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From Grief to Growth: Rebuilding a Life of Flourishing After Suicide Loss

Abstract

Suicide is the 10th leading cause of death in the United States and second leading cause of death for persons aged 10–34. This population, known as suicide survivors, needs special support as they are often socially isolated and stigmatized, and likely to experience post-traumatic stress symptoms that can lead to post-traumatic stress disorder, or PTSD. Survivors of Suicide Loss (SOSL) was founded in 1981 to meet the unique needs of the suicide survivor community, evolving from a single support group into an organization now serving the greater San Diego area. However, the programs of suicide support and prevention that SOSL facilitates do not address post-traumatic growth (PTG), the positive psychological changes experienced as a result of adversity and challenge. We recommend a facilitator training program called Grief to Growth that will enable SOSL staff and volunteers to teach participants concepts, skills and interventions that will encourage flourishing through four components of PTG: personal strengths, relationships, meaning and an appreciation for life, and new possibilities. We believe that a 10-module program addressing these PTG factors will encourage personal growth toward greater flourishing in participants. We suggest measuring results through administering the PTGI scale before and after program participation.

Keywords

suicide, post-traumatic stress disorder, post-traumatic growth, flourishing, survivors of suicide loss

Disciplines

Counseling Psychology | Counselor Education | Social Psychology

From Grief to Growth: Rebuilding a Life of Flourishing After Suicide Loss

Liza McDevitt, CJ Pippen, Victoria Roebuck, & Jodi Wellman

University of Pennsylvania

A Positive Psychology Service Learning Project Submitted

In Partial Fulfillment of the Requirements for
MAPP 714: Applying Positive Interventions in Institutions

Master of Applied Positive Psychology

May 1, 2020

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Service Learning Project
MAPP 714: Applying Positive Interventions in Institutions
University of Pennsylvania

April 13, 2000

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Sector Overview: Suicide Loss

Suicide is the 10th leading cause of death in the United States (Hogan, 2020) and second leading cause of death for persons aged 10–34 (Curtin & Heron, 2019). Rising at the rate of 33% from 1999 to 2017, recent studies calculate that for each of the 47,000 individual suicide deaths in the U.S. each year, an additional 135 people are directly affected (Weir, 2019). Many of those survivors need support or clinical help in the wake of their loss (Cerel et al., 2019).

This population, known as suicide survivors, often experience more profound psychological, behavioral, emotional and social consequences as compared to other bereaved communities (Knight, 2006). It is not uncommon for suicide survivors to feel abandoned, a preponderance of guilt, self-blame, or anger as they try to make sense of shocking and unexpected loss. Survivors are often socially isolated and stigmatized (Cvinar, 2005), and likely to experience post-traumatic stress symptoms that can lead to post-traumatic stress disorder, or PTSD (Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004). Suicide survivors are prone to suffering from what is called a complicated grief response, a severe and persistent feeling of loss and debilitation that can prevent them from healing and can lead to an elevated risk of suicide themselves (Jordan & Neimeyer, 2003).

Resources for survivors span a myriad of options with peer-led support groups showing particular benefits to survivors (Feigelman & Feigelman, 2006). Online support groups can be a valuable resource, given their limitless availability, especially when survivors are unable to gain support from family, friends and local community (Feigelman, Gorman, Beal, & Jordan, 2008). Online support options might remedy a common concern that newly bereaved people have trouble accessing services (Mcmenamy, Jordan, & Mitchell, 2008) and they can help address unmet needs in the current global context of the COVID-19 pandemic.

Organization Overview: Survivors of Suicide Loss (SOSL)

Survivors of Suicide Loss (SOSL) was founded in 1981 when two suicide survivors created a support group to meet the unique needs of the suicide survivor community. SOSL evolved from a single support group into an organization now serving one of the largest counties in the United States, providing a variety of suicide support and prevention services to San Diego county's 3.3 million residents. SOSL is a volunteer-based organization with a handful of essential full-time staff.

SOSL's great strength is an ability to help survivors in the immediate post-loss period as they face intense grief and trauma. SOSL excels at getting survivors past the period of initial shock and back to basic functioning. Their flagship service is volunteer-led support groups. An important role SOSL plays is preventing suicide within the survivor population. At one point, SOSL captured data in pre- and post-support group interviews and found that 25% of support group participants had suicidal thoughts pre-support group. The rate dropped to 0% post-support group participation (J. Bruggman, personal communication, January 17, 2020).

SOSL currently hosts 18 support groups each month in locations across the county. These drop-in format groups are geared to survivors who are less than two years post-loss. As suicide survivors navigate nuanced difficulties of survivorship, support programs offer primary benefits of personal help and coping skills within a secure space to share vulnerable information. After moving into what is known as integrated grief—characterized by healing and thoughts of equanimity towards the deceased (Tal Young et al., 2012)—survivors can realize secondary benefits of support groups, such as being able to help others, becoming suicide prevention change agents, and further developing their advocacy abilities (Feigelman, Gorman, Beal, & Jordan, 2008).

For survivors at least two years post-loss who desire a longer, more structured support group, SOSL offers a program called *Beyond Surviving*, that addresses the following topics: understanding the difference between grief and mourning; the complexities of a suicide loss including the impact that stigma and guilt have on healing; understanding mental illness; coping skills, tools, and tips; forgiveness and acceptance; a beginning exploration of post traumatic growth; and redirecting energy towards the future.

The success of *Beyond Surviving* led SOSL to seek out opportunities to introduce elements of positive psychology to the survivor community through expanded programming. SOSL realizes that by helping individuals regenerate and renew what is good in their lives there is an opportunity to help them shift beyond coping with debilitating grief to achieving a new normal with greater well-being and even the potential to flourish. Well-being, the focus of positive psychology, is a construct inclusive of subjective and objective dimensions of positive emotion, engagement, relationships, meaning, and achievement (Seligman, 2011). Building on their ability to serve survivors in the immediate aftermath of a suicide, SOSL has an opportunity to return survivors to new levels of well-being with offerings that aid survivors on their own journey to find growth in loss.

The idea that positive benefits can come from trauma is encapsulated in the concept of post-traumatic growth (PTG), the positive psychological changes experienced as a result of adversity and challenge (Tedeschi & Calhoun, 1998). A PTG-based curriculum infused with positive psychology concepts to aid the development of PTG, including cultivation of meaning, high quality connections, character strengths, hope and optimism is aimed generating growth in suicide survivors is the basis for the support group program proposed for SOSL.

Literature Review

Post-traumatic Growth

Post-traumatic growth (PTG) refers to the positive psychological adaptations made in response to adversity and challenge, whereby individuals have the capacity to rise to a higher level of functioning (Tedeschi & Calhoun, 1998). PTG presents suicide survivors unique opportunities to transform in favorable ways, essentially shifting bereaved individuals from an initial grief response to a stage of readiness for personal growth. PTG is paradoxical. It begins with trauma, a highly negative experience, yet results in the traumatized individual gaining positive benefits. PTG distinctly occurs from severe crisis, as opposed to low-level stress, and results in transformative life changes (Tedeschi & Calhoun, 2004).

Across various types of trauma, the experience of self-perceived PTG is common, reported by 58% to 83% of participants according to a review of the literature by Jayawickreme and Blackie (2016). While PTG studies in the context of suicide are relatively few (Genest, Moore, & Nowicke, 2017), 15 empirically-based studies have demonstrated associations between bereavement and PTG (Michael & Cooper, 2013). Between 30 to 70 percent of trauma survivors report experiences of positive change (Linley & Joseph, 2004). The concept of *grief to growth* is a positive theme within the professional bereavement community, encompassing theories and research that largely expand on the psychologically seismic events that can lead to PTG (Tedeschi, Park & Calhoun, 1998). PTG is seen as a critical aspect of bereavement and is typically found amongst longer-term survivors rather than those who are newly bereaved (Feigelman, Jordan, & Gorman, 2009).

PTG involves migrating toward a mindset focused on the present moment, with clarified priorities; life goals often change in the aftermath of trauma, when various happiness traps (such as financial standing, status, and personal appearance) carry less weight (Haidt, 2006). The

experience of PTG that can arise from traumatic suicide loss likely occurs from the psychological responses of seeking emotional relief, comprehension, and creating an architecture of understanding in the mind that enables the acknowledgment of a paradox— that meaning and richness can be found in the midst of complex despair (Tedeschi & Calhoun, 2004).

Janoff-Bulman (2004) posits three models for how negative repercussions of trauma lead to growth: the model of *strength through suffering* where unknown or dormant strengths tend to emerge post-adversity; the *psychological preparedness* model where exposure to trauma builds resilience and acts as an inoculation against further stress; and the *existential reevaluation* model that prompts survivors to appreciate the value and meaning of life two of the domains of PTG .

