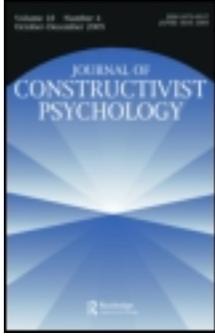


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## Journal of Constructivist Psychology

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/upcy20>

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Nick J. Gerrish <sup>a</sup>, Lyndall G. Steed <sup>a</sup> & Robert A. Neimeyer <sup>b</sup>

<sup>a</sup> Curtin University of Technology, Perth, Western Australia, Australia

<sup>b</sup> University of Memphis, Memphis, Tennessee, USA

Published online: 19 Feb 2010.

**To cite this article:** Nick J. Gerrish, Lyndall G. Steed & Robert A. Neimeyer (2010) Meaning Reconstruction in Bereaved Mothers: A Pilot Study Using the Biographical Grid Method, *Journal of Constructivist Psychology*, 23:2, 118-142, DOI: [10.1080/10720530903563215](https://doi.org/10.1080/10720530903563215)

**To link to this article:** <http://dx.doi.org/10.1080/10720530903563215>

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## MEANING RECONSTRUCTION IN BEREAVED MOTHERS: A PILOT STUDY USING THE BIOGRAPHICAL GRID METHOD

NICK J. GERRISH and LYNDALL G. STEED

Curtin University of Technology, Perth, Western Australia, Australia

ROBERT A. NEIMEYER

University of Memphis, Memphis, Tennessee, USA

*In this study, a constructivist data collection technique, the biographical grid method (BGM), was modified to accommodate the specific needs of mothers who had experienced the death of a child from cancer, and for the purpose of exploring meaning reconstruction and posttraumatic growth (PTG) in this population. Contrasting cases studies of two bereaved mothers are used to illustrate the research and clinical potential of the BGM in examining meaning reconstruction and PTG following the death of a child.*

The death of a child, which is regarded as among the most traumatic, incomprehensible, and devastating of losses, has the potential to precipitate a crisis of meaning for bereaved parents (Arnold & Gemma, 2008; Braun & Berg, 1994; Miles & Crandall, 1983). However, alongside these studies and other compelling accounts of the pain, sorrow, and devastation that can accompany the death of a child (Holmberg, 2007), many mothers also report changes they regard as positive, or at least adaptive in some way, to have resulted from their struggle with grief (Swanson, Pearsall-Jones, & Hay, 2002; Talbot, 1988–1999). Calhoun and Tedeschi (1998b), have used the term *posttraumatic growth* (PTG) to describe these and other positive changes that can accompany the struggle with extreme adversity. They argue that PTG is typically reported in three broad domains of identity: personal (e.g., increased personal strength), relational (e.g., greater intimacy with others), and spiritual (i.e., increased appreciation of life and changed priorities for living).

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Received 10 October 2007; accepted 10 September 2009.

Address correspondence to Nick Gerrish, Department of Psychology, Curtin University of Technology, GPO Box U1987, Perth, Western Australia 6845, Australia.  
E-mail: nickgerrish@ozemail.com.au

Determining what theoretical paradigms and associated research methodologies might best capture the range and complexity of the responses associated with the death of a child is an ongoing challenge for bereavement researchers. Compounding these challenges can be the substantial ethical challenges posed by this type of research, particularly concerns about risk of harm to bereaved parents (Dyregrov, 2004; Kreicbergs, 2005). In combination, these factors may partly explain why some regard research in the field as limited (Holmberg, 2007). However, any reluctance to conduct these types of studies is inconsistent with evidence that most bereaved parents benefit from participation in such research (Kreicbergs, Valdimarsdottir, Steineck, & Henter, 2004). In our view, what is crucial to achieving these positive research experiences is that researchers pay as much attention to the process of collecting the data as they do to ensuring that the data collected meet their research objectives (Cook, 2001; Konrad, 2006; Michalski, Vanderwerker, & Prigerson, 2006–2007). With these considerations in mind, among the theoretical approaches that hold promise both in advancing the understanding of complex and traumatic losses such as the death of a child and in meeting the ethical challenges posed by this type of research, are constructivist and narrative theories and methods (Neimeyer, 2004a).

Consistent with many of the current models of bereavement that postulate “meaning-making processes” as central to understanding experiences of loss, trauma, and PTG (Calhoun & Tedeschi, 2001), Neimeyer (2001) draws on constructivist and narrative perspectives in arguing that death can profoundly challenge an individual’s self-narrative—defined as the “life story one both enacts and expresses that gives a sense of coherence to one’s identity over time” (Neimeyer, 2004b, p. 14). Some deaths are so radically inconsistent with the bereaved individual’s self-narrative that they shatter both the coherence of a previously held plot structure for life and the underlying themes/constructions central to defining the self-narrative, resulting in a traumatic bereavement (Neimeyer, 2004b). In such cases, survivors are confronted with the task of revising and possibly reconstructing all or part of their self-narratives so they again “make sense” and can provide meaning. This process of adaptive meaning reconstruction can include the assimilation of the loss into preexisting constructions (i.e., a religious framework) or making changes to one’s

self-narrative in order to accommodate a significantly changed reality—both forms of PTG (Neimeyer, Keesee, & Fortner, 2000). However, such adaptive reconstruction of identity does not always occur, with complications in the grieving process always a possibility, particularly for those individuals whose identities rely on “internal working models” derived from an insecure attachment history (Neimeyer, Prigerson, & Davies, 2002).

