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SEARCHING FOR THE MEANING OF MEANING: GRIEF THERAPY AND THE PROCESS OF RECONSTRUCTION

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A comprehensive quantitative review of published randomized controlled outcome studies of grief counseling and therapy suggests that such interventions are typically ineffective, and perhaps even deleterious, at least for persons experiencing a normal bereavement. On the other hand, there is some evidence that grief therapy is more beneficial and safer for those who have been traumatically bereaved. Beginning with this sobering appraisal, this article considers the findings of C. G. Davis, C. B. Wortman, D. R. Lehman, and R. C. Silver (this issue) and their implications for a meaning reconstruction approach to grief therapy, arguing that an expanded conception of meaning is necessary to provide a stronger basis for clinical intervention.

What role does the "search for meaning" play in the struggle of bereaved persons to adapt to loss, and how might professional therapy assist with this effort when indigenous sources of support fail? In taking up these thorny questions, Davis, Wortman, Lehman, and Silver (this issue) posed a provocative challenge to the sometimes glib assumptions of grief counselors and researchers, offering data that undermine the presumed necessity of meaning making and extrapolating from suggestive research findings to frame recommendations for practice. My intention in this article is in a sense to reverse this emphasis, by offering first some data regarding the efficacy of psychotherapy for bereaved persons and then pondering the prospects for a meaning reconstruction

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approach to grief counseling in light of these results. As we shall see, these somewhat different peregrinations lead to a surprisingly similar destination—namely, a more discriminating endorsement of grief therapy for some, but by no means all bereaved individuals, and a cautious optimism about the value of "intervening in meaning" for this subset of mourners.

Is Grief Therapy Justified?

A great deal has been written about grief counseling in the last 25 years, giving rise to a burgeoning popular and professional literature proffering assistance to the bereaved, as well as to persons suffering a wide range of additional losses through means other than the death of a loved one. In the face of this proliferating attention, one might assume that grief counseling is a firmly established, demonstrably effective service, which, like psychotherapy in general, seems to have found a secure niche in the health care field, at least in North America.

Ironically, perhaps, this assumption represents at best a half-truth. Grief counseling has indeed proliferated, both in the formal venues of professional conferences, workshops, and publications, and in the countless institutional or community-based programs run by grief therapists, or operated on a mutual support basis by lay leaders. Moreover, scores of uncontrolled descriptive studies indicate that bereaved persons in these programs typically report reduced depressive, anxious, or general psychiatric symptomatology following their participation, reinforcing the impression that grief counseling is indeed effective in assisting with "recovery" from acute grieving.

However, only controlled studies in which bereaved individuals are randomly assigned to treatment and control conditions can yield a clear verdict on the effectiveness of grief therapy. Uncontrolled studies are at best suggestive, as acute grief could simply remit with the passage of time, as a function of "curative factors" (e.g., social support) in the natural environment or as a result of the bereaved person's own coping efforts. Indeed, when controlled

studies of professional interventions are analyzed (as in Rose and Bisson's, 1998, review of debriefing interventions cited by Davis et al., in press), results are often equivocal, with different studies suggesting positive, negative, and "no difference" conclusions. Such results make it essential to conduct a comprehensive review of all controlled outcome studies of grief counseling to reach confident conclusions about whether grief therapy is indeed effective, and if so, for whom.

My colleagues—Barry Fortner, Adam Anderson, Jeff Berman—and I have just completed such a review (Fortner & Neimeyer, 1999).[1] In undertaking this project, we were struck by the extent to which recent reviewers of this literature (e.g., Kato & Mann, 1999) analyzed only a small subset of the available studies, and even then, relied primarily on impressionistic evaluations of outcome, supplemented by relatively global application of quantitative review methods. Others (Allumbaugh & Hoyt, 1999) offered more detailed quantitative reviews of the published and unpublished literature but included numerous uncontrolled one-group studies that could have inflated estimates of the effectiveness of the therapies studied. The result was significant discrepancy from one review to the next regarding the efficacy of psychosocial interventions for the bereaved. To remedy these and other shortcomings of previous reviews, my colleagues and I located all scientifically adequate outcome investigations of grief therapy published between 1975 (when the first such research appeared) and 1998, a total of 23 separate studies reported in 28 different papers. As criteria for inclusion, all had to focus on bereaved persons mourning the death of a loved one, who received some form of psychosocial intervention (psychotherapy, counseling, or facilitated group support), and who were randomly assigned to a treatment or control condition. The over 1,600 participants in these studies had experienced a wide range of losses—of spouses, children, and other family members—who had died from a broad spectrum of causes, both sudden and protracted. Professional therapists provided therapy in 19 of these studies, and nonprofessionals conducted the remainder. Finally, it was notable that the majority of studies assessed

[1] A full report of the study appears in Fortner's dissertation of the same title, July, 1999, University of Memphis, which is now being readied for publication.

outcome on generic measures of health, depression, anxiety, or psychiatric distress, while only a few attempted to measure grief per se, and then typically using idiosyncratic or unvalidated measures.