Tedeschi and Calhoun (1996) systematically detail five areas of change that can arise from the experience of trauma. The first area of growth is *personal strengths*, as an individual relies on and may recognize for the first time unique strengths as they are used in new and different ways. The second area of growth is *relationships*. Growth may come from new ways of relating to others such as creating new relationships and discoveries about previous relationships like who to rely on. The third area of growth is from *meaning and appreciation for life*, where individuals find meaning in their suffering and develop a gratitude for life. The fourth area of growth is in *changing priorities and new possibilities*. Individuals may see the future in new ways and make adjustments to what is seen as important. The fifth and final area of change is *spiritual growth*. Positive spiritual change can come through deepening of religious or spiritual beliefs, or through sensing deeper connections to something greater than oneself, such as a community of supporters.

Harnessing Personal Strengths

Empirically developed and validated by scientists worldwide, character strengths are positive traits that are morally valued in their own right and contribute to the fulfillment of the

self and others (Niemiec, 2018). Strengths can illuminate a path to growth and generation of that which is good in life (Maslow, 1971; Deci & Regan, 2000; Smith, 2006). They provide a language for and way to identify positive aspects of human experience, serving to counterbalance the human tendency to focus on the negative (Niemiec & McGrath, 2019).

A meta-analysis by Schutte and Malouff (2019) showed that strengths interventions aided happiness in nine studies, and increased life satisfaction in seven. Emotional strengths have been shown to support sound mental health (Seligman, 1991), and strengths of various types except theological (religious or spirituality strengths) significantly predict resilience (Martínez-Martí & Ruch, 2016). A study by Wood and colleagues (2011) showed that using strengths led to less stress, and greater self-esteem, vitality and positive affect, and improved well-being over time. The positive impact of strengths interventions is widely supported by research across a variety of populations and accessibility of strengths interventions makes it a viable source of programmatic elements for SOSL.

Individuals can develop strengths to adapt to life events and to fulfill basic psychological needs like competence and relatedness (Deci & Ryan, 2000). Character strengths can change with a change in life role, with trauma like suicide loss, or with intentional intervention (Niemiec & McGrath, 2019). Phasic strengths are those that elevate and disappear given specific situational contexts (Peterson & Seligman, 2004).

Research reveals strengths vary specifically by context, such as life domain (i.e., work, exercise, family life), periods of adversity, and cultural context (Stuntz, 2018). Strengths remain relatively stable in individuals but are often used more heavily in certain domains than others— for example the strength of forgiveness being used in the domain of family life. Mechanisms behind effective use of character strengths across domains are unknown, but the possibility remains that strengths can intentionally be carried across domains and cultivated in new contexts

(Smith, 2006). Cultural context is another important determinant of strengths as certain cultures hold certain strengths as fundamental virtues (Smith, 2006). For some, strengths may be an untapped reservoir of capacity to draw on to overcome adversity, such as traumatic loss, and generate new good in life. Strengths interventions can support awareness, exploration and application of new or different strengths to increase well-being (Niemiec & McGrath, 2019).

Research also shows traumatic events can catalyze change in strengths. A study of more than 31,000 adults before and after a mass shooting, showed that character strengths assessed before and after the event were inconsistent, indicating strengths can change as a result of trauma, while leaving unanswered the question of what specifically changes and how (Schueller, Jayawickreme, Blackie, Forgeard, & Roepke, 2015).

Strengths-based interventions could aid PTG. Research on using a strengths focus in individual psychotherapy has been shown to amplify therapy outcomes (Flückiger & Grosse Holtforth, 2008). In a study of 20 individual therapy patients where ten minutes of priming at the beginning of a session on the patients' individual strengths improved resource activation, attachment and mastery experiences, and therapy outcome at session 20 for the patient. Therapists who use strength-based approaches have shown generation of a number of positive effects such as broadening client perspectives, creating hope and motivation, and creating positive meanings through reframing and metaphors (Scheel, Davis, Henderson, 2012), all key to the cultivation of PTG. Specifically, the SMART model (Strength-focused and Meaning-oriented Approach to Resilience and Transformation) is aimed at discovering inner strengths through meaning reconstruction (Chan, Chan, & Ng, 2006).

Relationships: Building High Quality Connections

High quality connections are relational connections between individuals that include mutual positive regard, trust, and active engagement from both parties (Dutton, 2003). High

quality connections provide positive emotions and potential for positive relationships which are needed for individuals to flourish according to the majority of current theoretical models of well-being (e.g., Diener et al., 2010; Huppert & So, 2013; Ryff, 1989; Seligman, 2011). A critical component of resilience that supports PTG has been shown to depend on the existence and quality of personal relationships (Flach, 1997), which are initiated through high quality connections.

High quality connections to others

Grief from suicide can lead to feelings of isolation, guilt and shame (Hall, McKinney, Sirois, & Hirsch, 2018), whereas the ability to productively connect and interact with others leads to increased resilience (Flach, 1997). Connection is therefore especially important for trauma survivors as they face negative emotions and exert resilience. Five major strategies that build high quality connections are: conveying presence, being genuine, communicating affirmation, effective listening, and supportive communication (Dutton, 2003).

High quality connection to the deceased

For some, an important facet of grieving is to maintain a high quality connection to the deceased. The work of Hone (2017) and Norton and Gino (2014) suggests maintaining rituals is important. Rituals as remembrances of the deceased can differ in variety and cultural context, but the keeping of the ritual itself has shown to give the bereaved a sense of control that can mediate their sense of loss (Norton & Gino, 2014). A study of 506 bereaving individuals revealed that an ongoing, continuous attachment to the deceased— while having the potential to create more complicated grieving symptoms – led to better grief outcomes over a two-year period if the bereaving individual engaged in high levels of meaning-making (Neimeyer, Baldwin, & Gillies, 2006). Examples of high quality connections or bonding attachments to passed loved one include

having inner conversations, purposefully or verbally recalling memories of the deceased, and seeking comfort from the deceased's items (Neimeyer, Baldwin, & Gillies, 2006).

High quality connection to the self: self-compassion

Neff (2003) defines self-compassion in three areas: self-kindness, common humanity, and mindfulness. Self-kindness encompasses an attitude of gentle treatment to our negative emotions of anger, guilt, and vulnerability. Common humanity links our pain with the pain of others, and identifies such pain as common and part of the human experience. Mindfulness, like common humanity, connects our emotional pain to that of others (Wong, 2017). Mindfulness has been shown to alleviate depression, anxiety and lessen grief during a loss (Sagula & Rice, 2004). Pelters (2016) found that the combination of self-compassion, acceptance, and commitment therapy for patients diagnosed with cancer diagnosis led to post traumatic growth, particularly in the domains of appreciation of life, personal strength, and relating to others.

Meaning and Appreciation for Life: Creating New Identities and Meaning

Meaning Making

Personal construct theory (Kelly, 1955) is based on the idea that we develop constructs – or meanings – to make sense of ourselves and anticipate future events. We take on the role of *person-as-scientist* to create hypotheses about categories of our lives, and we must refine our constructs when faced with threats or inciting events, like in the disturbing event of suicide (Kelly, 1955). Reflecting on a loved one's suicide, for example, is seen as a threat that calls for a fundamental change in the way we construe who we are (Lavoie & de Vries, 2004), causing us to rebuild new constructs of how we see our identities and plan for the future. Many survivors open themselves up to new educational, career and relationship experiences as they grow and shape their new beliefs, including new identities they seek comfort in, such as *"I am a professional who has re-entered the workforce."* Experiencing the suicide of a loved one can shatter the

assumptions one holds to be true about one's world and affords an opportunity to rebuild beliefs about oneself and one's life in ways that can spur post-traumatic growth (Tedeschi & Calhoun, 2004).

In conjunction with new identity creation, post-traumatic growth typically involves the reconstruction or strengthening of an individual's sense of meaning following a traumatic event (Tedeschi & Calhoun, 1996). Meaning-making can be defined as a process that survivors undergo to conceive of existential meaning amidst loss (Castelli Dransart, 2011). As meaning-seeking creatures, a basic human motivation in the aftermath of stressful experiences is to assign meaning to trauma (Baumeister, 1991). This typically occurs through the conceptual aspects of *causality*, or attributing why a loved one committed suicide; through the grasping of how *personally significant* the event is within one's life; and through *coping*, or finding redeeming aspects of the event (Park & Folkman, 1997). The coping process in particular is operationalized through meaning-making attempts to find new perspectives after a traumatic event, reflecting on how one's life has changed, and seeking transcendent opportunities (Britt, Adler, & Bartone, 2001). Studies show that deriving meaning in the aftermath of traumatic events leads to better coping and less blame towards others (Thompson, 1985).

Meaning-making is believed to occur as a second phase that follows what is known as a sense-making phase, where brooding rumination acts as a conduit for what is described as reflective rumination (Genest, Moore, & Nowicke, 2017). Reflective rumination provides a ripe setting for new narratives to be written and new meanings to be conceived, ultimately leading to PTG (Tedeschi & Calhoun, 2004).

