MEANING-MAKING IN MEMORIES: A COMPARISON OF AUTOBIOGRAPHICAL MEMORIES OF DEATH AND LOW POINT EXPERIENCES

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ABSTRACT

Attitudes towards death and the use of meaning-making strategies (e.g., finding benefits, declaring personal growth) in relation to death-related experiences were explored in hospice volunteers. A highlight of the study was the assessment of meaning-making via an ecologically valid (i.e., no demand characteristics) method; that is, through the coding of open-ended narratives of death-related experiences. Hospice volunteers (N = 52) wrote memory narratives of death and low-point (i.e., comparison) experiences, provided ratings of each memory, and completed the Death Attitude Profile-Revised (Wong, Reker, & Gesser, 1994) and Templer-McMordie Death Anxiety Scale (McMordie, 1979). Narratives were reliably coded for meaning-making strategies (Kappa = .78). Results show that death narratives (vs. low-point narratives) exhibit more meaning-making strategies, are rated as more emotionally positive, and are more frequently recalled. Results also reveal that experienced hospice volunteers (vs. novice volunteers) exhibit lower levels of death anxiety. The long-term significance of using meaning-making strategies is discussed.

Compared to low-point experiences such as losing employment, the death of a loved one is more likely to challenge worldview beliefs (i.e., that the world is benevolent, predictable, and meaningful; Janoff-Bulman, 1992; Parkes, 1975). The validity of these beliefs can be reaffirmed through the use of meaning-making strategies such as benefit finding, responsibility allocation, or spiritual reframing (Folkman, 2001; Park & Folkman, 1997). These strategies allow individuals to reconstruct their understanding of a death in a way that is in line with their worldview (Folkman, 2001; Park & Folkman, 1997). While these strategies are employed shortly after a loss occurs, they also continue to be used over time as individuals recall memories of their experiences (Conway & Pleydell-Pearce, 2000). Thus, memories of death-related experiences should be more imbued with meaning-making strategies than memories of low-point experiences. This effect should be especially pronounced in individuals who are open to confronting death-related experiences, such as hospice volunteers. The current study thus examined whether, within a sample of hospice volunteers, death-related memories exhibit more meaning-making strategies than low-point memories. Death-related and low-point memories were also assessed for differences on affect (e.g., positive-negative) and recall (e.g., frequency of sharing).

Since participants were hospice volunteers, the study also examined whether volunteer-
ing for hospice affects death attitudes. Hospice volunteers experience bereavement in a supportive context which encourages open communication and reflection on one’s experiences (Brazil & Thomas, 1995; Carr & Merriman, 1995); as a result, these individuals may develop more positive attitudes towards death. Thus, the current study examined whether experienced hospice volunteers would exhibit more positive attitudes towards death than novice hospice volunteers.

In sum, the current study had the following three aims: 1) to examine whether death-related memories exhibit more meaning-making strategies than low-point memories, 2) to explore (without directional hypotheses) whether death and low-point memories differ on affect and frequency of recall, 3) to examine whether experienced hospice volunteers exhibit more positive attitudes towards death than novice hospice volunteers.

Methods

Participants were 52 volunteers (M age = 66.2 years, SD = 15.1 years) with two levels of experience with hospice. The Experienced group (n = 27) was comprised of volunteers who had gone through the death of at least one assigned patient. The Novice group (n= 22) was comprised of new volunteers who had undergone training but had not yet started working with patients. Participants wrote open-ended memory narratives of death-related and low-point experiences (counterbalanced) and completed the Memory Qualities Questionnaire (MQQ; Bluck, Levine & Laulhere, 1999) for each memory. The MQQ Positive Re-experiencing subscale assesses memory affect (i.e., positive-negative) and recall (i.e., sharing). Finally, participants completed the Templer-McMordie Death Anxiety Scale (McMordie, 1979) and Death Attitude Profile-Revised (Wong, Reker, & Gesser, 1994).

Memory narratives were coded for meaning-making strategies by two reliable coders (Kappa = .78). The coding scheme was developed based on theoretical conceptualizations of meaning-making (e.g., Park & Folkman, 1997) and the material produced by participants. This method of codebook development assured that coding is grounded in theory while also being fully representative of gathered data. Coders assessed the number of times any of the following meaning-making strategies occurred: i) benefit finding, i.e., something positive is mentioned as resulting from the situation, ii) responsibility assignment, i.e., someone is named as being responsible, iii) religious explanation, i.e., a religious framework is used to explain the situation, iv) spiritual/supernatural explanation, i.e., the situation is explained using spiritual/supernatural constructs, 5) personal growth, i.e., personal growth is declared as resulting.