In seeking to understand how self-narratives can be challenged and compromised by profound losses, the biographical grid method (BGM) is a constructivist data collection instrument that has potential in assessing complex and traumatic losses such as the death of a child (Neimeyer, 2004b). One of the many adaptations of the repertory grid technique originally derived from George Kelly’s (1955) personal construct theory, biographical grids can be used to assess how an individual’s personal constructions and overall self-narrative have been affected by traumatic events, including bereavement. Similar to repertory grids, biographical grids contain *elements*—that is, things or experiences to be construed. However, rather than representing significant people/figures in the person’s life (as in the original role construct repertory grid developed by Kelly, 1955) the elements reflect facets of the self/identity that have been shaped and defined by the person’s major life events/experiences (Neimeyer & Stewart, 1996; Winter, 1992).

Despite a number of studies supporting the methodological rigor of the BGM and similar approaches to the assessment of responses to traumatic events (Neimeyer, 1985; Neimeyer & Stewart, 1996; Neimeyer et al., 2000; Sewell, 1992; Sewell & Cromwell, 1990; Williams, Gamino, Sewell, Easterling, & Stirman, 1998), there remains limited research documenting the use of the BGM with traumatized populations. Furthermore, there is currently no research documenting the utility of the BGM in understanding the grief responses of mothers who have experienced the death of a child.

### The Study

The overall aim of this pilot study was to develop a revised version of the BGM that could be effectively administered to bereaved mothers, for the purpose of exploring meaning reconstruction

processes, both adaptive or otherwise, within each of their self-narratives. In support of this aim, the revised BGM was developed and administered with a strong focus on accommodating the needs and sensitivities of the vulnerable participants involved. In addition, it was modified with the aim of facilitating an in-depth assessment of PTG as a multifaceted phenomenon, one that is frequently characterized by narrative complexity (Neimeyer, 2004b) and paradoxical qualities (Calhoun & Tedeschi, 1998a). While the revised BGM was piloted with three bereaved mothers, the results from two of the bereaved mothers were particularly compelling when examined in relation to the constructivist theories for understanding responses to loss. In particular, these two mothers demonstrated notably contrasting responses to the death of their child—one considerably more adaptive than the other. Using a contrasting case study format (Yin, 2003), this study sought to illuminate these differences.

## Method

### *Participants*

Both mothers had lost a child to cancer. At the time of the interviews, one mother was age 50 and had lost her nine-year-old daughter to cancer seven years prior, and the other was age 49 and had lost her 22-year-old daughter to cancer five years prior. Both mothers were Caucasian, married, undertaking part-time or full-time employment, and had completed at minimum a high school-level education. Finally, both had surviving children. Both mothers were described as having lost a *child*, even though one child was of adult age when she died. This was because it was the response of a mother to the loss of her *relationship with her child*, rather than the chronological age of her child at death, that was the focus of this study. Time since death was not limited to the period of acute bereavement, given evidence that parents' grief and the associated processes and outcomes (e.g., meaning reconstruction, PTG, and complications in grieving) are frequently experienced on an ongoing and lifelong basis (Keesee, Currier, & Neimeyer, 2008; Klass, 1999, 2001), well beyond the loss (Massey, Cameron, Ouellette, & Fine, 1998; Linley & Joseph, 2004). Finally, as one of the primary objectives of the study was to develop further

theory relating to meaning reconstruction processes and PTG, mothers who were more likely to be experiencing these phenomena were sought for participation in this study (Braun & Berg, 1994). In line with this purposive sampling approach (Patton, 1990), both mothers were recruited from cancer-related support groups.

### *Measures*

*Modified Biographical Grid Method.* In this study, the standard BGM used in other studies (see Neimeyer & Stewart, 1996) was revised and adapted to accommodate the specific needs of bereaved mothers, and with the aim of generating data consistent with the research objectives (e.g., to examine the construct of PTG). In terms of the former, the primary modification was to introduce additional time and detailed written instructions for each stage of the administration process of the BGM. Having been provided with a rationale for the BGM, each mother then recalled nine major life events, taken from across their life span, that they considered central in defining “who they were” at different stages of their life. One of these events was the death of their child. These “self-elements” were then written on separate index cards, along with additional words, thoughts, feelings, and reactions that came to mind when each self-element was reflected on in more detail. Elaborating self-elements in this way assisted with overcoming the cognitive and language problems that can be encountered when attempting to elicit constructs using the triadic difference method (Fromm, 2004), particularly with traumatized individuals (Neimeyer & Stewart, 1996). By allowing mothers to visually compare and contrast these elaborated descriptions of their identities, their capacity to generate constructs was significantly enhanced. Having elicited constructs using the standard triadic difference method, only those constructions that were rated as significantly meaningful to the mother (using a perceived meaningfulness rating scale developed for this study) were chosen for inclusion in her grid.