Meaning reconstruction theory (Supiano, Haynes, & Pond, 2017) posits that there are three main aspects that help survivors make meaning out of loss, as they complete their complicated grieving journey: re-telling the story of the death, participating in imaginary

conversations with the deceased, and exploration of memories of the deceased (with the use of photos and memorabilia). Participating in these activities within support group settings has been shown to provide positive therapeutic benefits for survivors seeking meaning (Supiano, Haynes, & Pond, 2017).

Meaning-making for suicide survivors can be seen on a continuum that leads to four main ways of grasping existential significance of the loss, according to Castelli Dransart (2011): some survivors dedicate themselves to suicide prevention (as the *commitment* type); some tap into a bolstered appreciation for life (as the *transformation* type); some survivors (known as the *accident* type) find meaning in the suicide as a mishap that could remain a mystery; and some survivors (viewed as the *vulnerability* type) believe that the suicide bears no meaning other than pain and emptiness – even after making sense of the event. Commitment and transformation types have shown to be likelier to achieve greater transformative benefits (Castelli Dransart, 2011; Feigelman, Jordan, & Gorman, 2009).

The Meaning of Loss Codebook (MLC), developed by Gillies, Neimeyer, and Milman (2015), can be used for individuals and groups to assess what meaning (if any) has been made during the grieving process.

Gratitude and Appreciation for Life

The meaning and appreciation for life factor of PTG also encompasses the concept of *life significance*– a specific conceptualization of meaning, referring to the ways and extent to which we see life as intrinsically and existentially valued (Hibberd, 2015). Life significance can also be seen as our perception of value with experiences in our lives, relationships or goals. These perceptions are initially altered with suicide loss, and are then rebuilt as one reconnects to things that matter to them (like volunteering for SOSL, etc.). When death becomes more salient, many survivors report a sense of appreciation for life and its temporary nature (Tedeschi & Calhoun,

1996). The Perceived Life Significance Scale (PLSS) measures one's perception of value of the intrinsic aspects of life and helps bereaved individuals identify their current state and changes in how they appreciate life and believe their lives are significant (Hibberd & Vandenberg, 2015).

Gratitude and appreciation appear to be overwhelmingly good for the human condition: they boost our mood in the short term (Watkins, Woodward, Stone, & Kolts, 2003) and predict well-being boosts in the long term (Watkins, Van Gelder, & Frias, 2009; Adler & Fagley, 2004). Gratitude is a virtue that has been associated with contributions to PTG in studies (Duan, Guo, & Gan, 2015).

The Appreciation Inventory was developed by Adler and Fagley (2005), and includes adversity/loss subscale questions like “Thinking about dying reminds me to live every day to the fullest,” “The thought of people close to me dying some day in the future makes me care more about them now,” and “I appreciate the things I have now, because I know that anything I have can be taken away from me at any given time.” The subscales of adversity/loss and possessing a “have” focus (vs. a “lack” focus) have the strongest correlations to life satisfaction than the other six aspects of appreciation; those who were able to tap into experiences of loss or adversity were more likely to feel overall satisfaction with their lives (Adler & Fagley, 2005).

Creation of New Narratives

As humans we have a propensity to organize our knowledge and information in a story format, and our identities can be seen as a kind of narrative achievement—our ideas on who we think we are constructed through the stories we tell ourselves (Neimeyer, 2014). It is these self-narratives that are disrupted in the face of “seismic” loss or life events. Trauma memories are often profoundly incompatible with the plot and storyline of the life narrative before loss (Neimeyer & Stewart, 1998).

Narrative techniques are seen as valuable tools to encourage the PTG process to occur (Neimeyer, 2014). Narrative exercises like writing about one's experience from a caring and empathetic third-person's perspective can be beneficial towards integrating a new story, and also in resilience-building (Neimeyer, 2014). Oral narrative techniques can also be helpful for survivors, specifically if difficult storylines are told out loud as though watching a movie— at some points in slow motion, pulling the imaginary camera back to get a broader perspective to tell the story with a new lens (Guidano, 1995). Using metaphors are also helpful narrative tools to process and integrate new versions of stories, as are dramatic reenactments of one's story (Neimeyer, 2014).

Effective narrative techniques often involve identifying and disputing unproductive narratives, specifically by externalizing the problematic event and then discovering alternative ways to reframe them (White & Epston, 1990). Asking questions can help survivors craft new themes and elements in their life stories, and using creative techniques like having them write a letter to themselves to dispel the parts of the story they were previously fixated on can also help create empowering new narratives (Monk, Winslade, Crocket, & Epston, 1997).

A randomized control trial of a therapeutic intervention performed by Roepke and colleagues (2018) with adults bereaved within the past five years, often from trauma, included elements of narrative therapy, identification of strengths and changes in relationships, and a forward-looking goal-setting exercise in an expressive writing format. Called SecondStory, the intervention was viewed favorably by participants who did not feel it to be invalidating or offensive to their grief. Participants in the control and intervention groups showed improvements in PTG and PTSD symptoms, and intervention participants showed greater decrease in depression in a two-week post follow-up (Roepke, Tsukayama, Forgeard, Blackie & Jayawickreme, 2018).

Generating New Possibilities: Hope Theory and Optimism

Making sense and meaning of a suicide death is a daunting task (Bottomley et al., 2019). Hope is an active ingredient of psychological change (Magyar-Moe & Lopez, 2015) and therefore an important concept to emphasize with trauma survivors. Hope is a way of thinking that moves individuals away from bad outcomes and towards good outcomes (Synder, 1994). It is an important process for linking to potential successes. Hope is also a reflection of an individual's perceptions of their abilities to conceptualize goals, develop specific strategies to reach those goals, and initiate and maintain the motivation to use those strategies to achieve their goals (Magyar-Moe & Lopez, 2015). The goals, pathway and agency of Snyder's (1994) hope theory is built on a cognitive process developed to help individuals self-actualize the hope that lives within them (Magyar-Moe & Lopez, 2015).

Because hope is involved in the perception that one's goals can be met (Synder, 1994), the cognitive process begins with goal setting: goals are the basic cognitive action from which all else originates (Magyar-Moe & Lopez, 2015). The first step is to anchor hope to a concrete goal (Synder, 1994). Without a concrete goal, an individual has limited ability to develop strategies or initiate action. Goals can be anything an individual desires to experience, create, do, become, or get. As such, a goal can be brief such as mustering the energy to attend a support group, or it may be a lifelong pursuit such as building a life of flourishing after the traumatic event of suicide loss. Understanding of how to use one's mental willpower (mental energy), and mental waypower (planning capacity) to reach one's ever developing goals (Synder, 1994) can support healing that is a part of PTG.

The second phase of hope theory involves evaluating the pathways that can be used to approach the goals one is working towards. Optimists, people who tend to expect to positive even when things are hard (Carver, Scheier, & Segerstrom, 2010), can differ from pessimists in

their coping tendencies (Carver, Scheier, & Weintraub, 1989) in that optimists tend to use more problem-focused coping strategies (Scheier, Carver, & Bridges, 1994). Problem-focused coping, according to Carver, Scheier, and Weintraub (1989) involves problem solving or seeking to do something to change the source of the stressor. When problem-focused coping is not available, optimists tend to turn towards using emotion-focused coping strategies, which involve reducing or managing the emotional consequences of the stressor (Solberg Nes & Segerstrom, 2006). This might include using humor, positive reframing of the stressor or situation, and acceptance (Solberg Nes & Segerstrom, 2006). On the contrary, Solberg Nes and Segerstrom (2006) found that pessimists tend to cope through avoidance, which might include overt denial and complete disengagement from the stressor in an attempt to withdraw from it or its emotional consequence.

Application Plan

Program Overview: Grief to Growth

The fact that survivors have the potential to emerge from trauma with an appreciable level of growth and meaning inspired the proposal of a program to build on SOSL's existing *Beyond Surviving* program. A sustainable way to support SOSL is to develop a *Grief to Growth: Facilitator Reference Guide* for a 10-session support group program for survivors who are at ideally two or more years post-suicide loss.

SOSL has limited financial and staff resources but a core strength of a cohort of committed volunteer leaders. Some have expertise and hold degrees in psychology and counseling and others are survivors themselves that benefited from SOSL's services. The proposed plan leverages this strength by providing SOSL with an intervention strategy based on the distillation of the elements of PTG for use in training a cohort of *Grief to Growth* support

group facilitators. The plan offers ideas for modular sessions to allow facilitators to customize and shape the program in a way that works best for SOSL, providing space for facilitators to leverage their own expertise and experience and conduct modules individually or in conjunction in a timeframe advantageous to volunteer leaders and interested participants.