We assessed the efficacy of grief therapy using two statistics, one of which has been widely used in meta-analyses conducted over the last 20 years and one of which represents a recent innovation in quantitative review procedures. The first of these was Cohen's *d*, which reflects the posttest difference between treated and untreated groups across a range of outcome measures—a straightforward measure of the degree of benefit associated with participation in therapy (Cohen, 1997). The second, more novel procedure allowed us to estimate *treatment-induced deterioration*, which represents the proportion of participants who are worse off after treatment than they would have been if they had been assigned to the control group.[2] It is important to emphasize that this latter measure did not reflect absolute deterioration—the case of an individual functioning more poorly after therapy than before—because the therapy could still be deemed helpful in this case if the same person would have been even more symptomatic with no treatment. Likewise, therapy clients could actually make some gains but still fall short of where they would be if the treatment held them back relative to where they would be if untreated. Thus, we were interested in treatment-induced deterioration, defined as all instances in which therapy recipients theoretically would have fared better if left alone, irrespective of the absolute direction of change they showed over the course of the study.

Analyzing the 23 randomized controlled studies using these metrics produced some interesting results. To begin with, we found that the mean effect size of .13 was positive, and reliably different than zero, reflecting the superiority of outcomes for treated relative to untreated persons. However, the effect size was also quite small in absolute terms, when compared with the much more substantial effects associated with psychotherapy for depression and for

[2] This method assumes that individuals would maintain their relative positions within groups whether assigned to the treatment or control condition, and that outcome scores in both conditions are normally distributed. Given these assumptions, it is possible to estimate the percentage of the treatment group falling below where they would otherwise fall on the control distribution, taking into account the variance and mean of each condition. Formulas for this *z* statistic and Cohen's *d*, as well as other methodological details of the review, can be found in the original report.

psychological disorders more generally. Stated in other terms, the average participant in grief therapy was better off than only 55% of bereaved persons who received no treatment at all—hardly an impressive demonstration of the efficacy of grief counseling.

The analysis for treatment-induced deterioration was perhaps more sobering still. When we computed this statistic, we discovered that nearly 38% of recipients of grief counseling theoretically would have fared better if assigned to the no-treatment condition; in strong contrast, only 5% of clients in a broad range of psychotherapies for other problems showed such deterioration (Anderson, 1999). Thus, not only is the tangible benefit of grief therapy small, but its risk of producing iatrogenic worsening of problems is unacceptably high—a troubling pattern that is unique among typically effective and safe psychosocial interventions.

What could account for these disconcerting findings? Unfortunately, simple explanations focusing on the intractability of loss, or the necessity to engage in distressing "grief work" prior to reestablishing an emotional equilibrium, however valid, fail to account for the *differential* deterioration of treated versus untreated clients. Moreover, spontaneous improvement of treated and untreated subjects alike seems implausible, given the findings of Allumbaugh and Hoyt (1999) suggesting essentially no improvement in the latter category over the brief periods associated with the average treatment study. The brevity of the therapies provided (whose mean number of sessions was 7) might also be argued to mitigate the effectiveness of these interventions, as substantial grief can persist for a period of years. However, such an argument is weakened by the variable length of therapy represented by these two dozen studies, and our finding that effect size was uncorrelated with length of treatment. Nor did categorical distinctions associated with the therapies or therapists account for the poor showing of these therapies, as outcome was also unrelated to type of treatment (individual vs. family vs. group), therapeutic approach, or level of training of therapists (professional vs. nonprofessional). What, then, could explain the limited use and high risk of grief counseling?