In terms of other modifications, in contrast to the standard BGM, rather than using one self-element to represent the mother’s self/identity in the present (i.e., present self), three self-elements were chosen to reflect different dimensions of

her present self. These three self-elements were “Me as I am personally” (i.e., personal self), “Me as I relate to others” (i.e., relational self), and “Me as I am spiritually/philosophically” (i.e., spiritual self). These were chosen to reflect the core domains of identity in which PTG typically occurs; their inclusion facilitated a more comprehensive examination of PTG within each mother’s grid (Tedeschi & Calhoun, 2004). These, along with all the other self-elements, were preceded by the statement: “Me as I” (the self-element). This created a conceptual link and consistency between all their self-elements and assisted in minimizing range of convenience issues (Fromm, 2004).

In the rating phase of the BGM, rather than relying solely on the standard method for assessing the degree of positivity or negativity of construct poles (i.e., the ideal self-element), mothers were also asked to specifically identify each of their construct poles as positive, negative, positive/negative, or neutral. This modification reflected our intention to explore potential diversity in mothers’ experience of PTG in the wake of loss, and was consistent with the recommendations of Park and Lechner (2006) for directly assessing participants’ perceptions of the quality of growth following stressful life events. Finally, although a standard 7-point rating scale was provided for rating constructs on each self-element, there was also the option of using a 0 rating—defined in the scale key as “lack of relevance of each construct pole on this self-element” (i.e., neither one of these construct poles applies to me here). Using this definition, 0 ratings reflected the failure of certain constructions in defining self—this is a potential indicator of disruption in the self-narrative. In terms of midpoint ratings of 4, although other researchers have regarded such ratings to reflect uncertainty in construal processes (Winter, 2003), in this study a 4 rating was defined with a different purpose in mind. In defining a 4 rating as “equal relevance of each construct pole on this self-element—I am a balance of both these themes here,” our aim was to facilitate greater scope for exploring narrative complexity and paradoxical qualities within the mother’s meaning system—both potential indicators of PTG (Calhoun & Tedeschi, 1998a; Neimeyer, 2004a).

*Hogan Grief Reaction Checklist (HGRC)*. In order to supplement the results obtained from the biographical grids, each mother was asked to complete and return in the mail an additional assessment of postbereavement adjustment and personal growth—the

HGRC (Hogan, Greenfield, & Schmidt, 2001). Recent reliability and validity analyses of the HGRC have yielded reliable and valid information about typical and atypical bereavement reactions. In addition, convergent and divergent validity and discriminate validity results have all been found to be acceptable and consistent with the conceptual structure of the HGRC (Hogan et al., 2001).

### *Data Collection and Analysis*

Consistent with other research conducted with bereaved parents (Dyregrov, 2004), the total time frame for data collection for each mother was between six and seven hours, completed over two interview sessions. All three mothers were able to complete the revised BGM without difficulty and reported finding the overall process valuable and informative in terms of understanding their grief. Grid data were analyzed and interpreted at both content and structural levels (see Feixas, Geldschlager, & Neimeyer, 2002; Jankowicz, 2004; Neimeyer, 1993, for a detailed review or repertory grid analysis techniques). The aim of the analysis was to build an impression of the mother's construal style, to examine the degree of integration versus disorganization in her identity development, and to consider whether changes on certain constructions could be regarded as adaptive (i.e., PTG) or maladaptive (i.e., complicated grief) in nature (Neimeyer, 2004a; Neimeyer et al., 2000; Payne, Joseph, & Tudway, 2007; Sewell, 1996). When analyzing the results from the HGRC, for the purposes of this study, an overall assessment of grief distress was obtained by calculating an average item rating across the 49 items (five factors) of the HGRC that measure grief symptomology. An average item rating of 1 or 2 was considered to reflect a low level of grief distress; a rating of 3, a moderate level of grief distress; and a rating of 4 or 5, a high level of grief distress. An identical method was used to interpret the personal growth items on the HGRC.

## **Results**

### *Case Study 1*

Denise was 50 when she agreed to participate in the research. Almost eight years had passed since the death of her 10-year-old

daughter from cancer. Her daughter had been diagnosed with her illness three years before she died. On the HGRC, Denise reported experiencing a moderate level of grief distress. She reported high levels of disorganization (e.g., trouble remembering things from the past), despair (e.g., hopes shattered), panic symptoms (e.g., panic attacks), and feelings of detachment (e.g., "I am confused about who I am"; "I feel detached from others"). On the personal growth (PG) factor, she reported a low level of personal growth, indicating that most of the items did not quite describe her. On 10 of the 12 PG items, she indicated that none of the items described her at all.

When scanning Denise's biographical grid (see Tables 1 and 2), most of her constructions seemed to hold a deep and personal significance in terms of her construal of identity (Feixas et al., 2002; Jankowicz, 2004). Her perceived meaningfulness ratings of 3 or above supported the centrality of these constructions. In addition, she had ascribed positive or negative qualities to most of the poles of her constructions. When examining the extent to which she had used polarized (i.e., extreme ratings of 1 or 7) versus more balanced ratings (i.e., 4 ratings), 59% of her ratings were polarized toward mostly positive or negative construct poles, with less than 1% of her ratings indicating a balanced construal style (i.e., one 4 rating). Overall, Denise tended to construe her identity in terms of "extreme contrasts, with few 'shades of gray' in between" (Neimeyer & Stewart, 1996, p. 371). This suggested a more simplistic and absolute quality to her construal style. She was inclined to switch dramatically between construing positive life events in deep and personally meaningful ways, to construing negative events with a similar degree of intensity and depth, but in ways that severely disrupted her identity. This style of construing possibly left her vulnerable to greater emotional instability over time (Kelly, 1955; Neimeyer, 1985).

