

Beyond Death Anxiety: Evolution of a Research Program¹

Robert A. Neimeyer, Ph.D.²

²Professor Emeritus, Department of Psychology, University of Memphis, USA, and Director,
Portland Institute for Loss and Transition.

Abstract

With a salute to the recurrent inspiration of Paul Wong in my own career focus on issues of meaning in the face of adversity, this chapter traces my early work in the field of death attitudes, later research in suicidology, and more recent work on the psychology of loss and grief. Throughout, the human effort after meaning is salient, whether understood as an attempt to reconcile our sense of identity with our personal mortality, our attempts to make sense of the tragic loss of a significant other, or our process of revising our own self-narrative in its wake. Alongside the related scholarly work of Paul Wong, I hope these interbraided programs of research and practice make a modest contribution to the evolving study of the human quest for meaning.

¹ Portions of this chapter were adapted with permission from Neimeyer, R. A. (1994b). The Threat Index and related methods. In R. A. Neimeyer (Ed.), *Death anxiety handbook* (pp. 61-101). Taylor & Francis.

Beyond Death Anxiety: Evolution of a Research Program

When Dr. Lilian Wong and Evelyn Tam invited my contribution to this very special volume saluting the multifaceted contributions of Paul Wong to our field across the last half century, I confess that I found the task a bit daunting. What might I have to add, I wondered, to the contributions of colleagues from many nations whose research, practice, and even lives and faith have been touched by Paul's presence, and in some instances even transformed? Though I readily accepted the call, as the months passed and the deadline loomed, I found myself hesitating to put finger to keyboard and join the chorus of what I imagined would be dozens of scholars echoing and extending his seminal contributions to a psychology of meaning, from the standpoint of a Victor Frankl-inspired existentialism (Wong, 2012; Wong & Fry, 1998), meaning centered psychotherapy (Wong, 2015, 2016), studies of spirituality (Wong et al., 2012) and even a bold new approach to contemporary positive psychology (Wong, 2011). Paul himself has been so prolific that his work hardly needs amplification or review, particularly if the charge of the editor was to demonstrate how the spirit of his lifelong inquiry also animates our own. I therefore flipped back the pages of the calendar to my own origins as a scholar whose career began just a few years after Paul's, and determined to review the development of one long-running current of research that animated my early work and that intersected repeatedly with his, namely the study of our human attitudes toward death. In doing so I will not so much recap Paul's intellectual sojourn through this territory as I will my own, though I will reflect in the course of doing so on points of contact he and I had along the way, in print or in person. I hope that the reader will find this review valuable, and readily discern in these pages the imprint of Paul's research, whose impact on the field of death attitudes continues to be felt far beyond the walls of my lab.

In keeping with the reflective tone of the present volume, I will intersperse some informal

comments throughout the formal review to convey something of my own developing thoughts about this diversified line of research, offering a “behind the scenes” view of the evolution of a body of scientific and professional literature. I therefore hope that this brief chapter will help summarize a widely dispersed literature for those readers sharing Paul’s interest in thanatology, the study of death and dying, and acquaint those whose main interest is in meaning-centered approaches to therapy with one long-standing research program that takes inspiration from this perspective. After reviewing our research on death attitudes and also its interface with suicide intervention, I will close by sketching very briefly the contours of the main research program that for me has followed this early work, namely the study of meaning reconstruction in bereavement, which also converges in its own way with Paul’s more recent contributions.

Death Threat and Anxiety

The historical core of my interest in the role of meaning in configuring our attitudes toward life and death originated in research being conducted at the University of Florida in the early 1970’s by Franz Epting, Seth Krieger, and Larry Leitner. Prompted in part by the upsurge of popular and professional interest in issues of death and dying (Kübler-Ross, 1969), the Florida group brought to bear the conceptual and methodological resources of George Kelly’s (1955) personal construct theory on the problem of assessing people’s attitudes toward their own eventual mortality, a nascent area of research cluttered with what was at the time psychometrically shabby instrumentation and poorly designed studies. The result of this effort to upgrade the death attitude literature was the Threat Index (or TI) (Krieger et al., 1974), a measure that operationalized Kelly’s (1955) concept of *threat* as the “awareness of imminent, comprehensive change in one’s core role structure,” in other words deeply perturbing change in the system of meaning anchoring one’s sense of identity. Specifically, the TI required eliciting a