Assessing meaning-making via the coding of open-ended memory narratives is a novel contribution of the current study. In contrast to other studies (e.g., Davis, Nolen-Hoeksema & Larson, 1998), no explicit questions about meaning-making were asked. Instead, participants were simply asked to ‘tell a story’ of an event as they personally remember it. This method thus provides a more ecologically valid assessment of how people make meaning of their experiences.
Results

Aim 1: Meaning-Making Strategies in Death-Related and Low-Point Memories

A repeated-measures ANOVA (memory type: Death, Low-point) with sum of meaning-making strategies (standardized by narrative length) as the dependent variable revealed that death-related memories exhibited more meaning-making strategies ($M = .83$, $SD = .09$) than low-point memories ($M = .34$, $SD = .05$), $F(1, 50) = 11.16, p < .01, r = .43$ (see Figure 1).

Aim 2: Memory Affect and Recall in Death-Related and Low-Point Memories

A repeated-measures ANOVA (memory type: Death, Low-point) with MQQ Positive Re-experiencing scores (standardized by year of memory) as the dependent variable revealed that death-related memories scored higher on Positive Re-experiencing ($M = .17$, $SD = .05$) than low-point memories ($M = .12$, $SD = .05$), $F(1, 43) = 26.76, p < .001, r = .62$ (see Figure 2).

Aim 3: Attitudes towards Death in Experienced and Novice Hospice Volunteers

For DAS Death Anxiety, a between-groups ANOVA (level of hospice experience: Experienced, Novice) with DAS sum score as the dependent variable revealed that Experienced volunteers ($M = 48.81$, $SD = 11.50$) reported lower levels of death anxiety than Novice volunteers ($M = 55.00$, $SD = 11.13$), $F(1, 50) = 3.87, p = .05, \eta^2 = .07$ (see Figure 3).

A follow-up linear regression analysis was performed with DAS scores as the criterion variable and ‘length of time volunteering for hospice’ and ‘number of patient deaths experienced’ as predictors. Results indicate that number of patient deaths experienced predicts DAS Death Anxiety ($\eta = -.63, p < .05$). The more hospice deaths experienced, the lower one’s current death anxiety.

For the DAP, a between-groups ANOVA (level of hospice experience: Experienced, Novice) with the Fear of Death subscale as the dependent variable revealed that Experienced volunteers ($M = 3.95$, $SD = .58$) reported marginally lower levels of fear of death than Novice volunteers ($M = 3.56$, $SD = .84$), $F(1, 50) = 3.83, p = .056, \eta^2 = .07$ (see Figure 3). There were no significant effects for the Death Avoidance, Neutral Acceptance, Approach Acceptance, and Escape Acceptance subscales of the DAP.

Discussion

The study has three important findings. First, death-related memories contained more meaning-making strategies than low-point memories. That is, individuals were more likely to mention benefits, personal growth, or religious language when recalling death-related memories. Due to the fact that the shared memories were on average 27-years-old, the findings suggest that meaning-making strategies are not only evident shortly after a loss (as previous studies have shown; e.g., Davis, Nolen-Hoeksema, & Larson, 1998), but that meaning-making strategies are also integral to how events are storied and recalled long after the event occurs.

Second, death-related memories were rated as more positive and more frequently shared...
than low-point memories. While this finding seems surprising at first (given that death is typically considered a private and negative event), a speculative explanation is that the memories became more positive over time because individuals used meaning-making strategies such as benefit finding and focus on personal growth. Indeed, meaning-making was significantly correlated with ratings of memory positivity ($r = .19, p < .05$).

Third, experienced volunteers reported more positive attitudes towards death than novice volunteers. The findings thus suggest that volunteering for hospice may make individuals more comfortable with their own inevitable deaths (although other explanations are also possible, such as self-selection). Interestingly, follow-up regression analyses showed that number of patient deaths experienced, not merely the amount of time spent as a volunteer, predicted positive attitudes. It thus appears that something particular to experiencing the death of another is affecting death attitudes. Future studies using a longitudinal approach should examine the relationship between hospice volunteering and death attitudes.
REFERENCES


Figure Captions

Figure 1: Meaning Making Strategies in Death and Low Point Memory Narratives

Figure 2: MQQ Positive Re-experiencing of Death and Low Point Memories

Figure 3: Death Attitudes Scale Scores of Experienced and Novice Hospice Volunteers

Note. Means are reported. Error bars represent 95% confidence interval of the mean. Dependent variable is standardized by adjusting for length of narrative and multiplying by 100.
Note. Means from the Positive Re-experiencing scale of the MQQ are reported. Error bars represent 95% confidence interval of the mean. Dependent variable is standardized by adjusting for year of memory and multiplying by 100.

Note. Sum scores are reported. Higher scores represent higher levels of death anxiety. Error bars represent 95% confidence interval of the mean.