For example, when her child died (self-element 5), Denise defined her identity to an extreme degree as someone who was shrinking and dying, closed off to life, rejected, exposed, lacking in confidence, exhausted, personally weak, and having no control. But it was not just the death of her child she had construed in such extreme and negative ways. The rejection by her mother because of her grief (self-element 6) and her husband leaving her for another woman (self-element 7) were both events that

**TABLE 1** Demise's Biographical Grid

	Self-elements													Construct pole	PMR
	1	2	3	4	5	6	7	8	9	10	11	12	13		
C1	6	7	7	7	7	7	7	2	2	1	3	2	1	Change (+/-)	5
C2	5	2	1	7	7	7	7	2	1	1	2	2	1	Shrinking/dying (-)	4
C3	7	5	1	3	7	7	7	1	1	1	6	1	1	Closed off to life (-)	4
C4	7	6	1	6	7	7	7	1	1	1	3	1	1	Rejection (-)	3
C5	7	7	5	7	7	7	7	2	1	1	5	2	1	Exposed (-)	4
C6	7	7	5	6	7	7	7	2	1	3	5	3	1	Not confident (-)	4
C7	4	6	3	7	7	7	7	3	7	3	5	3	1	Exhausted (-)	5
C8	5	6	5	7	7	7	7	5	1	2	5	2	1	Impermanence (neutral)	5
C9	3	3	2	2	7	7	2	1	1	2	5	2	1	Personal weakness (-)	5
C10	7	7	1	6	7	7	5	1	1	5	5	6	1	Lack of personal control (-)	5

*Note.* C = Construction; valence of construct poles in parentheses; PMR = perceived meaningfulness rating for the construct; grid ratings scale from 1 to 7; a rating of zero = lack of relevance of each construct pole on this self-element (i.e., neither one of these construct poles applies to me here); a rating of 4 = equal relevance of each construct pole on this self-element (i.e., I am a balance of both these construct poles here).

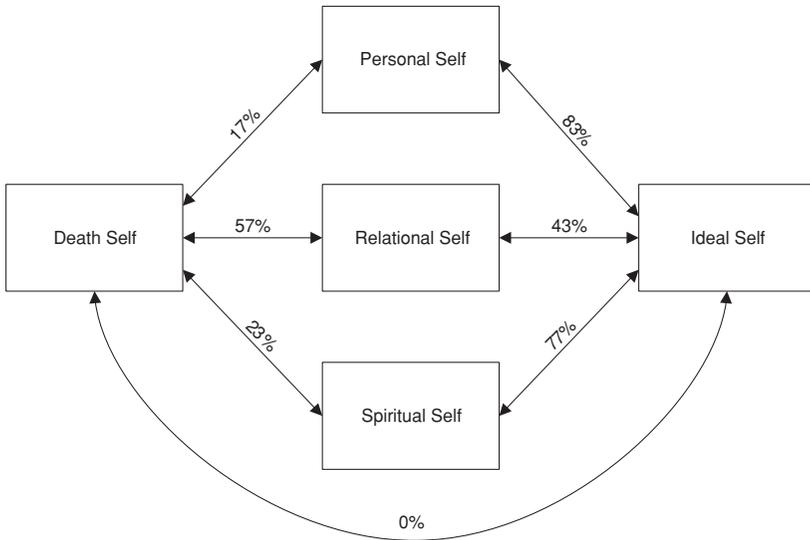
**TABLE 2** Denise’s Self-Elements

		Self-elements	Valence of self-elements
SE1	Age 6	Me as I was when I was told I was not good enough to play with a school friend	Negative
SE2	Age 15	Me as I was when we left father	Positive
SE3	Age 20	Me as I was when I went to nurse’s college	Positive
SE4	Age 39	Me as I was when my father died of a heart attack	Negative
SE5	Age 43	Me as I was when my daughter died from leukemia	Negative
SE6	Age 43	Me as when my mother rejected me because of my grief	Negative
SE7	Age 46	Me as I was when my husband left me for another woman	Negative
SE8	Age 48	Me as I was when I changed to a new hospital	Positive
SE9	Age 49	Me as I was when I returned to work fulltime	Positive
SE10	Age 50	Me as I am personally (personal self)	—
SE11	Age 50	Me as I relate to other people (relational self)	—
SE12	Age 50	Me as I am spiritually/philosophically (spiritual self)	—
SE13	—	Me as I would ideally like to be (ideal self)	—

*Note.* SE = Self-element; valence of self-elements 10–13 were not obtained as these self-elements are not linked to major life events/experiences .

had devastating consequences for her identity. Collectively, this negative period in Denise’s identity development appeared isolated and fragmented from the rest of her identity. In particular, it stood in sharp contrast to her more positive construal of identity (i.e., toward her ideal self) immediately following this period (self-elements 8 and 9). Furthermore, these negative self-identities of her past were clearly discrepant with her more positive construal of her identity in the present, on both personal and spiritual levels (i.e., self-elements 10 and 12).

In order to more formally assess the degree of integration versus fragmentation in her identity development over time, percentage similarity scores were calculated between all of her self-elements (see Jankowicz, 2004, for a detailed review of how these percentages are derived). For Denise, the death of her child (self-element 5) and the rejection of her mother because of her grief (self-element 6) were construed in the most similar way (100% similarity), with this similarity based on highly negative themes.