significant sample of death-relevant constructs or polarities of meaning (e.g., painful vs. painless, familiar vs. unfamiliar, meaningful vs. meaningless) from the respondent through a triadic comparison of situations involving death (e.g., a tornado kills three children in an elementary school, your grandmother dies in her sleep). The respondent was then asked to rate the elements *self*, *preferred self*, and (personal) *death* on these constructs, with the number of “splits” in which both self-elements were aligned with one construct pole, and death with its contrast, serving as the index of the subjective threat that would be entailed in construing the death of self as a personal reality. If, for example, a respondent construed both himself and preferred self as *known* and death as *unknown*, this would represent one such split suggesting a potential threat to its inclusion in his system of personal meanings. As an undergraduate research assistant, I joined the research effort at the point that TI was being developed into a standardized measure to circumvent the rather cumbersome administration of full interview-based repertory grids to individuals, which limited the measure’s use in research. Thus, my first task was to assist in the administration of dozens of grid-based interviews, in order to elicit thousands of death-relevant constructs, and then winnow these to the 30 or 40 most commonly occurring dimensions to comprise the items for the standardized self-administered form of the instrument. The work was initially fascinating, offering me a glimpse of people’s views of life and death within the mutually reassuring structure of a structured, grid-based interview. Primed by my own earlier and ongoing immersion in the existential philosophies of Sartre, Merleau-Ponty and Heidegger, I fell in love with the work and the psychological theory behind it, and soon devised several studies of my own that helped establish the psychometric soundness of the resulting measure (Neimeyer, 1986; Neimeyer et al., 1977; Rigdon et al., 1979). As this research proceeded over the decade of the 80’s, the TI consolidated its place as one of the most valid and reliable

instruments in the broad death anxiety literature (Neimeyer, 1994a; Neimeyer, 1994b), at approximately the same time that Wong and his team were validating their own multidimensional measure of death fear and acceptance, the Death Attitude Profile, which I later included in my handbook on death attitude research (Wong et al., 1994).

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

Eventually, however, the psychometric properties of the TI were established even to our satisfaction, allowing my students and me, now at the University of Memphis, to begin applying it—and a few other soundly developed death anxiety scales (Neimeyer & Gillies, 2003; Neimeyer & Moore, 1994)—to a host of substantive areas. Our first target was the frequently

noted finding that women report greater fear of personal death than men, across dozens of studies in the vast death anxiety literature (Neimeyer & Fortner, 1997; Neimeyer & Van Brunt, 1995). Although this finding typically is explained in terms of the greater emotional expressiveness of women, our findings led us to call this interpretation into question, as this result held in a large sample of men and women even when we controlled for their level of self-disclosure (Dattel & Neimeyer, 1990). We also began to examine the personal anxieties about death experienced by vulnerable groups, such as a large number of gay and bisexual men living in the shadow of the AIDS epidemic (Bivens et al., 1994). Here again, our findings were surprising and informative: HIV positive men (half of whom had developed AIDS symptomatology) and the caregivers who worked with them were actually far *less* threatened and anxious about the prospect of death than were G/B men who were HIV negative and uninvolved in caregiving. Further scrutiny of our data suggested a possible explanation for this pattern of results, as the former two groups reported significantly more intrinsic religious faith than their less directly affected peers. Our findings converge with broad themes in Wong's research program, which link faith to a more hopeful approach to personal mortality.

A second vulnerable population to attract our attention in the early 90's was older adults, whose age and health status placed them at elevated risk of death. Together with my student, Barry Fortner, I first undertook a qualitative review of research on death anxiety in the elderly, trying to make sense of the often contradictory studies pointing to various markers of elevated fear of death (e.g., gender, health status) in an aging population (Neimeyer & Fortner, 1995). This effort convinced us of the need for a more systematic approach to integrating the literature, leading us to undertake a major quantitative review of all published and unpublished studies of death attitudes in older adults. The results were clarifying: across nearly 50 studies including