To launch the program, SOSL should train an inaugural cohort of vetted facilitators on the theory and research behind PTG and its supporting positive psychology elements. The proposed program is centered around four of the five factors of PTG: *meaning and appreciation for life, relating to others, harnessing personal strengths, and generating new possibilities* (Tedeschi, Park & Calhoun, 1998). As part of the training, participants should take turns leading each other through an initial “trial run” of the program, testing the proposed curriculum and interventions on each other. With an ultimate goal to return survivors to flourishing, the potential facilitators who are also survivors can achieve healing through the training. These survivors should check in with SOSL regularly over time to identify if and when they have achieved a desired level of healing in their own respective journeys, after which they should be encouraged to move on to new pursuits to provide an opportunity for new facilitators to take their place and pursue their own growth journeys.

PTG Factor #1: Harnessing Personal Strengths

Harnessing personal strengths is a foundational element of PTG as strengths are tools that help us navigate life's challenges (Niemiec & McGrath, 2019). The strengths one utilizes can change with changes in life roles, when facing a trauma like suicide loss, or with intentional action to use and amplify them (Niemiec & McGrath, 2019). Phasic strengths, those that elevate and disappear given specific situational contexts (Peterson & Seligman, 2004), can be called upon during times of challenge to aid growth. To help survivors harness their personal strengths

for their journey from grief to growth, facilitators should understand the topic of character strengths.

The program module for this PTG factor is designed to build survivors' awareness and use of their signature strengths- the unique combination of top strengths each of us hold that, when used, can be a pathway to well-being- as well as dormant or lesser-used strengths (Niemiec & McGrath, 2019). Through training, facilitators will become knowledgeable about character strengths- a fundamental aspect of positive psychology and one that helps cultivate a mindset of appreciation for what is good in life. Facilitators will learn about character strengths and why they are important to well-being and trauma recovery. The module provides exercises to help facilitators cultivate their own strength-focused mindset and in turn help them cultivate the language for and use of strengths in survivors participating in the program. Once familiar with character strengths, facilitators can then use their own strengths as a powerful tool in their facilitation practice, leverage their own strengths in other PTG domains for their own growth, and support other survivors to do the same.

PTG Factor #2: Relationships through High Quality Connections

For survivors, human connection becomes especially important as they face negative emotions associated with loss. This portion of the program is divided into three modules:

Connecting with Others, Connecting with the Self, and Connecting with the Deceased.

The *Building Personal Connections* module contains discussion questions, exercises, and homework that strategize around the five factors of connection; helping participants identify for themselves which are strong, which are weak, and how they could be strengthened. Suggested exercises include journaling about new connections, and an active listening exercise to strengthen existing connections.

The second module of *Building Personal Connections* focuses on the self and the concept of self-compassion. Self-kindness encompasses an attitude of gentle treatment to our negative emotions of anger, guilt, and vulnerability. Common humanity links our pain with the pain of others, and identifies such pain as common and part of the human experience. Since mindfulness has been shown to be a strategy to enhance self-awareness and alleviate depression, anxiety and lesson grief during a loss (Sagula & Rice, 2004), discussion questions, exercises, and homework focus on development of a meditation practice, specifically around cultivating loving kindness towards oneself.

The third module is *Connecting with the Deceased*. For some, an important facet of grieving is to maintain a high quality connection to the deceased. To this end we have created discussion questions, exercises, and homework around identifying different rituals that are either already being practiced or that could be developed.

PTG Factor #3: Meaning and Appreciation for Life

This section of the program is designed to educate survivors about how meaning-making and the cultivation of appreciation for life are instrumental aspects of post-traumatic growth, while providing reflective and interactive opportunities to build meaning and appreciation. The three modules to support these objectives are: *Exploring newfound meaning*, *enhancing gratitude and appreciation for life*, and *re-writing your personal narrative*.

The *Exploring newfound meaning* module incorporates research on identity (using Kelly's [1955] Personal Construct Theory), the meaning-making continuum (Castelli Dransart, 2011), and Meaning Reconstruction Theory (Supiano, Haynes, & Pond, 2017) to provide a framework of why meaning is a valuable aspect of the grieving process. The Meaning of Loss Codebook (Gillies, Neimeyer, & Milman, 2015) a tool to generate personal reflection and group discussion is included. There is also an exercise recommended by Supiano, Haynes, and Pond,

(2017) based on the research that meaning can be elicited from sharing memories of the deceased.

The *Enhancing gratitude and appreciation for life* module weaves in research about how gratitude and appreciation are not only crucial components of post-traumatic growth (Duan, Guo, & Gan, 2015), but are also enhancers of subjective well-being (Lomas, Froh, Emmons, Mishra, & Bono, 2014; Seligman, Steen, Park, & Peterson, 2005). The Appreciation Inventory (Adler & Fagley, 2005) and the Perceived Life Significance Scale (Hibberd, 2015) are included in this module to act as tools for generative reflection and group conversation. To further develop gratitude beyond the program, the Three Good Things exercise (Seligman et al., 2005) is also included.

The *re-writing your personal narrative* module is designed as the culminating module to help participants “re-write” their narrative through the lens of growth, reflections, learnings, new insights, goals, etc. that were learned throughout the program. Research from Neimeyer (2014) reinforces the importance of narrative techniques in the facilitation of PTG– not only to identify and dispute unproductive narratives, but also to create empowering new narratives (Monk, Winslade, Crocket, & Epston, 1997). This module incorporates individual and group exercises to help participants create a new narrative, and includes a group sharing of their main learning and actions as a result of the program.

PTG Factor #4: Generating New Possibilities

A foundational piece of PTG and flourishing is developing hope and optimism for a bright future (Tedeschi, Park & Calhoun, 1998). In order to help survivors generate new meaning and possibilities in their lives, the program focuses on key areas important to long term growth: *optimism, hope, and goal setting*. These three modules are designed to help survivors accentuate the hope that lives within them through cultivating an optimistic mindset and meaningful goal-

setting. Facilitator training will provide research-based best practices on how to nurture their own hope, understand how to use their mental energy and planning capacity to reach their ever-developing goals. With this, they will be able to use similar skills to help survivors in the program shift from grief to growth.

Each of the three modules includes an overview of the research surrounding the key topic areas and sample exercises that facilitators may consider use in support groups to apply the research in practice. The first module, *Cultivating Optimism* focuses on dispelling myths about optimism, understanding what optimism is, and learning strategies to develop an optimistic mindset despite adversity. The second module, *Accentuating Hope* focuses on hope theory and its role in creating new possibilities. The third and final module is *Goal-Setting* and is intended to bring together all previous modules. This module is designed to help facilitators understand how to use their mental energy and planning capacity to reach their most meaningful goals in life, which will be measured at the end of the program.

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Appendix A: Program Limitations and Unintended Consequences

While PTG encompasses positive changes that occur in individuals following traumatic life events (Tedeschi & Calhoun, 1996), it is important to note that the experience of growth is not necessarily associated with positive subjective well-being or positive affect (Janoff-Bulman, 2004). PTG is propelled by pain, suffering and existential reevaluations, which are typically characterized by compromised psychological functioning and negative affect (Janoff-Bulman, 2004). This program is designed to facilitate growth amidst challenging emotional experiences. Calhoun & Tedeschi (2004) also encourage clinicians (and by extension, SOSL facilitators) to use PTG interventions with care, so as not to pressure or create unrealistic expectations of survivors to “achieve” a certain level of PTG within a certain timeframe, or at all.

Limited research exists on PTG specific to the target population of suicide survivors. Suicide survivors have unique needs, and specific population subsets (widows, siblings, colleagues, or parents) may face different challenges in their grief and journey to growth. The intent of the facilitator training is to provide overarching knowledge of PTG ideas and research so SOSL can pair this with their understanding of the unique needs of suicide survivors and sub-populations.

Modularity in the program design could impact comprehensive attention to all PTG factors. The PTG factor of *spiritual change* is not currently included in the proposed program both for reasons of scope and upholding SOSL’s non-sectarian status. Spiritual change may be identified as a needed growth factor when participants complete the PTGI. SOSL could offer external resources, for example local services related to religion or spirituality, to survivors as a means to cultivating this growth area. For some, spiritual change is connected to religious practice. For others, it can come from connection to something larger than oneself, such as a community or even a support group. By encouraging participants to attend programming across

each factor provided, or by combining aspects of the four factors into a single program session (e.g., full day workshop format), SOSL has options to support participants' growth across all PTG factors.

Appendix B: Measurement Approach

Interventions proposed have strong empirical support, but SOSL program participants represent a unique group with specific experiences and needs. Implementing a measurement approach is critical to hold responsibility for any unintended consequences of the program that were not foreseen. Measurement will help ensure that the intended positive impacts of positive growth and healing result from the program and will provide SOSL a feedback mechanism for continuous improvement to program content and delivery. We recommend a set of manageable process metrics and offer the Post-Traumatic Growth Inventory (PTGI; Tedeschi and Calhoun, 1996) as the main outcome metric for SOSL to measure program efficacy.