**FIGURE 1** Percentage similarity scores between Denise's death, personal, relational, spiritual, and ideal self-elements.

Both of these experiences had also been construed in the most dissimilar way (0% similarity) to how she ideally wanted to construe her identity (self-element 13).

Percentage similarity scores between Denise's death self-element; her personal, relational, and spiritual self-elements; and her ideal self-element were then examined (i.e., self-elements 5, 10, 11, 12, and 13, respectively; see Figure 1). Confirming the impressionistic findings, Denise's personal and spiritual identities were closely aligned with her ideal, but at the same time, were highly discrepant with how she construed her identity when her child died. It seemed the death of her child had contributed minimal positive or otherwise adaptive meaning to her more positive construal of identity on these two levels. In contrast, her relatively higher percentage similarity score of 57% between her death and relational self-elements was based on these two elements sharing the negative themes of seven of her ten constructions. For Denise, it seemed the death of her child was associated negatively with the identity she was deriving from her current relationships with others.

In order to explore the underlying themes central to Denise's assumptive world, each of her constructions was examined for

evidence of continuity or variability across time. Based on this analysis, it was evident that the theme of change (from the stability–change construction) had allowed Denise to maintain continuity in her construal of self before, during, and after the death of her child (i.e., similar ratings). The positive and negative valence on this theme indicated it had contributed in both a positive and negative way in defining Denise’s identity at these critical life points. In terms of the latter, Denise explained that change was a theme she associated with stress and disruption to her identity (negative). However, in a positive sense, it was a theme that reflected her recognition and acceptance that dealing with major life changes would always be a part of her life, as it always had been. Although her ideal was to use the contrasting theme of stability to define her identity, Denise acknowledged that this positive aspect to her theme of change had assisted her in assimilating the loss of her daughter on this dimension. In a similar way, she also acknowledged that the theme of impermanence (from the impermanence–permanence construction) had assisted her to assimilate her loss.

When examining some of Denise’s other constructions, it was apparent that the theme of personal strength (from the personal strength–personal weakness construction) had been central to how she had defined her identity in response to seven of her nine major life events, including three of her most negative life events (one of which was the death of her father from a heart attack). Although the death of her daughter and the rejection by her mother (self-elements 5 and 6) produced a dramatic shift on this construction to the contrasting theme of personal weakness, her subsequent life experiences reaffirmed the significance of personal strength in defining her identity. Personal strength represented a theme that had not only provided Denise with a means of positively assimilating many of her negative life experiences but also continued to remain central in how she defined her identity in the present, on both personal and spiritual levels. However, in terms of the identity she derived from her current relationships with others, it was a sense of personal weakness that dominated.

In summary, for Denise the death of her daughter continued to activate a range of grief-related symptoms including cognitive disorganization, despair, panic, and a sense of detachment from

others, and she reported experiencing minimal PTG following her loss. Tedeschi and Calhoun (1995) and Calhoun and Tedeschi (1998b) suggested that although the relationship between distress and PTG is an unpredictable one, a certain level of “manageable” distress is a necessary precondition to PTG. In Denise’s case it was possible that her ongoing symptoms of grief distress had exceeded this manageable level. In addition, although the death of her child and the subsequent rejection by her mother because of her grief had shattered her identity and produced a level of disorganization in her self-narrative that had the potential to facilitate PTG (Neimeyer, 2004a), there was minimal evidence of PTG within her self-narrative. Rather than responding to these events by elaborating her construct system in ways that increased its flexibility and scope for meaningfully construing other life experiences (i.e., consistent with PTG), Denise had tended to construe her life experiences in a way that left her identity fragmented into diametrically opposed negative and positive parts—parts that remained isolated from each other within her overall identity. Her inability to build a system of constructions for integrating these different aspects of her identity had left her with a black-and-white (polarized) anticipation of future events—rather than a “shades of gray” one—leading to the prediction that future negative life events would have equally devastating impacts on her identity (Sewell, 1996). Overall, Denise’s construct system, and the self-narrative it defined, was one that left her vulnerable to the development of posttraumatic stress disorder (Sewell et al., 1996) and other complications in the grieving process (Neimeyer et al., 2002).

### *Case Study 2*

Joan was 49 when she agreed to participate in the research. Almost five years had passed since the death of her 20-year-old daughter from cancer. Her daughter had been diagnosed with her illness two years before she died. Her experience of ongoing sadness in relation to her loss was reflected on the only negative item on the HGRC that she endorsed—“I feel a heaviness in my heart.” Overall, Joan’s responses on the HGRC indicated she was experiencing a low level of grief distress relating to her loss. On the PG factor, she reported a moderate level of personal growth, with most of the items describing her fairly well. She also indicated that five of

the PG items described her very well (“I am a better person, more compassionate, more self-tolerant, having more good days than bad, and I care more deeply for others”).