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

A second arm of this research effort in connection older adults entailed examining not the elders themselves, but the health care professionals who work with them most frequently, at least in the United States. Thus, my student Steve DePaola and I began to study the psychosocial context of nursing homes, where dismissive, avoidant, or infantilizing attitudes on the part of staff toward residents is an all-too-common occurrence. Comparing a large group of nursing home staff to demographically similar controls from the same community, we discovered that staff as a whole had comparable levels of death threat to controls, and the comparison group actually was more fearful of contact with dead bodies, perhaps as a function of their lesser exposure. However, we additionally discovered that increasing levels of death concern were associated with greater personal anxiety about aging, especially among nursing home workers, who also displayed significantly more negative attitudes toward the elderly (DePaola et al., 1992). Subsequent research extended these findings by providing evidence that nursing assistants, the least trained caregivers in elder care facilities, had higher levels of personal death anxiety than registered nurses and licensed practical nurses in these same facilities (DePaola et

al., 1994). This enhanced my concern over the possible linkage between personal death attitudes and suboptimal caregiving practices, especially among less trained and less experienced helpers—a concern that found expression in the studies of counselors and suicide interventionists that I briefly discuss below.

A further line of work on death attitudes concerned the reactions of counselors to situations involving death and loss, testing the assumption—widely held in thanatology circles—that such situations trigger more discomfort and avoidance on the part of caregivers than other potentially serious problems. Providing masters level counselors a set of 15 written descriptions of both death-related counseling scenarios (e.g., grief, life-threatening illness, suicide risk) and non-death-related situations (e.g., sexual assault, intimate partner violence), Tom Kirchberg and I found that five of the eight problems they rated as most uncomfortable were in the former category. In contrast, none of the 7 least distressing situations concerned death or loss. However, our attempts to link these reactions to levels of personal death threat or years of experience proved unsuccessful (Kirchberg & Neimeyer, 1991). Having discovered evidence of discomfort with death among these neophyte counselors, Marie Terry, Alex Bivens and I then sought to test the generality of this effect by recruiting a large group of highly expert grief therapists (averaging 14 years experience). Both in their ratings of brief presenting problems and in their written responses to detailed “transcriptions” of opening statements by clients, these expert counselors reversed the earlier finding, reporting death and grief issues more comfortable to respond to than other serious non-death-related problems (Terry et al., 1995). Moreover, these counselors responded with greater coded empathy to clients presenting with grief and loss issues, a tendency that was enhanced with more years of training and practice in death education and counseling. However, neither comfort nor empathy was related to personal death fears in the

counselors, who were characteristically quite death accepting and typically religious.

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

Viewed in hindsight, our substantive research on death threat and anxiety over many years reached toward a kind of symmetry, beginning with a focus on the death concerns of vulnerable populations (e.g., persons with AIDS, the elderly), and then broadening the focus to include the potentially problematic role played by the personal death fears and concerns of those

who work with them (e.g., caregivers, nurses, counselors). Although this complementary research strategy was at best only half-conscious at the time, a roughly parallel pattern was evident in my research in a second death-related area, namely, suicide intervention.

Suicide Intervention

My early work with Dingemans had left more questions than answers about the death concerns of suicide intervention workers, as some findings had pointed to elevated death threat in this group (Neimeyer & Dingemans, 1980), while later work contradicted this conclusion (Neimeyer & Neimeyer, 1984). As an undergraduate, my research focus on crisis intervention services had been partly a matter of convenience, and partly a matter of personal curiosity, as I found myself working with life-threatening callers weekly in my role as a paraprofessional in one of the pioneering suicide and crisis intervention centers on the east coast of the United States. What role, I wondered, might staff anxieties about death and dying play in affecting their responses to clients who often were quite literally presenting with life-threatening situations? However, as I contemplated this question in light of our initial studies, I soon confronted a more basic problem: the dearth of credible assessments of suicide prevention skills that could make an empirical answer to this question feasible. Thus, I began as I had with the Threat Index research, constructing the first self-report instrument for the assessment of suicide prevention competencies—the Suicide Intervention Response Inventory or SIRI (Neimeyer & MacInnes, 1981)—and then marching it through a series of validation studies through the 1980s that collectively supported its psychometric soundness (see Neimeyer & Pfeiffer, 1994a for a review). The logic of the SIRI was straightforward, consisting of 25 responses on the part of a potentially self-destructive client (e.g., veiled suicide threats, perturbation, depressive helplessness), to which the respondent could choose one of two possible replies, one constructive

and the other neutral to negative from the perspective of crisis intervention theory. The score on the SIRI was simply the number of preferred responses.