In pursuing answers to these questions, we found some promising leads in the differential responses of different clients to the interventions offered. For example, clients varied considerably in

the length of time between their loss and enrollment in bereavement programs ($M = 6$ mos.), with some being offered services immediately after the death had occurred, and others being approached many years later. Interestingly, better outcomes were obtained for clients who were more distant from the death ($r = .5$ between treatment effect and weeks of bereavement). Likewise, the deterioration effect was strongly correlated with client age ($r = -.7$), suggesting that younger clients fared better than older ones in such therapies. Perhaps most interesting, however, was the result of a follow-up analysis in which we discriminated between outcomes in those 5 studies offering treatment for persons who were traumatically bereaved (e.g., through violent, sudden, or untimely death, or whose grief was more chronic) and those that focused on "normal" bereavement reactions. Here, the results were especially clear: Counseling for normal grievers had essentially no measurable positive effect on any variable ($d = .06$), whereas the subset of studies offering therapy for traumatic grief showed a reliable positive effect ($d = .38$). Equally heartening was the finding that deterioration effects were substantially lower for traumatized clients (17%) than for normal or unselected samples, for whom nearly one in two clients suffered as a result of treatment. Together, these findings point toward an intriguing and consistent conclusion: That grief therapy is appropriately offered to mourners experiencing protracted, traumatic, or complicated grief reactions. Conversely, existing evidence from scientifically credible controlled outcome trials suggests that grief therapy for normal bereavement is difficult to justify.

Grief Therapy as Meaning Reconstruction

Although the evidence reviewed above provides some encouragement for grief therapy as a legitimate treatment for chronic or traumatic bereavement, it remains the case that the effect sizes associated with such therapies are only half as robust as those associated with psychosocial interventions for other problems. It therefore seems critical to pursue the question, "Why are the results of grief therapy so modest, even for potentially traumatic grief reactions?"

Answers could be sought in a variety of factors. At a methodological level, it could simply be that medically oriented researchers are assessing an inappropriate domain of outcome, focusing on psychiatric and physical problems, rather than features distinctive to grief per se (Neimeyer & Hogan, 2000). For example, Rubin (1999) has argued that adaptation to loss progresses along two clearly distinguishable tracks, one of which concerns symptomatology (e.g., anxiety and depression) and the other of which centers on the relationship to the deceased. In support of this conceptualization, independent researchers (Byrne & Raphael, 1997) have provided evidence that core features of grieving focusing on disruptions in the attachment relationship to the lost loved one (such as yearning for the deceased) are relatively independent of general depression (see also Jacobs & Prigerson, this issue). Significantly, persistent relational distress also predicts poorer long-term outcome defined in terms of both mental and physical health status (Prigerson et al., 1997). This raises the possibility that unique goals of grief therapy—such as helping the bereaved transform the concrete relationship to the deceased to a symbolic one—have yet to be assessed by existing outcome studies, despite the existence of validated scales that might reveal such distinctive patterns (Neimeyer & Hogan, 2000).

A more substantive explanation for the generally unimpressive benefits of grief therapy might focus on the nature of the treatment itself. To a remarkable degree, controlled studies of grief counseling fail to describe the conceptual models that underpin their approach to therapy, in sharp contrast to the general psychotherapy outcome literature, which tends to test well-delineated models of treatment. When grief therapy is described in such studies, it tends to be based on suspiciously simplistic models, such as stage theories of grieving that have been largely repudiated by contemporary theorists and researchers (Corr, 1993; Neimeyer, 1998). Thus, a second possible reason for the weak showing of grief counseling is that it rarely draws on the best available theories regarding the nature of bereavement and its facilitation.

If investigators were interested in designing and testing more promising approaches to grief therapy, on what principles and procedures might they draw? One answer that is suggested by the results of Davis et al. (this issue) would be those deriving from a

focus on *meaning making* processes in the aftermath of bereavement. Such a perspective would argue for a significant shift in the implicit paradigm under which grief therapy is practiced, away from a medical model emphasizing the control of disruptive symptomatology, and beyond the well-intended but vague assumption that a sharing of feelings in a supportive environment will promote "recovery." Instead, intervention, when indicated, might be informed by the proposition that "meaning reconstruction in response to a loss is the central process in grieving" (Neimeyer, 1998, p. 110). My goal in the present section is to consider what guidance the results of Davis et al. might give in developing such an alternative treatment approach, and how related scholarship might further the synergy of research and practice in this area.

