessed this benefit-finding notion of meaning in this study by asking family members if they had found anything positive in their experience. Responses were coded first in terms of whether family members reported finding anything positive and then in terms of what it was about the experience that they found to be positive.

Consistent with other studies of benefit finding, we observed that between 70% and 80% of family members at each wave reported perceiving benefits (e.g., Calhoun & Tedeschi, 1990; Edmonds & Hooker, 1992; Lehman et al., 1993; Yalom & Lieberman, 1991). Moreover, the types of benefits that family members in our study reported were very similar to those reported not only in bereavement studies (e.g., Lehman et al., 1993) but also in studies of people coping with other adversities (e.g., Collins, Taylor, & Skokan, 1990; McMillen, Smith, & Fisher, 1997; Park, Cohen, & Murch, 1996; Taylor, Kemeny, Reed, &

Aspinwall, 1991). The most common benefits reported in our study were that the experience with the event led to a growth in character, a gain in perspective, and a strengthening of relationships. These quotes from our respondents illustrate these three themes, respectively (Nolen-Hoeksema & Larson, 1999, pp. 145-150).

> I saw myself acting a role of competence, where I had to pull on all my resources just to get through sometimes. . . . So I came away with a feeling of competence and strength, and gratitude. The gratitude not for having to go through it—I would never have asked for it—but I can see how the experience was a real benefit to me. I was forced to grow.

> I think I'm much more conscious of the life around me, where people are going in their lives. I see a lot of people without much life, and I don't want to do that. I don't want to be lifeless. You have to be really conscious of what you're doing and where you're going.

> I learned that when you love someone, the relationship is so important. It's enhanced my relationship with other people because I realize that time is so important, and you can waste so much effort on small, insignificant events and feelings.

> I feel that [in] my present relationship I'm better able to be a real good friend, and I don't take things so personally.

Whether the bereaved family member was able to find benefit in the loss was not significantly associated with his or her ability to make sense of it. Thus, although benefit finding may be one way of imbuing a meaningless event with meaning, it is not merely the task of those who failed to make sense of the event. And it appears that making sense of the death does not seem to aid one in deriving benefit. Moreover, the factors that predict being able to make sense of the loss do not predict one's ability to find some benefit (Davis et al., 1998). Finding benefit in adversity seems to reflect a different set of processes.

First, unlike the process of making sense of loss, finding benefit appears to have little to do with the event itself, aside from the event serving as the catalyst for the process. For instance, regardless of the precipitating event (e.g., loss vs. diagnosis of a life-threatening illness), the benefits that people report, although uniquely expressed, typically fall into one of three categories (growth in character, change in life perspective, and strengthened relationships or an increased sense of connectedness with others (see e.g., McMillen et al., 1997; Park et al., 1996; Schaefer & Moos, 1992; Tedeschi & Calhoun, 1995; Updegraff & Taylor, in press). If the characteristics of the event were central to the benefits perceived, one would expect more of a connection between the event and the responses provided. That the same categories of response come up more or less consistently regardless of the event type suggests that the perceived benefits have more to do with one's experience than with the particular characteristics of the adversity.

Second, unlike the process of making sense of loss, event characteristics such as the nature of the relationship, the degree of forewarning, and the age of the

deceased have been found to be uncorrelated with benefit finding, whereas personality variables (most frequently, dispositional optimism) have been found to consistently predict those able to find benefit in their adversity (e.g., Affleck & Tennen, 1996; Park et al., 1996; Tedeschi & Calhoun, 1995; Thompson & Pitts, 1993).

Third, our data suggested that whereas the relation of making sense to changes in emotional adjustment weakened with time since the loss, the relation of finding benefit to changes in emotional adjustment strengthened with time since the loss (see Davis et al., 1998). That is, when family members reported that something positive had come from their experience with loss, we noted a positive change in their level of emotional adjustment, controlling for their prior level of adjustment. And the later was the postloss in which they reported such benefits, the steeper was their change in level of emotional adjustment.

We also looked at the specific benefits reported by family members. No doubt the benefits that people derive are unique to their experience, with some more far-reaching in their implications for one's sense of self and identity than others. Despite this caveat, we nevertheless tested whether those who reported specific benefits might show more marked improvement relative to those reporting other benefits or no benefits at all. Although grouping family members according to the various benefits reported compromises the power of our statistical tests, regression analyses were conducted predicting change in adjustment from whether the family member indicated each of the most frequently endorsed benefit categories. These analyses indicated that no particular type of benefit stood out as more strongly related to adjustment than any other, thus suggesting that it is not the specific benefit that one reports that facilitates adjustment. Rather, what seems to matter is that one perceives any benefit at all. Those unable to derive any benefit seem to be suffering the most.

In summary, these data suggest that making sense of loss only influences the process of emotional adjustment when such meaning is found within the first few months of loss. When people report making sense for the first time later in the process, the meanings that they report tend to suggest that the world is not as predictable, fair, or benign as they once thought, and these reports of meaning are not significantly associated with emotional adjustment. It is as if these individuals, unable to selectively interpret the event as benign, have had their worldviews shattered and are attempting to revise these worldviews to fit with their experience.

Independent of their ability to make sense of the event, people seem motivated to find something positive in their experience. People who report that they have accrued some benefit from the loss (typically in terms of reported growth in character, change in life perspective, or strengthening of relationships) show significant improvements in emotional adjustment with time.