Ultimately the SIRI was revised (Neimeyer & Bonelle, 1997) and ready to be used in substantive research, which initially took the form of attempting to catalogue the ten most frequent errors of medical and non-medical suicide interventionists (Neimeyer & Pfeiffer, 1994b). Surveying over 200 professional and paraprofessional staff, we found a tendency toward superficial reassurance, avoidance of strong feelings, professional distancing, inadequate assessment of suicidal intent, failure to identify precipitating problems, and passivity to be relatively common responses. Medically trained interventionists in the sample tended to err in ways that were distinctive from the psychologically trained counselors: whereas the former tended toward defensive, distancing, advice-giving, and dismissive interactions, the latter displayed excessive passivity and failure to structure interactions with a potentially suicidal client. This rekindled old concerns about the personal factors that could contribute to such suboptimal responses among interventionists. As a result, Barry Fortner, Diane Melby and I studied a large and heterogeneous group of respondents likely to have contact with people in the midst of a suicidal crisis, who varied from untrained peers, through crisis paraprofessionals, to masters level psychologists and counselors (Neimeyer et al., 1999; 2001). This research was especially noteworthy in the present context, as we drew directly on the measure devised by Wong and his associates (1994), the Death Attitude Profile-Revised, to assess not only death fear, but also death avoidance and three dimensions of death acceptance (Neutral, viewing death as a natural part of life; Approach, embracing it as a transition into a comforting afterlife; and Escape, regarding it as an alternative to a painful life). This level of precision in Wong's scale was a clear advance over most other measures of death attitudes, and made possible a more

nuanced understanding of the relevance of personal meanings of death for one's effectiveness in working with suicidal clients whose death was a very perturbing possibility. In the context of our study, which included several measures of counselor experience, personal background, attitudes toward suicide and feelings and beliefs about death, the dimensions of the DAP-R made a distinctive contribution, jointly comprising a factor in which all three subscales connoting a neutral or favorable attitude toward mortality loaded positively and death fear and avoidance loaded negatively. We therefore labeled this overarching construct death acceptance.

The results of our study were illuminating: level of training, experience with suicidal clients, and death acceptance were positively associated with suicide intervention skills, whereas a personal history of suicidality and a casual, permissive stance toward suicide as a "personal right" were negatively associated with appropriate responding. Moreover, among the most highly trained professional interventionists, a personal history of suicidality was even more strongly associated with poorer suicide counseling skills. One "spin-off" of this research was our decision to use the SIRI as a screening device to ensure a minimum level of suicide management competency in our randomized controlled trial of mutual support groups and cognitive therapy for depression (Bright et al., 1999). These findings also informed my attempt to develop a more coherent training agenda for counseling psychologists in suicide and hastened death, one that gave attention to the experiential exploration of personal attitudes toward death and suicide, as well as systematic training in professional ethics and crisis management (Neimeyer, 2000a). Eventually, however, like the field of death attitudes research as a whole, my engagement in this research tapered (Neimeyer & Vallerga, 2016)³, and made room for a new development focused

³ Perhaps it might be more properly said that my focus on suicide risk shifted to a concern with the challenges of surviving suicide loss, with a focus on the struggle to find meaning in its aftermath (e.g., Bottomley et al., 2018; Cerel et al., 2014; Neimeyer et al., 2017, Neimeyer &

less on the anticipation of death than on its aftermath.

Grief and Loss

Approximately 25 years ago, my research program in thanatology took a new and integrative turn, shifting toward the study of grief and loss from our previous concentration on death attitudes and suicide intervention. In part, this represented a natural extension of the previous two foci, in combination with the impact of my clinical practice, which had long included significant numbers of clients dealing with losses of all kinds, through bereavement, assault, illness, job loss, relationship deterioration, and geographic displacement. But this move also embodied a more personal motivation to span my two largely separate identities as a thanatological researcher on the one hand, and psychotherapist on the other. The result was a new hybrid program of scholarship on meaning reconstruction in the wake of loss, a program that quickly moved to center stage as an orienting frame for my own thinking and that of my students.