Davis et al. (this issue) discussed two illuminating studies of persons bereaved by sudden infant death syndrome (SIDS) and motor vehicle accidents (MVAs), reporting data on the percentage of those who undertake a "search for meaning" in their loss, and the relation of this search to psychological well-being. In so doing, the authors provocatively focus attention on the important minority of bereaved who do not seek the meaning of the death, and the evidence that they fare as well as—or better than—their counterparts who engage in a protracted search for significance. Their findings therefore serve as a useful corrective to the glib assumption that meaning must be sought in the death and must be found if the loss is to be resolved. However, taken out of the broader context of their findings, this conclusion presents a distorted picture of the relationship of meaning making to a favorable outcome to bereavement. For this reason, it is worthwhile to reiterate and clarify the findings they report in their article. In brief, the data of the SIDS study document the following:

- 86% of parents who lost a child to SIDS undertook a search for the meaning of the death, whereas 14% did not.
- Of the 14% who did not seek existential answers for why the death occurred, 3% seem to have foreclosed on pre-existing meanings for the death (e.g., as God's will), whereas 11% reported having no such meaning.
- 18% of the parents had discontinued their search for meaning in the first month following loss, over half of them without finding

satisfactory answers.

- Those parents who neither sought nor found meaning in the death fared as well psychologically as those parents who had successfully struggled for meaning, and both groups ultimately did better than those who searched for meaning in the death, but found none.
- The search for meaning was ongoing for many parents, even when some sense was made of the loss early in bereavement; in other words, sense making in the early weeks of loss was provisional rather than permanent.

Many of these patterns are reinforced by the results of the MVA study, in which 70–80% of respondents reported having been concerned with the issue of the meaning of their loved one's death, whereas 20–30% did not. Again, those persons who sought answers to no avail fared worse in their adjustment to the loss than did those who never sought answers in the first place, although the large number of persons who sought and found workable meanings were intermediate in their adjustment on a number of measures.

Taken together, these studies document that the "search for meaning" plays a compelling role in the grief of the great majority (70–85%) of persons experiencing sudden, potentially traumatizing bereavement, although a significant minority apparently copes straightforwardly with their loss, without engaging in deep-going reflection about its significance (Attig, 1996). For those who seek meaning and find none, the loss can be excruciating, and data suggest that they report intense suffering on a variety of outcome measures. Conversely, bereaved persons who find a measure of meaning in the loss fare better, rivaling the adjustment of those who never feel the need to undertake existential questioning in the first place. Even these "finders" are not necessarily "keepers," however, insofar as many of those who felt they had found answers to why the loss had occurred revisited these answers in the months that followed.

These findings carry important implications for the practice of grief therapy. First, and most obviously, they highlight the fact that a quest for meaning plays a prominent role in grieving, at least for those who are bereaved by the sudden death of a loved one. When a client is struggling for significance in the loss, the

counselor would be well advised to facilitate this process, perhaps by drawing on some of the specific meaning-making strategies that have been formulated for this purpose (Neimeyer, 1998). Second, grief counselors should be cautious about instigating a search for meaning in the minority of cases in which clients do not spontaneously undertake such a search, insofar as these individuals might well be coping adaptively using pragmatic, rather than philosophic, strategies.[3] Finally, counselors would do well to remember that meaning-making is more an activity than an achievement, as early, provisional meanings of the death tend to be revisited as the reality of living with loss raises new questions and undermines old answers.

The Meaning of Meaning

Although Davis et al. (this issue) appropriately sensitized practicing therapists to the importance of a search for meaning for most, but not all, bereaved persons, their data are ultimately too global to specify how such a search might be undertaken in the context of therapy. However, findings from another study by Davis, Nolen-Hoeksema, and Larson (1998) extend this work in practically helpful directions.

Unlike the participants in the SIDS and MVA studies, the 205 participants in the 1998 research were bereaved by the slower progressive death of loved ones in home-based hospice settings, chiefly by cancer. Because death was anticipated, the researchers were able to assess pre-loss functioning (an average of 3 months prior to the death), as well as post-loss adjustment across the first 18 months of bereavement. More important, they posed more refined

[3] This contrast between the majority of grievers who seek meaning in the death and the minority who apparently do not might reflect their differential emphasis on what Stroebe and Schut (1999) have referred to as "loss-oriented" and "restoration-oriented" processes in adjustment to bereavement. Briefly stated, the former involves a high degree of reflective grief work, whereas the latter involves primarily adapting to the demands of a changed external world. One of the advantages of this "dual-process" model is that it resists privileging one of these orientations over the other, although it specifies that most grievers will "oscillate" between the two spheres of readjustment over time.