With reference to her biographical grid (see Tables 3 and 4), at an impressionistic level, similar to Denise, most of Joan’s constructions seemed to hold deep and personal significance for her (Feixas et al., 2002; Jankowicz, 2004). Her perceived meaningfulness ratings of between 3 and 5 suggest that all of her constructions had been core to defining her identity over time. When examining the extent to which she had used polarized (i.e., extreme ratings) versus more balanced ratings (i.e., 4 ratings), 38% of her ratings were polarized toward her construct poles. Although considerably lower than Denise’s polarized rating score of 59%, it was Joan’s higher percentage of 4 ratings (32%, versus 1% for Denise) that was particularly striking when comparing the two mothers’ construal styles. Joan had tended to construe her identity in a more balanced way, potentially provided her with greater versatility and flexibility when attempting to construe her life experiences in meaningful ways, with less emotional instability as a result (Sewell et al., 1996). Although for Joan the death of her child was associated with one of her negative themes—fighting for support—she also associated this time with feeling worthy of love, confident, and accepting of herself. Furthermore, how she construed her identity when her child died did not appear isolated from how she was construing her identity in the present, on personal, relational, or spiritual levels; nor did it stand in sharp contrast to her ideal self. Rather, it was the negative experience of her grandparents labeling her a hypochondriac when she haemorrhaged following a tonsillectomy (self-element 2) that she associated with her most negative themes, including feeling unworthy of love, feeling isolated, striving for control, fighting for support, lack of validation, and lack of acceptance. It seemed this event, more than any other, had shattered Joan’s identity, leaving it isolated and fragmented from her other self-identities in both the past and the present.

However, in contrast to Denise, this experience did not appear to have produced a chronic state of disorganization within Joan’s overall self-narrative, with an associated vulnerability to extreme identity disturbance when faced with future negative life events (Sewell, 1996). Rather, Joan had been able to construe each

TABLE 3 Joan's Biographical Grid

	Construct pole	Self-elements											Construct pole	PMR				
		1	2	3	4	5	6	7	8	9	10	11			12	13		
C1	Worthy of love (+)	1	7	3	3	1	1	1	1	4	1	1	1	1	1	1	Unworthy of love (-)	5
C2	Feeling connected (+)	1	7	3	7	4	3	4	1	4	2	2	2	2	2	1	Feeling isolated (-)	5
C3	Me as I am (Free expression of me) (+)	1	7	3	7	4	4	4	4	4	4	4	4	4	4	4	Me in "nurse mode" (neutral)	4
C4	Express feelings internally (+/-)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	Express feelings externally (+/-)	3/4
C5	Not needing to control (+)	1	7	3	5	4	2	4	2	4	1	1	1	1	1	1	Striving for control (-)	4
C6	Pleasing myself (+)	4	0	6	0	3	0	0	0	0	4	4	4	4	4	4	Pleasing others (-)	4
C7	Acceptance (neutral)	1	7	1	1	1	1	1	1	2	1	2	2	2	1	1	Non-acceptance (-)	5
C8	Validating (+)	1	7	1	7	4	1	4	1	4	2	2	2	2	1	1	Not validating (-)	3
C9	Confident in myself (+)	1	6	3	4	2	2	4	1	4	2	2	2	2	2	1	Doubting myself (-)	3/4
C10	Unconditional support (+)	1	7	1	6	6	1	4	1	4	2	2	2	2	2	1	Fighting for support (-)	5

Note. C = Construction; valence of construct poles in parentheses; PMR = perceived meaningfulness rating for the construct; grid ratings scale from 1 to 7; a rating of zero = lack of relevance of each construct pole on this self-element (i.e., neither one of these construct poles applies to me here); a rating of 4 = equal relevance of each construct pole on this self-element (i.e., I am a balance of both these construct poles here).

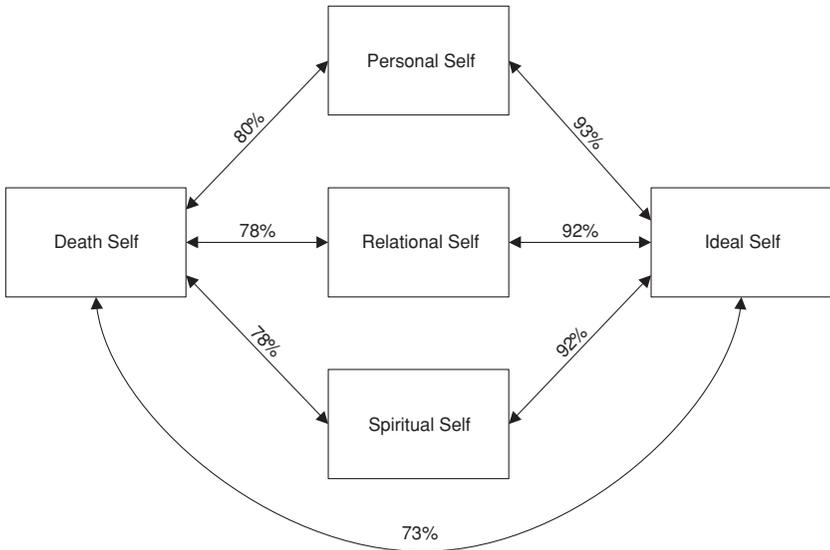
**TABLE 4** Joan's Self-Elements

		Self-elements	Valence of self-elements
SE1	Age 8–12	Me as I was when I was spending time being creative with my Nanna	Negative
SE2	Age 13	Me as I was when my grandparents thought I was being a hypochondriac when hemorrhaging after a tonsillectomy	Negative
SE3	Age 18	Me as I was when I married my husband	Positive
SE4	Age 22	Me as I was my husband was diagnosed with cancer	Negative
SE5	Age 44	Me as I was when my daughter died from leukemia	Negative
SE6	Age 45	Me as I was when I joined my current community hall and began leading the music	Positive
SE7	Age 46	Me as I was when major turmoil threatened to destroy a significant group that I was a member of	Negative
SE8	Age 48	Me as I was when we moved house after 16 years	Positive
SE9	Age 48	Me as I was when my daughter attempted suicide twice in 12 days	Negative
SE10	Age 49	Me as I am personally (personal self)	—
SE11	Age 49	Me as I relate to other people (relational self)	—
SE12	Age 49	Me as I am spiritually/philosophically (spiritual self)	—
SE13	—	Me as I would ideally like to be (ideal self)	—