The overarching proposition that has animated our work to date is that *grieving entails a process of reaffirming or reconstructing a world of meaning that has been challenged by loss* (Neimeyer, 1998). Issues of meaning-making in the wake of loss had of course received some attention in earlier work on bereavement (Marris, 1974; Parkes, 2001), but for the most part this had been a side note to a much more central concern with emotional stages of adjustment in response to loss or a psychiatric preoccupation with acute symptomatology of grieving construed in largely pathological terms. In contrast, a new breed of grief researchers was beginning to attend to the ruptured assumptive world of the bereaved person (Janoff-Bulman, 1989), the

Sands, 2017). In this sense my attention to the problem of suicide did not so much taper as gradually fold into my predominant concern with adaptation to loss, reviewed below.

cognitive processes by which the bereaved cope with loss (Bonanno & Kaltman, 1999), and the post-traumatic growth displayed by many of those who suffer adversity (Tedeschi et al., 1998). Likewise, it was apparent that the field of grief theory was in ferment, as scholars took a second look at timeworn assumptions about the need to “withdraw emotional energy” from the one who had died, in order to “reinvest” it elsewhere (Hagman, 1995). Instead, thinkers were beginning to focus on the potentially sustaining continuing bonds the bereaved construct to the deceased (Klass et al., 1996), and the active processes by which they strive to “relearn the world” in the wake of loss (Attig, 1996). My own entry into these discussions in various professional settings was enthusiastic, as I saw the immediate applicability of meaning-oriented concepts and methods in advancing an alternative and more constructive understanding of the human response to loss.

Our overarching metaphor in this work was the *self-narrative*, defined as the life story one both enacts and expresses that gives a sense of coherence to one’s identity over time. In our view, traumatic loss disrupts the continuity of the narrative construction of self, dislodging the individual from a sense of who he or she is (Neimeyer, 2000b). For example, the struggle to “emplot” traumatic events within one’s self-narrative can leave one with a fragmented sense of autobiographical continuity through time, as traumatic losses of many kinds would introduce sharp experiential discrepancies into the survivor’s self-narrative (Neimeyer & Stewart, 1996).

This new line of study quickly consolidated, and soon eclipsed my previous engagement in death attitudes, by the early 2000’s becoming the predominant focus of our research network. Again like Wong, who viewed issues of meaning as foundational to not only attitudes toward death but also to life challenges of all kinds, I found in a meaning reconstruction approach a broad and deep framework for studying adaptation to bereavement, which commonly entails an attempt to (a) process the *event story* of the loss itself and its implications for our lives, (b) to

access the back story of our relation to the deceased to restore a modicum of attachment security or to process unfinished business with them, and (c) to revise our *personal story* of our identity as bereaved people in the wake of loss (Neimeyer, 2016a; Neimeyer, 2023). At this point, having developed and validated several measures of meaning making in loss and studied their impressive relation to bereavement adaptation to losses both violent and natural, and by adults of college age through later life, we have learned that a struggle to preserve or restore a world of meaning that has been challenged by the loss contemporaneously and prospectively predicts complicated and prolonged grief symptomatology in both end-of-life and bereavment contexts. Conversely, the ability to integrate the loss into the mourner's system of meaning and social validation for this effort predict not grief but rather personal growth in the wake of loss. Because this 25-year corpus of research and some of its many rich clinical implications (Neimeyer, 2012; 2016b; 2022; Thompson & Neimeyer, 2014) have been reviewed extensively elsewhere (Neimeyer, 2019; 2023), I will not summarize them here, but it is worth noting in this context that the import of this work for grief counseling once again converges with Wong's (2015) advocacy for the relevance of a meaning-centered psychotherapy.

Conclusion

In this brief chapter I have accepted the invitation to reflect on my long involvement in the field of death attitudes, and to note its frequent intersection with Paul Wong's similarly extensive contributions to the same and cognate fields. This has afforded me a rare opportunity to reflect on a lengthy and multifaceted research program, glancing back occasionally in time to its undergraduate origins in an early fascination with the measurement of death threat, and sometimes noting the outline of findings that are still taking shape. No brief account can convey all the peregrinations of a lengthy and multifaceted program of study, but I have tried to suggest

something of the braiding together of different strands of theory, research, and practice on death attitudes, suicide intervention, and grief that has animated, and perhaps constrained, my work in this area. I hope that the resulting account is a reasonably honest one—at least as written from my present position in late-career—and that the decision to focus reflexively on that work in which I have been most directly involved does not obscure the critical contribution made to this program by many others. No doubt my students and colleagues could, if given a similar invitation, provide their own unique accounts of some of these same developments, and see rather different significance in them!