questions about the effort after meaning at each of the post-loss interviews, asking not only whether the survivor had been able to "make sense of the death," but also whether she or he had "found anything positive in the experience." In this way the researchers were able to examine two component processes of meaning-making, sense-making and benefit-finding, and to demonstrate that these were largely unrelated and had different antecedents and consequences. For example, those persons who were able to make sense of the death 6 months later tended to be those who lost an older relative, who had a pre-existing spiritual or religious framework, and who had displayed less distress in the months preceding the death. Conversely, the ability to find a "silver lining" in the loss was associated only with the personality characteristic of (pre-loss) optimism–pessimism. Furthermore, while being able to explain the loss was associated with less distress 6 months following the death, only finding benefit in the experience was consistently associated with better adjustment at the 13- and 18-month post-loss interviews. More interesting, analysis of participants' responses indicated that it was not the content of the sense made (e.g., that death was part of the life cycle; that it was the will of God) or the benefit found (e.g., an enhanced perspective, bringing the family together) but simply whether meaning was made of the loss, that predicted adaptation to bereavement.

For grief therapists, these findings suggest that the meaning-making processes that are most relevant to facilitate tend to shift over time, from an early emphasis on finding an answer to the question of "why" the death occurred, to a later focus on the positive (albeit unsought) benefits of the loss for survivors. Moreover, the directional change in meaning reconstruction clearly is important to trace, insofar as those persons who gained in sense-making from 6 to 13 months post-loss showed the greatest improvement in psychological well-being, whereas those who lost ground in the quest for meaning showed the greatest deterioration in functioning. Meaning reconstruction therefore appears to be a dynamic process with multiple aspects, whose provisional outcomes predict key features of adaptation to bereavement.

Extending the work of Davis and his collaborators, how might we elaborate the notion of meaning reconstruction to make it still more adequate to the subtleties of this process in the lives of

bereaved persons? What seems essential is transcending a simple "cognitive" reading of the concept of meaning, which interprets it as a conscious, intellectual acquisition of individuals, rather than a predominantly tacit, passionate process that unfolds in a social field. Drawing inspiration from recent qualitative research in bereavement (Neimeyer & Hogan, 2000) and broader constructivist theories of psychotherapy (Neimeyer & Mahoney, 1995), meaning reconstruction might be defined more broadly to include the following.

1. *The attempt to find or create new meaning in the life of the survivor, as well as in the death of the loved one.* Because our relationships with intimate others provide a repository of shared memories and a validating context for our most cherished beliefs (Landfield, 1988), the loss of these relationships undermines our self-narrative, and with it, our identity (Neimeyer, 2000b). Cultivating this insight, contemporary grief theorists such as Attig (1996) have construed grieving as a process of "relearning" the world and the self, finding a new existential grounding for one's self-concept and life direction. Frantz, Farrell, and Trolley (2000) have documented the pervasiveness of this personal reconstruction in the lives of nearly 400 bereaved adults, who reported a year following the loss that they viewed themselves as more mature and independent (32%), living more fully in the present (17%), and more compassionate and expressive with others (14%). Significantly, a minority also acknowledged regressive shifts in their sense of self, noting that a part of them had died (10%), that they were more fearful of death (5%), or were hardened by the experience (5%).
2. *The integration of meaning, as well as its construction.* A more adequate theory of personal knowledge would view any given construction of significance as situated within a unique ecology of meaning (Neimeyer & Harter, 1988), a system of personal constructs that vary in their hierarchical organization (Kelly, 1955/1991; Mahoney, 1991). Thus, the "same" meaning might for one person represent a relatively peripheral construction, whereas for another person (or at a later point in bereavement) it might function as a central, organizing frame for living. Something of this kind has been demonstrated in the sophisti-

cated qualitative research of Richards and Folkman (Richards, Acree, & Folkman, 1999; Richards & Folkman, 1997), who have traced the way in which spiritual constructions of the meaning of a death evolved across the course of bereavement for caregivers of gay men who died of AIDS. Initially, spiritual interpretations seemed to provide ad hoc explanations for the death itself, serving as coping resources for the surviving partner. With time, however, spiritual frames of meaning came to pervade the existence of the majority of these men, resulting in a substantially deepened sense of purpose and significance in their lives with others.