*Note.* SE = Self-element; valence of self-elements 10–13 were not obtained as these self-elements are not linked to major life events/experiences.

of her subsequent negative life events in ways that were for the most part aligned with her ideal conceptualizations of self. Overall, it seemed that Joan had been able to reorganize her construct system in an adaptive way and, in doing so, had managed to maintain a sense of coherence to her identity across most of her life, both past and present.

In order to assess the degree of integration versus fragmentation in her identity development over time, percentage similarity scores were calculated between all of her self-elements. For Joan, how she was construing her identity on a relational and spiritual level in the present was the most similar (100% similarity), with both of these identities defined by highly positive themes. How



**FIGURE 2** Percentage similarity scores between Joan's death, personal, relational, spiritual, and ideal self-elements.

she had construed her identity in the past when she had played creatively with her Nanna (self-element 1) and how she construed her identity when she was told by her grandparents that she was overreacting to her tonsillectomy (self-element 2) were the most dissimilar (22% similarity); the latter contrasting with the former due to its highly negative themes.

Similar to Denise's analysis, percentage similarity scores were also calculated between Joan's death self-element; her personal, relational, and spiritual self-elements; and her ideal self-element (i.e., self-elements 5, 10, 11, 12 and 13, respectively; see Figure 2). Confirming the impressionistic findings, Joan had been able to integrate the death of her child into her construal of self in the present in many ways that were compatible with her ideal. For example, linking these clusters of identities were both positive themes (e.g., feeling worthy of love, confidence in myself), neutral themes (e.g., self-acceptance), and other themes that reflected her more complex, if ambivalent, view of the world (e.g., balancing emotional expression with containment of her feelings). However, when examining the percentage similarity scores between self-element 2 (her grandparent's negative reaction to her

tonsillectomy) and the same provided self-elements, her scores suggested this experience represented a time when Joan's identity was the most discrepant with her ideal self, confirming its shattering effect on her identity. Furthermore, she had found it difficult to integrate this experience into her construal of identity in the present on any level that came close to her ideal.

However, although this part of her identity remained largely disconnected from her identity in the present, it did not seem to have created a negative anticipation in terms of how Joan construed her subsequent negative life experiences. For example, when comparing the percentage similarity scores between Joan's three other negative life events (self-elements 4, 7, and 9) with her personal, relational, spiritual, and ideal self-elements, in most instances there was a high level of integration between these identities, again with both positive and paradoxical themes providing the linkages.

In order to explore the underlying themes central to Joan's assumptive world, each of her constructions was examined for evidence of continuity or variability across time. Based on this analysis, it was evident that by using the construction "expressing feelings internally—expressing feelings externally," in a balanced way (i.e., 4 ratings), Joan had been able to assimilate all of her major negative life events, including her most shattering event, in ways that were compatible with her ideal. When queried about this construction, she stated she had benefited from learning to regulate her emotional responses in accordance with different situations—sometimes expressing her feelings, and at other times withholding them. She explained that the negative valence she ascribed to this construction reflected the times when she lost this ability.

In summary, for Joan it was when her grandparents had invalidated her reaction to a tonsillectomy (rather than the death of her child) that produced the most severe and negative disruption to her identity. However, rather than setting in motion a process of negative anticipation of future events, Joan appeared to have developed a more complex, ambivalent, and paradoxical-style of construing her identity in response to different life events, one that enabled her to acknowledge the reality of experiences like her daughter's death (Neimeyer, 2004a). For the most part, it seemed Joan had been able to integrate the experience of her

daughter's death into her overall identity, both past and present, in ways that she regarded as adaptive in terms of her ideal. Her results on the HGRC confirmed that she was experiencing minimal ongoing grief-related distress associated with the death of her child. Her reports of personal growth on the HGRC suggested that her experience of loss had contributed to some degree in assisting her in both establishing and reaffirming this more adaptive construct system for construing salient life events.

### Discussion

In terms of the overall aim to contribute further explanatory theory in relation to both adaptive meaning reconstruction (i.e., PTG) and maladaptive responses (i.e., complications in grieving) to major loss, the results from this pilot study of the revised BGM were encouraging. In particular, the results obtained from in-depth analysis of the biographical grids of two bereaved mothers provided a vivid illustration of the possible variations in responses that can follow the death of a child. Although both these mothers had been left with a permanent sadness they anticipated would be lifelong, the impact and consequences of their losses on their respective self-narratives contrasted dramatically. For Denise, the death of her child and the subsequent rejection of her mother because of her grief had shattered her identity, leaving this negative part of herself isolated from the rest of her identity and contributing to a negative anticipation and associated vulnerability when responding to future negative events. In sharp contrast, Joan's self-narrative suggested she had been able to develop a system of personal constructions that was flexible and versatile in the sense it had allowed her to construe life in a way that transcended polarities, one that viewed reality as complex, multifaceted, and containing inherent contradictions. In summary, many of Joan's responses were consistent with PTG, whereas many of Denise's responses reflected complications in her grieving process.