Aside from any literal utility of this review in acquainting interested readers with the broad purview of a research program that they might explore, extend or critique, I also hope that the frequent citation of the work and role of Paul Wong and his collaborators suggests something of the social nature of science, and the importance of collegiality and community in supporting our individual and joint initiatives. In his intellectual as well as organizational leadership of a meaning-oriented psychology, Paul Wong has made a significant contribution to the research reviewed here, and an even more robust contribution to cultivating an international and interdisciplinary group that has served as a home base for many of the authors in this volume. This might well prove to be as enduring an achievement as any that might be listed on his formal academic vita.

References

- Attig, T. (1996). *How we grieve: Relearning the world*. Oxford University Press.
- Bivens, A. J., Neimeyer, R. A., Kirchberg, T. M., & Moore, M. K. (1994). Death concern and religious belief among gays and bisexuals of variable proximity to AIDS. *Omega*, *30*, 105-120.
- Bonanno, G., & Kaltman, S. (1999). Toward an integrative perspective on bereavement. *Psychological Bulletin*, *125*, 760-776.

- Bottomley, J. S., Smigelsky, M. A., Bellet, B. W. Flynn, L., Price, J. & Neimeyer, R. A. (2018). Distinguishing the meaning making processes of survivors of suicide loss: An expansion of the Meaning of Loss Codebook. *Death Studies*, 10.1080/07481187.2018.1456011.
- Bright, J. I., Baker, K. D., & Neimeyer, R. A. (1999). Professional and paraprofessional group treatments for depression: A comparison of cognitive-behavioral and mutual support interventions. *Journal of Consulting and Clinical Psychology*, 67, 491-501.
- Cerel, J., McIntosh, J. L., Neimeyer, R. A., Maple, M. & Marshall, D. (2014). The continuum of “survivorship”: Definitional issues in the aftermath of suicide. *Suicide and Life-Threatening Behavior*, 44, 591-600. DOI: 10.1111/sltb.12093.
- Dattel, A. R., & Neimeyer, R. A. (1990). Sex differences in death anxiety: Testing the emotional expressiveness hypothesis. *Death Studies*, 14, 1-11.
- DePaola, S. J., Neimeyer, R. A., & Ross, S. K. (1994). Death concern and attitudes toward the elderly in nursing home personnel as a function of training. *Omega*, 29, 231-248.
- DePaola, S. J., Neimeyer, R. A., Lupfer, M. B., & Fiedler, J. (1992). Death concern and attitudes toward the elderly in nursing home personnel. *Death Studies*, 16, 537-555.
- Fortner, B. V., & Neimeyer, R. A. (1999). Death anxiety in older adults: A quantitative review. *Death Studies*, 23, 387-412.
- Fortner, B. V., Neimeyer, R. A., & Rybarczech, B. (2000). Correlates of death anxiety in older adults: A comprehensive review. In A. Tomer (Ed.), *Death attitudes and the older adult* (pp. 95-108). Brunner Routledge.
- Hagman, G. (1995). Mourning: A review and reconsideration. *International Journal of Psycho-Analysis*, 76, 909-925.
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events. *Social Cognition*, 7, 113-116.
- Kelly, G. A. (1955). *The psychology of personal constructs*. Norton.
- Kirchberg, T. M., & Neimeyer, R. A. (1991). Reactions of beginning counselors to situations involving death and dying. *Death Studies*, 15, 603-610.
- Kirchberg, T. M., Neimeyer, R. A., & James, R. K. (1998). Beginning counselors' death concerns and empathic responses to client situations involving death and grief. *Death Studies*, 22, 99-120.
- Klass, D., Silverman, P. R., & Nickman, S. (1996). *Continuing bonds: New understandings of grief*. Taylor & Francis.
- Krieger, S. R., Epting, F. R., & Leitner, L. M. (1974). Personal constructs, threat, and attitudes toward death. *Omega*, 5, 299-310.
- Kübler-Ross, E. (1969). *On death and dying*. Macmillan.
- Marris, P. (1974). *Loss and change*. Routledge.
- Moore, M. K., & Neimeyer, R. A. (1991). A confirmatory factor analysis of the Threat Index. *Journal of Personality and Social Psychology*, 60, 122-129.
- Neimeyer, R. A. (1985). Actualization, integration and fear of death: A test of the additive model. *Death Studies*, 9, 235-250.
- Neimeyer, R. A. (1986). The threat hypothesis: a conceptual and empirical defense. *Death Studies*, 10, 177-190.
- Neimeyer, R. A. (Ed.). (1994a). *Death anxiety handbook: Research, instrumentation, and application*. Taylor & Francis.
- Neimeyer, R. A. (1994b). The Threat Index and related methods. In R. A. Neimeyer (Ed.), *Death anxiety handbook* (pp. 61-101). Taylor & Francis.