3. *The construction of meaning as an interpersonal, as well as personal, process.* Although the meanings we assign to loss are highly idiosyncratic, they are nonetheless negotiated in a social context (Neimeyer, 1998). Nadeau (1997) has studied this highly interactive process in families contending with the death of a member, developing a taxonomy of the strategies by which they collectively seek significance in the event (through the interpretation of meaningful coincidences, "mind reading" the desires of the deceased, and so on). Similarly, Hagemeister and Rosenblatt (1997) have investigated the shared meanings of the sexual relationship between spouses who have lost a child, meanings that promote joint healing (e.g., "this is a way of affirming our love for each other") or create emotional impasses (e.g., "sex is too painful, because it is how we made this child"). Thus, the social field is vital in the construction of meaning, providing an audience for those accounts by which we attempt to render unwelcome life transitions intelligible (Harvey, 1996).
4. *The anchoring of meaning making in cultural, as well as intimate, discursive contexts.* A fuller appreciation of reconstructive processes following loss must surely take into account frameworks of meaning that are too large to be confined to a single local network of relationships and too enduring to be accumulated in a single generation. Indeed, the very terms in which we construe death and grief are cultural artifacts, as are the social roles we assign to survivors (Neimeyer, 1998). As Klass (1999) has demonstrated in his elegant ethnographic study of bereaved parents, grieving individuals routinely draw on the discourses and rituals of the cultural traditions in which they are situated,

and reinterpret these at personal and interpersonal levels. A more extensive appreciation of the uniqueness of grieving among groups that are often conflated in the minds of would-be helpers is beginning to emerge from qualitative studies, such as the focus groups with representatives of various Asian American subcultures conducted by Braun and Nichols (1997).

5. *Tacit and preverbal, as well as explicit and articulate meanings.* A common shortcoming of cognitive accounts of meaning-making is their simplistic assumption that the construction of significance is (or should be) a logical, verbalizable process (Neimeyer, 1995). But more philosophically sophisticated (Polanyi, 1958) and clinically compelling (Guidano & Liotti, 1983) accounts of personal knowledge and its development argue that the "deep structure" of our constructions of reality is in principle tacit, inexpressible in any complete sense in public speech. Stated differently, there are some meanings that are too embedded in our lives, too embodied in our actions, to be amenable to formulation in a set of "beliefs" or "self-statements." In the context of grief therapy, this implies that the counselor needs to attend to nuances of client meanings that might be hinted at by vocal tones, gestures, and emphases, as much as communicated in straightforward propositions (Neimeyer, 2000a). The possibility that the most important meanings of loss might elude simple verbal formulation also prompts a variety of more metaphoric, poetic, and narrative strategies for exploring the multiple meanings of a loved one's life and death, and its relevance to a client's own (Neimeyer, 1998).
6. *The processes of meaning reconstruction, as well as its products.* A corollary of the predominantly cognitive interpretation of meaning in our field is that it is often regarded as a product, as something that is "searched for" and "found," rather than created by the persons or groups who seek it. Although it is important to acknowledge that some meanings of loss are indeed discovered as well as invented (Attig, 2000), an emphasis on pre-existing truths obscures the delicate processes by which fresh meanings are typically constructed. For example, one key process entailed in rebuilding an assumptive world decimated by loss might be the ability to tack back and forth among different styles of nar-

rating our experience, between objective, external accounts, subjective, involved narratives, and reflexive self-examination (Goncalves, Korman, & Angus, 2000). Principles and procedures for developing life narratives that can accommodate traumatic experiences have been offered by a number of contemporary constructivist therapists (Neimeyer & Stewart, 1998; Sewell, 1997; Stewart, 1995).

In summary, the perspective I am advocating here argues for our selective engagement in grief therapy with those bereaved persons whose grief is traumatic or prolonged, as well as respectful witnessing of the self-help efforts of those who do not require our well-meaning involvement—and might even be harmed by it. When grief therapy is offered, I believe it must attend to the profound challenges to clients' (inter)personal systems of meanings brought about by tragic loss and facilitate the survivors' own struggle to find significance both in the death and in their ongoing lives. Finally, I would advocate a more refined and clinically rich conception of the process of meaning reconstruction, one that accredits its complexity, its social character, and the conditions that facilitate or impede it. The work of Davis and his colleagues, as well as the other contributors to this special series in *Death Studies*, offer us some useful direction in this effort.

Conclusion

A close review of the most authoritative and reliable research currently available leaves us with sobering conclusions about the general effectiveness (or even advisability) of grief counseling and therapy, as well as a few clues as to when professional intervention might be more clearly indicated. These same findings, in combination with the work of researchers like Davis et al. (in press), also suggest possibilities for the refinement of grief therapy and research in a way that can ultimately strengthen both. I hope that some of the results and reflections offered here contribute to this development, and prompt us toward a more adequate theory of

the reconstructive processes that permit adaptation to profound loss.

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