The PTGI can measure the efficacy of PTG elements operationalized in the proposed program. The inventory can serve as the primary mechanism to assess program outcomes. Use of a validated scale with participants offers a balance of scientific research with the practical application of PTG constructs of the program. Responses will indicate if survivors are experiencing positive change and growth from their trauma spurred by the program. Use of the PTGI will provide program participants an opportunity to self-reflect. Data collected in the inventory can point them toward growth factors they may need to attend to for comprehensive healing. SOSL should encourage participants to complete the survey at the start of the *Grief to Growth* program as well as after participation. SOSL and participants should receive copies of the completed inventory so SOSL can observe healing progression in participants within each factor and participants can observe their own progress and factors needing additional attention.

The PTGI is a 21-question assessment, freely available compliments of leading PTG researchers Calhoun and Tedeschi. The researchers request parties who include the scale in formal research, publication, etc. in return to provide them a copy. The PTGI can be downloaded

here: https://www.emdrhap.org/content/wp-content/uploads/2014/07/VIII-B_Post-Traumatic-Growth-Inventory.pdf

We recommend SOSL ask a limited set of questions to program participants to gather additional feedback on outcomes and program elements and discover any positive or negative impacts in areas other than PTG. Questions can be posed at the end of sessions by facilitators, via Facebook posts, or in an emailed online or written feedback survey fielded on SOSL Day (a yearly gathering of the survivor community). Suggested questions are:

- Immediately post-session: *What was your favorite exercise or activity? What in today's content was most impactful to you?*
- Periodically via social media: *What idea, learning, or technique from the program did you use recently and how did it support your growth or healing?*
- At SOSL Day: *What would you want program facilitators to know about the impact they had on your grief to growth journey? What do you believe would be helpful for them to know as they support others?*

A proposed set of process metrics can help SOSL understand the efficacy of the program and where changes to content or delivery may be needed. SOSL should track:

- Participation
 - # of sign-ups and # of attendees
 - # of *repeat* attendees
 - # of attendees *who return with a friend or loved one*
- Use of materials - # of requests for supporting materials or resources [by facilitators and participants]
- Completed PTGI surveys - # of completed surveys [by facilitators and participants]
- Participant healing - # of participants who stop attending after self-reporting that their journey of growth led them to no longer need continued support group sessions
- Facilitator engagement - # of programs led

- Facilitator healing - # of facilitators who move on to new pursuits after “passing the baton”

In addition to the above metrics, SOSL should define and track:

- What does success look like? What does a small win look like?
 - How are they tracked or celebrated?
 - What areas of the training resonate most with attendees?
 - What is the timeframe of typical or optimal completion?
- Can testimonials be gathered to encourage future survivors to attend?
- Survivor-reported progress in growth and healing

Appendix C: Facilitator Reference Guide

This facilitator's guide is designed for individuals leading the *Grief to Growth* support group program. It includes ten modules, each intended to be approximately one hour and designed to be delivered in-person or virtually. We recommend structuring all modules the same way. The first 15 minutes or so should be spent doing warm welcomes, setting the purpose and outcomes of the session, communicating roles and guiding principles and encouraging warm introductions to launch each session with comfort, trust, and openness. From there, facilitators should spend about 10 minutes introducing the concepts and then conducting recommended exercises before wrapping up and closing out. Modules can be delivered chronologically as outlined, or since each module is designed as a stand-alone, you can deliver the modules in any order and frequency (weekly, monthly, etc.).

1. Module 1.1 - Awareness, exploration, and use (Harnessing Personal Strengths)
2. Module 2.1 - Creating HQC with the self (Creating High Quality Connections)
3. Module 2.2 - Creating HQC with the with others (Creating High Quality Connections)
4. Module 2.3 - Creating HQC with the deceased (Creating High Quality Connections)
5. Module 3.1 - Newfound purpose and meaning (Meaning & Appreciation for Life)
6. Module 3.2 - Enhancing gratitude and appreciate for life (Meaning & Appreciation for Life)
7. Module 4.1 - Hope (Generating New Possibilities)
8. Module 4.2 - Optimism (Generating New Possibilities)
9. Module 4.3 - Goal Setting (Generating New Possibilities)
10. Module 5.1 - Re-writing your personal narrative (Meaning & Appreciation for Life)

What is Positive Psychology?

Positive psychology is the scientific study of “what makes life most worth living” (Seligman, 1999, p. 562). Shifting from the focus of traditional psychology, positive psychology favors the conditions and actions that lead to our thriving, rather than merely surviving. Positive psychology provides an appreciative perspective on our potential and capacities (Sheldon & King, 2001), zeroing in on subjective experiences like well-being, life satisfaction, and optimism (Seligman, 1990).

The empirically-backed study of positive psychology is also characterized by the study of character strengths and virtues, deeply held values, the development and indulgence in our interests, talents and passions to accomplish things we find to be worthwhile, positive interpersonal relationships (Peterson & Seligman, 2004), and our capacity to love and find meaning in life. More than just interested in the individual, positive psychology also seeks to enable workplaces and institutions to become places for people to do their best work, and for societies to flourish with civic commitment (Seligman, 1999).

Understanding Post-traumatic Growth

Post-traumatic growth (PTG) is defined as the positive psychological change experienced as a result of adversity. PTG ultimately causes people who are struggling with trauma to rise to a higher level of functioning (Tedeschi, Park & Calhoun, 1998). The concept of grief to growth is a positive theme within the professional bereavement community, encompassing theories and research that largely expand on the psychologically seismic events that can lead to post-traumatic growth (Tedeschi, Park & Calhoun, 1998). PTG presents suicide survivors unique opportunities to transform in remarkably favorable ways, essentially shifting bereaved individuals from an initial grief response to a stage of readiness for personal growth. PTG is seen as a critical aspect of bereavement and is typically found amongst longer-term survivors rather than those who are newly bereaved (Feigelman, Jordan, & Gorman, 2009).

While PTG studies in the context of suicide are relatively few (Genest, Moore, & Nowicke, 2017), 15 empirically-based studies have demonstrated associations between bereavement and PTG (Michael & Cooper, 2013). Between 30 to 70 percent of trauma survivors report experiences of positive change (Linley & Joseph, 2004).

Tedeschi and Calhoun (1996) have systematically detailed the positive outcomes that may arise from the experience of trauma through their Post-Traumatic Growth Inventory (PTGI).

The inventory identifies growth in the following areas; generating new possibilities, relating to others, harnessing personal strength, spiritual change, and appreciation for life.

PTG involves migrating toward a mindset focused on the present moment, with clarified priorities; life goals often change in the aftermath of trauma, when various happiness traps (such as financial standing, status, and personal appearance) carry less weight (Haidt, 2006). The phenomenon of PTG that can arise from traumatic suicide loss likely occurs from the psychological responses of seeking emotional relief, comprehension, and creating an architecture of understanding in the mind that enables the acknowledgment of a paradox— that meaning and richness can be found in the midst of complex despair (Tedeschi & Calhoun, 2004).

Janoff-Bulman (2004) posits three models for how the negative repercussions of trauma leads to growth: the model of strength through suffering where unknown or dormant strengths tend to emerge post-adversity; the psychological preparedness model where exposure to trauma builds resilience and acts as an inoculation against further stress; and the existential revaluation model that prompts survivors to appreciate the value and meaning of life; two of the domains of PTG.

Your Role

Whether you are an experienced or relatively new facilitator, you are poised to help others in a meaningful journey. It's important that you travel your own journey and pursue growth and healing to achieve whatever growth goals you hold for yourself in order to model growth and flourishing for others. What does it mean to support the growth of others? It may mean showing empathy and compassion, recognizing that each journey is unique in its process and timeframe, and it may call you to encourage and embrace discomfort, because often, this is where growth and change occur.

This resource might be helpful to you as you begin to lead group programs:

<https://www.mhanational.org/sites/default/files/MHA%20Support%20Group%20Facilitation%20Guide%202016.pdf>.

“Adversity can feel like a door slammed in the face, making it difficult to see a way forward...focusing on new doors opening...could be an important tool to foster psychological well-being and growth in the face of adversity.” (Roepke et al, 2018)

Leading a Successful Virtual Program

Virtual programs allow for an increase in participant flexibility, although the in-person experience can be diminished. How does one facilitate a successful group program online? The following references might be helpful:

- <https://www.goodtherapy.org/for-professionals/software-technology/telehealth/article/online-group-therapy-tips-for-therapists>
- <https://www.td.org/newsletters/atd-links/7-tips-for-virtual-training-success>
- <https://learningsolutionsmag.com/articles/2283/five-essential-skills-for-virtual-classroom-facilitators>

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PTG FACTOR #1: Harnessing Personal Strengths

Overview

- Purpose: This program aims to support survivors in harnessing their own personal strengths in ways that aid a return to flourishing through post-traumatic growth.
- Objectives: The objectives of the module are to help program participants:
 - Identify, explore and celebrate their unique personal strengths
 - Make plans to apply their strengths for growth in grief

Module 1.1: Character Strengths

This program has a single module to introduce survivors to the concept of character strengths and provide opportunities to explore their own, finding opportunities to put them to use to support their journey from grief to growth.