- Neimeyer, R. A. (1998). *Lessons of loss: A guide to coping*. Mercury.
- Neimeyer, R. A. (2000a). Suicide and hastened death: Toward a training agenda for counseling psychology. *The Counseling Psychologist*, 28, 551-560.
- Neimeyer, R. A. (2000b). Narrative disruptions in the construction of self. In R. A. Neimeyer & J. Raskin (Eds.), *Constructions of disorder: Meaning making frameworks for psychotherapy* (pp. 207-241). American Psychological Association.
- Neimeyer, R. A. (Ed.) (2012). *Techniques of grief therapy: Creative practices for counseling the bereaved*. Routledge.
- Neimeyer, R. A. (2016a). Meaning reconstruction in the wake of loss: Evolution of a research program. *Behaviour Change*, 33, 65-79. Doi: 10.1017/bec.2016.4.
- Neimeyer, R. A. (Ed.) (2016b). *Techniques of grief therapy: Assessment and intervention*. Routledge.
- Neimeyer R. A. (2019). Meaning reconstruction in bereavement: Development of a research program. *Death studies*, 43(2), 79–91. <https://doi.org/10.1080/07481187.2018.1456620>
- Neimeyer, R. A. (Ed.) (2022). *New techniques of grief therapy: Bereavement and beyond*. New York: Routledge.
- Neimeyer, R. A. (2023). Grief therapy as a quest for meaning. In E. Steffen, E. Milman & R. A. Neimeyer (Eds.), *Handbook of grief therapies*. London: Sage.
- Neimeyer, R. A., & Bonnelle, K. (1997). The Suicide Intervention Response Inventory: A revision and validation. *Death Studies*, 21, 59-81.
- Neimeyer, R. A., Cerel, J. & Maple, M. (2017). Recommendations for research on suicide loss: A commentary. *Death Studies*, DOI: 10.1080/07481187.2017.1335555.
- Neimeyer, R. A., & Chapman, K. M. (1980). Self/ideal discrepancy and fear of death: The test of an existential hypothesis. *Omega*, 11, 233-240.
- Neimeyer, R. A., & Dingesmans, P. (1980). Death orientation in the suicide intervention worker. *Omega*, 11, 15-23.
- Neimeyer, R. A., & Fortner, B. (1995). Death anxiety in the elderly. In G. Maddox (Ed.), *The Encyclopedia of Aging* (pp. 252-253). Springer.
- Neimeyer, R. A., & Fortner, B. (1997). Death attitudes in contemporary perspective. In S. Strack (Ed.), *Death and the quest for meaning* (pp. 3-29). Jason Aronson.
- Neimeyer, R. A., & Fortner, B. (2000). Death anxiety in older adults. In G. L. Maddox (Ed.), *Encyclopedia of aging* (3rd ed.). Springer.
- Neimeyer, R. A. & Gillies, J. M. (2003). Multidimensional Fear of Death Scale. In J. Hoyer & J. Margraf (Eds.), *Angstdiagnostik [The Assessment of anxiety]* (pp. 497-501). Springer.
- Neimeyer, R. A., & MacInnes, W. D. (1981). Assessing paraprofessional competence with the Suicide Intervention Response Inventory. *Journal of Counseling Psychology*, 28, 176-179.
- Neimeyer, R. A. & Moore, M. K. (1994). Validity and reliability of the multidimensional Fear of Death Scale. In R. A. Neimeyer (Ed.), *Death anxiety handbook: Research, instrumentation, and application*. Taylor & Francis.
- Neimeyer, R. A., & Neimeyer, G. J. (1984). Death anxiety and counseling skill in the suicide interventionist. *Suicide and Life-Threatening Behavior*, 14, 126-131.
- Neimeyer, R. A., & Pfeiffer, A. M. (1994a). Evaluation of suicide intervention effectiveness. *Death Studies*, 18, 127-162.