In terms of the implications of these findings, research and assessment methods that are able to identify those individuals experiencing adaptive changes in the wake of their loss, compared to those experiencing complications in their grieving process (and who might require therapeutic intervention) are at the forefront of current bereavement research (see Parkes, 2005–2006).

The revised BGM offers promise as a research and assessment tool for identifying these types of responses to traumatic events. In addition, research suggests that individuals with histories of attachment disturbances in childhood and those who have experienced multiple traumatic events across the life span are at increased risk of developing such complications (Neimeyer et al., 2002; Vanderwerker, Jacobs, Parkes, & Prigerson, 2006). In this regard, the revised BGM offers the advantage of assessing the impact of multiple critical life events, including the loss, on the personal constructions and overall self-narrative of the individual. By examining how personal constructions have been affected across *multiple critical life experiences*, researchers can enhance their understanding of the mediatory impact of these events on responses to a death. In terms of clinical applications, this type of assessment can then facilitate the identification of certain individuals who may be more likely to require formal treatment interventions.

In addition to the above, the findings from this study contribute additional theoretical support for the recognition of PTG as a complex and multifaceted phenomenon, one that is frequently characterized by paradoxical qualities (Calhoun & Tedeschi, 1998b). Furthermore, the findings support the view that, given the complexity of PTG, such phenomena may be best defined by the individual and, in turn, researched using methods that are capable of capturing these subjective accounts (Massey et al., 1998). Concerning these findings, within the literature on adversarial growth, debate continues about how PTG should be defined, in terms of what constitutes ideal functioning (Linley & Joseph, 2004; Park, 1998). However, there is consensus that researchers need to move beyond simply defining PTG in terms of "positive change," given that many reports of growth are characterized by negative, positive, existential, and other qualities that the individual describes as adaptive in some way (Calhoun & Tedeschi, 1998a; Tedeschi & Calhoun, 1995).

The revised BGM developed for use in this study was designed to collect data that facilitated a more in-depth examination of this potential diversity in PTG. For example, although the ideal self was used as the standard means of assessing positive changes in construal of self that might reflect PTG, in line with the recommendations of Park and Lechner (2006), participants defined for themselves whether a construct pole had positive, negative,

neutral, or both positive and negative qualities. In Denise's case, had only her ideal self been used to interpret her frequent use of the theme "impermanence" to construe her identity, it might have been concluded that its discrepancy with her ideal self suggested a lack of adaptive construing using this theme. However, although it was accurate to conclude her desire was to "see herself differently" on this theme (i.e., toward her ideal and contrasting pole of permanence), this neutral theme had allowed her to assimilate multiple negative life events and in this way had been adaptive for her identity. In fact, this was confirmed by Denise when she explained that her Buddhist faith had assisted her in understanding some of the negative experiences in her life, because of its emphasis on accepting the impermanent nature of existence.

Related to issues concerning how PTG should be defined is the ongoing debate about what measurement approaches should be used to assess growth-related phenomena, including PTG (Park & Helgeson, 2006). In contributing to further theory development in this area, this study incorporated three dimensions of the "present self"—personal, relational, and spiritual—into the BGM. This enabled changes in plot structure and personal constructions to be examined with reference to the core domains in which PTG typically occurs (Tedeschi & Calhoun, 1995). In the case of Denise, there appeared to be minimal evidence of PTG within her construct system across any of these dimensions of her identity. In particular, although she was construing her identity in the present (on personal and spiritual levels) in highly positive ways, it was the lack of integration between these and her past identities (including her identity when her child died) that suggested this positive state was unlikely to reflect PTG. Instead, consistent with her past, one was left with the sense that this positive state of construal of identity in the present would again be shattered if she were to encounter another major negative/traumatic life event in the future. In contrast, for Joan the positive changes seen across all levels of her present self were integrated to a high degree with her past identities, including when her child died, and even to some degree with her most traumatic self-identity, suggesting that many of her negative life experiences had contributed to PTG in all the domains of her present self.

In terms of the objective of this study to develop a revised version of the BGM that would accommodate the specific needs

and vulnerabilities of bereaved mothers, the revised protocol was found to encourage collaboration, creativity, and flexibility between researcher, participant, and the research tool in question, resulting in a positive research experience for the mothers involved. This outcome is consistent with the findings from other studies in which bereaved parents who had lost a child to cancer reported positive effects from their research participation (Kreicbergs, Valdimarsdottir, Steineck, & Henter, 2004). The revised BGM developed for this study would also seem to support the findings that vulnerable participants can benefit from research participation, providing that specific attention is given to exploring and applying research methodologies that cause the least distress to those participants (Dyregrov, 2004).

Finally, although the findings from this pilot study of a revised version of the BGM were encouraging, they are preliminary in nature. Replication of these results with larger samples would be required in order to strengthen the rigour of the revised BGM as research tool for identifying variations in responses to the death of a child (Yin, 2003). Such replication would also enable broader conclusions to be drawn with respect to the clinical uses and implications of data obtained from the revised BGM.

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