Research

- What are Character Strengths?
 - Character strengths are positive traits that are morally valued in their own right and contribute to the fulfillment of the self and others (Niemiec, 2018). Strengths can illuminate a path to growth and generation of what is good in life (Maslow, 1971; Deci & Ryan, 2000; Smith, 2006).

- Character strengths, and specifically the VIA survey, can provide a common language for identifying positive aspects of the human experience, counterbalancing the human tendency to focus on the negative (Niemiec & McGrath, 2019). This is especially important in the aftermath of a traumatic loss.
- Why do Character Strengths matter?
 - Strengths are strongly correlated with well-being and have been shown to support a variety of positive outcomes including:
 - Strengths interventions aiding happiness and life satisfaction (Schutte and Malouff, 2019)
 - Emotional strengths supporting sound mental health (Seligman, 1991)
 - Strengths of various types predict resilience (Martínez-Martí & Ruch, 2016)
 - Strengths use leads to less stress, and greater self-esteem, vitality and positive affect, and improved well-being (Wood and colleagues, 2011)

Pre-Work

- Facilitator Pre- Assignment
 - A strengths-based approach can be a process, a behavior, or a mindset. In positive psychology, taking on the mindset of strengths can help appreciation of the good and can provide a new and different way of looking at the world that aids flourishing. Spotting strengths in others can be powerful in helping them see what behavior helps them progress in their journey. Fluency in the 24 VIA strengths may aid ability to spot and share strengths you see in survivors.
 - Facilitators should take the VIA survey and reflect on...
 - What are your signature strengths and how do you use them as a support group facilitator?
 - Along your journey from grief to growth, what did you learn about the reservoir of strengths that lives in you?
- Participant Pre- Assignment
 - Completion of the VIA survey online, print and bring their unique results with them - <https://www.viacharacter.org/survey/account/register>
 - Encourage participants to browse the VIA site and learn about Character Strengths
 - Session Content

In-session Exercises

- Introduce *Aware, Explore, Apply* as a framework for helping people progress from discovery to use of strengths
- Emphasize important aspects of Character Strengths:
 - Character is plural - strengths are a unique combination of traits and virtues that shift with use and make you who you are

- The VIA does not measure weaknesses - we all have all 24 character strengths and we can cultivate any of them
- Strengths may be underused or overused - they can have a “shadow side”
- Strengths may be reflected internally (used with self) or externally (used with others)
- Explain Character Strengths and specifically Signature Strengths
 - Typically, the top 5-6 help define the core of who you are
 - Expressing them feels comfortable and natural
 - 3 E’s come from use of Signature Strengths: they are essential to who you are, they feel effortless to use, and they energize you
- Option: Using goal-setting learnings, help participants set a goal around strengths, e.g. deepening understanding or achieving optimal use
- AWARE: Build awareness of strengths by sharing individual VIA results
 - Exercise 1: Questioning Series (in full group if small, or in small group breakouts)
 - What surprised you? What was not surprising?
 - What excites you? What are you most curious about?
 - In consideration of your tragic loss, how have your strengths been used or developed more fully?
 - How do you define X strength from this perspective? Is it different than the VIA description?
- EXPLORE: Allow exploration of strengths
 - Exercise 1: 5 in 5 (partner exercise)
 - Pick 5 of your top strengths. Take 5 minutes to tell your partner about your strengths. While listening, the partner keeps time limiting the sharer to one minute for each strength. The sharer should tell their partner all about the strength, for example: how it shows up for them, how it makes them feel when you’re using it, examples of it in their actions, thoughts, or emotions, and what others say about them exhibiting it.
 - Exercise 2: Strengths Supporting Strengths
 - Are there any strengths that support or feed other strengths?
 - Exercise 3: Optimal Use Spectrum
 - Consider if strengths are overused or under-used
- APPLY: Find ways to apply strengths in varied life domains
 - Exercise 1: Align Character Strengths with Activities and Tasks
 - Exercise 2: Applying Strengths for Growth
 - Encourage survivors to harness strengths in other domains of post-traumatic growth. Ask: *Which of your signature strengths support*
 - *thriving and growing after your loss?*
 - *creating a new narrative?*
 - *generating high-quality connections?*
 - *setting and achieving goals?*

- *effective coping and resilience?*
- *How can you apply your strength in each?*
- Additional Resources: [VIA website](#) and *Character Strengths Interventions: A field guide for practitioners* by Dr. Ryan Niemiec to learn more and as suggested resources for survivors

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PTG FACTOR #2: Building Personal Connections

- **Overview:** How does building personal connections aid flourishing?
 - Research has shown that building personal, high quality connections provide positive emotions and potential for positive relationships, which are needed for individuals to flourish according to the majority of current theoretical models of well-being (e.g., Diener et al., 2010; Huppert & So, 2013; Ryff, 1989; Seligman, 2011). Additionally, the critical component of resilience in PTG has been shown

to depend on the existence and quality of personal relationships (Flach, 1997), which are initiated through high quality connections.

- **Purpose:** The *Building Personal Connections* section of the Grief to Growth Program is designed to help survivors realize the power of establishing personal connection in their post traumatic growth and journey to flourishing. It includes three areas of focus:
 - Module 1: Building connections to others
 - Module 2: Building connections to the self
 - Module 3: Building connections to the deceased

- **Objectives:**
 - 1) Provide survivors with best practices on how to connect with others
 - 2) Provide survivors with best practices on how to connect with themselves
 - 3) Learn how to connect with the deceased in a way that is healing

Module 1.1: Building Connections to Others

The objective of the first module is to show research and best practices aimed at *Building Connections to Others*. This module focuses on the need for positive relationships in flourishing and resilience.

Research

- Why do I need connections to others?
 - The ability to productively connect and interact with others leads to increased resilience (Flach, 1997), so for survivors of suicide, connection becomes especially important as they face negative emotions.
 - High quality connections provide positive emotions and potential for positive relationships which are needed for individuals to flourish according to the majority of current theoretical models of well-being and flourishing (e.g., Diener et al., 2010; Huppert & So, 2013; Ryff, 1989; Seligman, 2011).
 - The critical component of resilience in PTG has been shown to depend on the existence and quality of personal relationships (Flach, 1997), which are initiated through connecting to others

- How do we define what a high quality connection to another person is? Building High Quality Connections (HQC) with others involves five factors (Dutton, 2003)
 - conveying presence
 - being genuine
 - communicating affirmation
 - effective listening

- supportive communication

Suggested Exercises

- Discussion: Think about how connecting with others has progressed since the suicide
 - What does this mean for your personal growth and flourishing?
 - How does this relate to an important dimension of resilience, reaching out?
 - Have certain relationships changed? Who surprised you with their actions or behavior, positively or negatively?
 - Have you developed new relationships as a result of your loss?
 - What did you do with this new landscape of relationships?
- Exercise: Share a short narrative of what one of the HQCs look like for you in the grieving process, either positively or negatively
- Exercise: Which of these HQCs with others could use more work in your own life? How do these five factors relate to family, friends, co-workers, strangers?
 - conveying presence
 - being genuine
 - communicating affirmation
 - effective listening
 - supportive communication
- Exercise: Active Listening
 - Pair and share for a short active listening exercise (and how it helps with connections in many areas of life)
 - A good active listening exercise to start with:
<https://greatergood.berkeley.edu/images/uploads/ActiveListening.pdf>
- Homework: Connect face to face with one new person each week, and be ready to describe the interaction
- Homework: Deepen a connection that already exists in your life with active listening

Module 2.2: Building Connections to the Self

The objective of the second module is to show research and best practices aimed at *Building Connections to the Self*. This module focuses on the need for self-kindness and compassion in the process of flourishing and resilience.

Research

- Why is self-compassion important?
 - Self-compassion in three areas: self-kindness, common humanity, and mindfulness. (Neff, 2003)

- Self-kindness encompasses an attitude of gentle treatment to our negative emotions of anger, guilt, and vulnerability. Common humanity links our pain with the pain of others, and identifies such pain as common and part of the human experience.
- Mindfulness, like common humanity, connects our emotional pain to that of others (Wong, 2017).
- Mindfulness has been shown to alleviate depression, anxiety and lesson grief during a loss (Sagula & Rice, 2004).
- Mindfulness and self-compassion are both built through meditation practices (Baer, 2010)

Suggested Exercises

- Discussion: Is it foreign to think of the connection to yourself?
 - Roles in your life determine thinking of others
 - Feeling selfish
 - Connection to growth and flourishing
- Exercise: Me at My Best or My Best Strength (coordinates with Strength Module)
 - General introductions followed by a strengths discussion with your neighbor "My Best Strength" or "Me at My Best"
 - Participants will then be asked to introduce their neighbor
 - Discussion about how much easier it is to speak positively about another than yourself
- Exercise: How the connection to yourself encompasses self-kindness, common humanity, and mindfulness
 - Survivors struggle with self-kindness due to feelings of guilt and shame
 - Talk about an experience you've had with self-compassion. Did you notice if it is easy or hard? Can you compare this to exhibiting compassion toward others? Was this easy or hard?
 - What are your goals with self-kindness?
 - Can linking to our common humanity through our shared narratives and other narratives?
 - Finding self-kindness through your strengths?
- Exercise: "Three Good Things" exercise with focus on self – three good things that you have noticed about yourself
- Exercise: Introduction to Lovingkindness meditation
 - Creation of a personal loving kindness meditation, and info about how it can change
 - A guided lovingkindness meditation on the self (loving kindness meditation always starts with the self and spirals out to others.