- Neimeyer, R. A., & Pfeiffer, A. M. (1994b). The ten most common errors of suicide interventionists. In A. Leenaars, J. T. Maltzberger, & R. A. Neimeyer (Eds.), *Treatment of suicidal people* (pp. 207-233). Taylor & Francis.
- Neimeyer, R. A. & Sands, D. (2017). Suicide loss and the quest for meaning. In Andriessen, K., Krysincka, K., & Grad, O. (Eds.). *Postvention in action: The international handbook of suicide bereavement support* (pp. 71-84). Göttingen/Boston: Hogrefe.
- Neimeyer, R. A., & Stewart, A. E. (1996). Trauma, healing, and the narrative emplotment of loss. *Families in Society*, 77, 360-375.
- Neimeyer, R. A. & Vallerga, M. (2016). Publication patterns in Death Studies: 40 years on. *Death Studies*, 39, 563-569, Doi:10.1080/07481.2015.1064292.
- Neimeyer, R. A., & Van Brunt, D. (1995). Death anxiety. In H. Wass & R. A. Neimeyer (Eds.), *Dying: Facing the facts* (3rd ed., pp. 49-88). Taylor & Francis.
- Neimeyer, R. A., Dingemans, P., & Epting, F. R. (1977). Convergent validity, situational stability and meaningfulness of the Threat Index. *Omega*, 8, 251-265.
- Neimeyer, R. A., Fortner, B., & Melby, D. (1999). Intervening in suicide: Do personal or professional factors make a difference? *Australian Journal of Grief and Bereavement*, 2, 43-46.
- Neimeyer, R. A., Fortner, B., & Melby, D. (2001). Personal and professional factors and suicide intervention skills. *Suicide and Life-Threatening Behavior*, 31, 71-82.
- Parkes, C. M. (2001). *Bereavement*. (3 ed.). Brunner Routledge.
- Rigdon, M. A., Epting, F. R., Neimeyer, R. A., & Krieger, S. R. (1979). The Threat Index: a research report. *Death Education*, 3, 245-270.
- Tedeschi, R., Park, C., & Calhoun, L. (Eds.). (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Lawrence Erlbaum.
- Terry, M. L., Bivens, A. J., & Neimeyer, R. A. (1995). Comfort and empathy of experienced counselors in client situations involving death and loss. *Omega*, 32, 269-285.
- Thompson, B. E. & Neimeyer, R. A. (Eds.) (2014). *Grief and the expressive arts: Practices for creating meaning*. Routledge.
- Wong, P. T. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology*, 52(2), 69-818. <https://doi.org/10.1037/a0022511>
- Wong, P. T. P. (Ed.). (2012). *The human quest for meaning: Theories, research, and applications* (2nd ed.). Routledge.
- Wong, P. T. P. (2015). Meaning therapy: Assessments and interventions. *Existential Analysis*, 26(1), 154-167.
- Wong, P. T. P. (2016). Integrative meaning therapy: From logotherapy to existential positive interventions. In P. Russo-Netzer, S. E. Schulenberg, & A. Batthyány (Eds.), *Clinical perspectives on meaning: Positive and existential psychotherapy* (pp. 323-342). Springer.
- Wong, P. T. P., & Fry, P. S. (Eds.). (1998). *The human quest for meaning: A handbook of psychological research and clinical applications*. Erlbaum.
- Wong, P. T. P., Wong, L. C. J., McDonald, M. J., & Klaassen, D. W. (Eds.). (2012). *The positive psychology of meaning and spirituality: Selected papers from Meaning Conferences*. Purpose Research.
- Wong, P. T., Reker, G. T. & Gesser, G. (1994). Death Attitude Profile-Revised. In R. A. Neimeyer (Ed.), *Death anxiety handbook* (pp. 121-148). Taylor & Francis.