These data support our argument that sense making and benefit finding represent two distinct processes in the meaning-making process and suggest that they represent two distinguishable psychological issues for the bereaved. Whereas

making sense of loss involves the task of maintaining threatened worldviews (or assumptive worlds), finding benefit seems to involve the task of maintaining or rebuilding a threatened sense of self. In many cases, the loss has forced people to redefine key aspects of their sense of self. As a widow in our study put it,

> I think that when you lose a loved one, it's a rebirth for yourself. You can't always dwell on the loss of the loved one. You have to look forward to what you are going to do with your life now—who you are as a single person, which is very disturbing. Many people have been married much longer than I was, and they have to find out who they are. And it's a whole new experience, learning who you are, knowing who you are as a single person. That's one of the hard parts about being a widow or widower. A lot of people don't have time to think of who they are, because they're always attached to someone. And it's exciting. I mean, it's not bad, but it's exciting and it's also a little fearful to have to do that. Every day's a little learning experience for myself, of doing new things and learning new things as a single person. (Nolen-Hoeksema & Larson, 1999, p. 149)

Whether the benefit that people report involves a change in identity, a change in how one perceives one's abilities (for example, as able to cope with an event as significant as this), or a change in the importance or value one attributes to positive relationships, the focus tends to be on the sense of self. People in our study unable to find positive aspects to the event sometimes seemed to suggest that they were unwilling to give up the aspect of the self that has been lost. As one widower said,

> I frankly can find no good has come out of her death. My situation has improved over what it would have been were she alive. . . . I wouldn't own a house, I wouldn't have $50,000 in the bank. . . . Honestly, I'd prefer not to have that and to have her alive. (Nolen-Hoeksema & Larson, 1999, p. 157)

Thus, we have argued that loss events (and trauma in general) often present people with two issues of meaning: People experiencing loss often report a need to make sense of the event and a need to derive some benefit from it. We do not mean to suggest that all people coping with loss struggle with these issues. Indeed, for some, these are not issues at all (see e.g., Davis et al., in press). We also do not mean to suggest that finding meaning in loss is an achievement that once resolved is necessarily put aside and forgotten. Rebuilding a sense of self, such as rewriting one's life narrative, is clearly an ongoing process (e.g., McAdams, 1996; Neimeyer, in press). Likewise, making sense of loss does not necessarily mean an end to the process.

Clearly, our findings must be replicated with other samples. The participants in this study were mostly women, were able to anticipate the death of their loved one, and may have been less distressed than the averaged bereaved person. We have been somewhat surprised, however, at how closely many of our results parallel those from studies of survivors of other losses and traumas (e.g., McIntosh et al., 1993; McMillen et al., 1997).

CONCLUSION

There is little doubt that the search for meaning following loss represents a distinct part of many people's grief experience. Anecdotal accounts, clinical reports, and a growing body of research data suggests that meaning is an important issue for many, if not most, people coping with loss and trauma (e.g., Bulman & Wortman, 1977; Chodoff, Friedman, & Hamburg, 1964; Davis et al., 1998; in press; Kushner, 1981; Neimeyer, in press; Silver, Boon, & Stones, 1983; Taylor, 1983; Thompson & Pitts, 1993). But not all people express a need for meaning in the wake of loss or trauma, and the meanings that people consider are unique in many ways to their life and their experience. That most people do search for meaning and that many seem to despair at their inability to find meaning suggest that we are getting at some deep psychological issues that have implications not only for how we understand grief and trauma but also for mainstream social and personality psychology (see also Harvey & Miller, 1998). The processes that we have described in many respects parallel and draw from McAdams's (1996) work on narrating the life story, the personal constructs of Kelly (1955) and attribution theory (e.g., Kelley, 1972; Weiner, 1985), Taylor and Brown's (1988, 1994) theorizing on cognitive illusions, and theory and research on the self (e.g., Epstein, 1994; Greenwald, 1980). It is our belief that loss and trauma provide powerful, real-life contexts within which to study these important psychological processes.

The social and personal worlds in which people are negotiating and developing meanings are richer by far than we have been able to represent. In focusing on a single issue, we have shut out and ignored much of the complexity of the meaning processes. Although meanings that people come up with are often intensely personal and perhaps to some extent nonverbal (see Neimeyer, in press), we do not doubt that meanings are tested and revised, at least subtly, in interactions with others. Elsewhere, we have begun to explore and model the dynamic interactions involving personality, social support processes, and coping (Nolen-Hoeksema & Davis, 1999; Nolen-Hoeksema, McBride, & Larson, 1997; Nolen-Hoeksema et al., 1994). One goal that we have for future research is to recontextualize the meaning-making processes by embedding them back in this richer social context.

NOTES

1. Further information on each of these three scales and the composite distress score can be obtained from Davis, Nolen-Hoeksema, and Larson (1998). Other measures of distress were obtained and have been discussed in other reports on this study (e.g., Nolen-Hoeksema & Davis, 1999; Nolen-Hoeksema & Larson, 1999).

2. In another report on these data (Davis et al., 1998), we reported standardized regression coefficients (from ordinary least squares regression analyses) as opposed to odds ratios. In that report, our

dependent variable (making sense of the loss) included those who were coded as "ambiguous" or "partly" with respect to making sense, and age of the deceased was treated as a continuous variable. (In both this report and in the previous report, religious and/or spiritual beliefs was a dichotomous variable.) Either way, the results tell the same story. We report odds ratios here because they better communicate the magnitude of the effect that these variables have on likelihood of making sense of loss.

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