- Homework: Create a mantra for Lovingkindness meditation
- Homework: Piece of artwork or collage including the words of the personal loving kindness meditation mantra
- Homework: Piece of artwork, box of items or collage showing you at your best
- Homework: Create a monthly journal of "Three Good Things" relating to the self

Module 2.3: Building Connections to the Deceased

The objective of the third module is to show research and best practices aimed at *Building Connections to Others*. This module focuses on the need for positive relationships in flourishing and resilience.

Research

- Research shows that connecting with the deceased through rituals improves long term grief outcomes (Hone, 2017; Norton & Gino, 2014)
- The work of maintaining rituals is important. Rituals as remembrances of the deceased can differ in variety and cultural context, but the keeping of the ritual itself has shown to give the bereaved a sense of control that can mediate their sense of loss (Norton & Gino, 2014).
- A study of 506 bereaving individuals revealed that an ongoing, continuous attachment to the deceased— while having the potential to create more complicated grieving symptoms – led to better grief outcomes over a two-year period if the bereaving individual engaged in high levels of meaning-making (Neimeyer, Baldwin, & Gillies, 2006).
- Examples of high quality connections or bonding attachments to passed loved one include having inner conversations, purposefully or verbally recalling memories of the deceased, and seeking comfort from the deceased's items (Neimeyer, Baldwin, & Gillies, 2006).

Suggested Exercises

- Discussion: Sharing narrative to the group about connections to the deceased – backpack story taken from *Resilient Grieving*
- Exercise: The role of inner conversations to connect with the deceased
- Exercise: Pair and share as to existing habits or rituals you use to connect to the deceased
- Exercise: Create your own habits or rituals to connect with the deceased
 - Common rituals involve:
 - Observing birthdays
 - Sharing a food with others that was a favorite of the deceased
 - Grave visits
 - Favorite seasons of the deceased

- The role of music and space in ritual
- Homework: Identify and write down rituals or small gestures that you can do to honor the memory of the deceased. Can be large or small, daily or once a year.
- Homework: Keep a journal on emotions involved as you do the exercises connecting with the deceased

Facilitator Notes

As you develop a language around connecting with others, you may find greater clarity as to why you have chosen to facilitate this workshop. Explore that, and use it as part of your narrative when you teach. It could be very powerful for some to hear your story, and how connecting with them as participants (and the participants connecting with each other) is the very subject this module is about. Too often we look at grief as a set of processes to proceed through in a linear fashion, this workshop perhaps being one. However, as we know, grief is not linear, and the emotions brought forth by some of these exercises have energy around them. If some feel more “raw” than others, talk about that, and guide the group to some of the alternatives provided.

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PTG FACTOR #3: Meaning and Appreciation for Life

Overview

- Purpose: The *Meaning and Appreciation for Life* module is designed to educate survivor participants on how meaning-making and the cultivation of an appreciation for life are instrumental aspects of PTG that can help them flourish.
 - Module 1: Exploring newfound meaning
 - Module 2: Enhancing gratitude and appreciation for life
 - Module 3: Re-writing your personal narrative (completed as last session; 5.0)
- Objectives: Upon completion of these modules, participants should be able to determine meaning(s) in their new reality, understand the value of gratitude and appreciation in life—and learn tools to build both, and “re-write” their personal narrative to summarize the growth, reflections, learnings, new insights, goals set etc. learned throughout the modules.

Module 3.1: Exploring Newfound Meaning

The first module in the Meaning and Appreciation for Life program is *Exploring Newfound Meaning*. This module explores the difference between sense-making and meaning-making, provides a framework of why meaning is so valuable as a part of the grieving process, and is meant to be highly interactive so that participants can interact while reflecting on their own meaning journey.

Research

- Forging new identities— Personal Construct Theory (Kelly, 1955):
 - Based on the idea that we develop constructs – or meanings – to make sense of ourselves and anticipate future events. We create hypotheses about categories of our lives, and we must refine our constructs when faced with threats or inciting events, like in the disturbing event of suicide (Kelly, 1955).
 - Reflecting on a loved one’s suicide, for example, is seen as a threat that calls for a fundamental change in the way we construe who we are (Lavoie & de Vries, 2004), causing us to rebuild new constructs of how we see our identities and plan for the future. Many survivors open themselves up to new educational, career and relationship experiences as they grow and shape their new beliefs, including new identities they seek comfort in, such as “*I am a professional who has re-entered the workforce.*”
 - Experiencing the suicide of a loved one can shatter the assumptions one holds to be true about one’s world and affords an opportunity to rebuild beliefs about oneself and one’s life in ways that can spur post-traumatic growth (Tedeschi & Calhoun, 2004).
- Meaning-making:

- Studies show that deriving meaning in the aftermath of traumatic events leads to better coping and less blame towards others (Thompson, 1985).
- In conjunction with new identity creation, post-traumatic growth typically involves the reconstruction or strengthening of an individual's sense of meaning following a traumatic event (Tedeschi & Calhoun, 1996).
- Meaning-making is believed to occur as a second phase that follows what is known as a sense-making phase, where brooding rumination acts as a conduit for what is described as reflective rumination (Genest, Moore, & Nowicke, 2017).
- Reflective rumination provides a ripe setting for new narratives to be written and new meanings to be conceived, ultimately leading to PTG (Tedeschi & Calhoun, 2004).
- Meaning-making can be defined as a process that survivors undergo to conceive of existential meaning amidst loss (Castelli Dransart, 2011); as meaning-seeking creatures, a basic human motivation in the aftermath of stressful experiences is to assign meaning to trauma (Baumeister, 1991). This typically occurs through the conceptual aspects of:
 - Causality, or attributing *why* a loved one committed suicide;
 - Grasping how personally significant the event is within one's life, and
 - Coping, or finding redeeming aspects of the event (Park & Folkman, 1997).
- Meaning reconstruction theory (Supiano, Haynes, & Pond, 2017):
 - This theory posits that there are three main aspects that help survivors make meaning out of loss, as they complete their complicated grieving journey:
 - Re-telling the story of the death;
 - Participating in imaginary conversations with the deceased;
 - Exploration of memories of the deceased (with the use of photos, memorabilia)
 - Participating in these activities within support group settings has been shown to provide positive therapeutic benefits for survivors seeking meaning (Supiano, Haynes, & Pond, 2017).
 - The Meaning of Loss Codebook (MLC), developed by Gillies, Neimeyer, and Milman (2015), helps assess what meaning (if any) has been made in the grieving process. A copy of the questions is provided below.
- Meaning-making continuum:
 - Suicide survivors can be seen on a continuum that leads to four main ways of grasping existential significance of the loss, according to Castelli Dransart (2011):
 - 1. Some survivors dedicate themselves to suicide prevention (known as the commitment type);
 - 2. Some tap into a bolstered appreciation for life (known as the transformation type);

- 3. Some survivors (known as the accident type) find meaning in the suicide as a mishap that could remain a mystery, and
- 4. Some survivors (viewed as the vulnerability type) believe that the suicide bears no meaning other than pain and emptiness – even after making sense of the event.
- Survivors who identify with the commitment and transformation types have shown to be likelier to achieve greater transformative benefits (Castelli Dransart, 2011; Feigelman, Jordan, & Gorman, 2009).

Suggested Module Exercises

- Pre-Work:
 - Ask participants to bring a photo or special memorable item that helps them remember the deceased
- Warm Up Values Exercise:
 - Ask the participants to describe a peak moment in time– before or after their suicide loss– then mine that memory for 3 key values
 - Ask the participants to identify 1 - 2 things that tick them off– then mine those annoyances for 3 key values (e.g.: if a participant is bothered when people are late, they might have ‘consideration’ as a value)
 - Ask the participants to identify something they are ‘known for’, that people in their life would describe them as– then mine that information for 3 key values (e.g.: if a participant says they are known for being a social butterfly, they might have ‘friendship’ or ‘connection’ as a value)
 - Ask the group how often they have been able to honor their top values in the last month; open up for discussion
 - Ask the group if there has been a top value that has not been honored since their loss; open up for discussion
 - Ask the group about what a key value was for the person they lost to suicide
- Discussion + Activity: Meaning reconstruction theory
 - Share information about this theory (from research provided above)
 - Ask participants to share their memorable item (or a story) from the deceased to help bring the theory to life
 - Ask what meaning they derived from sharing the memorable item
- Discussion: From sense-making to meaning making: the process and continuum of meaning-making
 - Facilitate discussion about where people are today from sense-making to meaning-making. Do they recall when they transitioned from one to the other? Are they still in the process of trying to make sense of their loss?

- Share information about the meaning-making continuum (from research provided above)
- Activity: Wisdom Walk
 - Pair up participants (ideally with similar types of loss) to walk and talk for 20 minutes (ideally outdoors) to discuss the following question: “*Where are you on the personal meaning continuum since the loss?*” If completing this program online, have partners speak by phone during their walk.
 - Return to room and debrief a-ha’s, questions, comments
- Discussion: Meaning moving forward using the Meaning of Loss Codebook (MLC)
 - Share the MLC (see Appendix D; copy to make handouts) and ask participants to review
 - Reflect on a life that lets you honor your values, remember your lost one, and is full of meaning. What do you want that to look like? Discuss as a group.
- Meeting Wrap-Up:
 - Main takeaways and actions, share/ debrief as a group
 - Set accountability to attend the next session (date, time, etc.)

Module 3.2: Enhancing Gratitude and Appreciation for Life

The second module in the Meaning and Appreciation for Life program is *Enhancing Gratitude and Appreciation for Life*. This module delves into the positive psychology topics of gratitude and appreciation as not only components of PTG, but also enhancers of subjective well-being. The objective is to learn about these topics and how the application of them through real-time interventions in the group setting can assist with the grief to growth process and lead to flourishing.

Research

- Gratitude + Appreciation:
 - Gratitude is a feeling that emerges when we appreciate what’s good in our lives, and when we realize that the origin of these good things is at least partially outside of ourselves (Lomas, Froh, Emmons, Mishra, & Bono, 2014).
 - Gratitude creates the desire to creatively incorporate kindness and generosity towards oneself, which then leads to a prosocial enduring resource of expressing kindness and gratitude towards others (Fredrickson, 2013).
 - Gratitude is a virtue that has been associated with contributions to PTG in studies (Duan, Guo, & Gan, 2015).
 - Research has consistently highlighted a positive relationship between gratitude and subjective well-being with healthy psychological functioning (Lomas, et al., 2014). Gratitude interventions (like the one recommended in this session) have

been shown to lead to increases in happiness and decreases in depression (Seligman, Steen, Park, & Peterson, 2005).

- Appreciation is the acknowledgement of something's meaning and value, accompanied by a warm emotional connection to the event, person, behavior or object being appreciated (Adler and Fagley, 2005). Gratitude and appreciation appear to be overwhelmingly good for the human condition: they boost our mood in the short term (Watkins, Woodward, Stone, & Kolts, 2003) and predict well-being boosts in the long term (Watkins, Van Gelder, & Frias, 2009; Adler & Fagley, 2004).
- Eight Aspects of Appreciation (Adler and Fagley, 2005):
 - 1. possessing a “have” focus instead of a “here’s what I lack” focus;
 - 2. the transcendent emotion of awe;
 - 3. rituals that keep us aware of what we appreciate;
 - 4. a mindfulness of the present moment;
 - 5. self/social comparisons made against a downward reference point;
 - 6. gratitude that lets us acknowledge when we’ve received a positive benefit;
 - 7. the interpersonal aspect of appreciating others in our lives;
 - 8. the appreciation of something in relation to the idea of losing it.
- The Appreciation Inventory:
 - Developed by Adler and Fagley (2005), inclusive of adversity/loss subscale questions like “Thinking about dying reminds me to live every day to the fullest,” “The thought of people close to me dying some day in the future makes me care more about them now,” and “I appreciate the things I have now, because I know that anything I have can be taken away from me at any given time.”
 - The subscales of adversity/loss and “have” focus had the strongest correlations to life satisfaction than the other six aspects of appreciation; those who were able to tap into experiences of loss or adversity were more likely to feel overall satisfaction with their lives (Adler & Fagley, 2005).
- Appreciation for Life + Life Significance:
 - *Life significance* is a specific conceptualization of meaning, and encompasses the ways and extent to which we see life as intrinsically and existentially valued (Hibberd, 2015). Life significance can also be seen as our perception of value with experiences in our lives, relationships or goals. These perceptions are initially altered with suicide loss, and are then rebuilt as one reconnects to things that matter to them (like helping to coach a kids soccer team, spearheading a new division at work, volunteering for SOSL, hiking in a National Park, etc.).
 - When death becomes more salient, many survivors report a sense of appreciation for life and its temporary nature (Tedeschi & Calhoun, 1996).
 - The Perceived Life Significance Scale (PLSS) measures one’s perception of value of the intrinsic aspects of life (Hibberd, 2015). A copy of the scale is provided below.

- The PLSS helps bereaved individuals identify their current state and changes in how they appreciate life and believe their lives are significant (Hibberd & Vandenberg, 2015). The scale indicates the extent that grieving people are actively pursuing goals and interests, how open they are to beauty in the big and small things in life, and a reverse score for how empty and meaningless they feel their lives are (Hibberd & Vandenberg, 2015).

Suggested Module Exercises

- Warm Up Exercise:
 - Ask the group to share one positive insight that has stuck with them since the last session
- Gratitude + Appreciation:
 - Discuss definition and research notes on the topic. Review handout on The Appreciation Scale (see Appendix E for handout; please make copies) and ask participants to notice where they are appreciative and not, and how they have progressed with appreciation since their loss.
- Gratitude Intervention:
 - Three Good Things (Seligman et al., 2005): ask each participant to write down three good things that happened to them within the last week, and attribute a cause to each of the three positive events. (The “things” can be as little as a smile from a cashier at the grocery store or seeing buds on the trees in spring, to a vacation they just came back from or a promotion at work). Share with the group. Encourage this activity to be done daily as homework beyond the session.
- Appreciation for Life + Life Significance
 - Review research about life significance (in section above) with group
 - Hand out Perceived Life Significance Scale (see Appendix F for handout; please make copies) and encourage group to complete; debrief results
- Activity: Wisdom Walk
 - Pair up participants (ideally with similar types of loss) to walk and talk for 20 minutes (ideally outdoors) to discuss the following questions: “*Where do you see room for more gratitude in life? What are your feelings about appreciating life since your loss, and where you might be able to reach for more life significance?*” If completing this program online, have partners speak by phone during their walk.
 - Return to room and debrief a-ha’s, questions, comments
- Meeting Wrap-Up:
 - Main takeaways and actions, share/ debrief as a group
 - Set accountability to attend the next session (date, time, etc.)

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PTG FACTOR #4: Generating New Possibilities

Overview

- **Purpose:** The *Generating New Possibilities* Program is designed to help survivors accentuate the hope that lives within them. It will include three modules:
 - Module 4.1: Cultivating Optimism
 - Module 4.2: Accentuating Hope
 - Module 4.2: Goal-Setting
- **Objectives:** By the end of the program, survivors will have researched based best practices on how to nurture their hope, understand how to use their mental energy and planning capacity to reach their ever developing goals to go from grief to growth.

Module 4.1: Cultivating Optimism

The first module in the *Generating New Possibilities* group is *Cultivating Optimism*. This module focuses on dispelling the myths about optimism, understanding what optimism really is, and exercises to help develop an optimistic mindset, despite adversity.

Research

- What are some common myths about optimism?
 - Everything is positive for optimists (i.e. the glass is always half full despite it also being half empty)
 - Optimists don't struggle at all
 - Brainstorm - What else?
- What optimism isn't:

- Optimism not about convincing yourself that the world you live in is the best of all possible worlds or that your present and future world are without hardship or complication (Lyubomirsky, 2008)
- It's not just about thinking positive thoughts. It is also about strategizing how exactly it'll be accomplished (Lyubomirsky, 2008)
- What optimism is:
 - Optimism is about our expectations for the future (Carver, Scheier, & Segerstrom, 2010); it's the choice you make about how you see the world (Lyubomirsky, 2008).
 - It's about anticipating a bright future and believing that your goals can, somehow be accomplished (Lyubomirsky, 2008).
 - The world can be hard and cruel. At the same time, it can also be wonderful and beautiful. Both can be and are true. It's not about a halfway point between them, optimism is about choosing which truth to put in front of you (Lyubomirsky, 2008).
 - Optimists expect good outcomes, even when things are hard. Expectancy can come from different perspectives:
 - It can come from our confidence that an upcoming goal can be attained. If we doubt that we can reach the goal, we may withdraw effort from the activity, stop prematurely, or never really start (Carver, Scheier, & Segerstrom, 2010)
 - It can also be formed based on past events. For example, if we've interpreted the cause of a past negative event as stable, that may influence our perceived ability to overcome current or future events.
 - We use the term explanatory style to describe our habitual way of explaining events, either positive or negative (Seligman, 2006). We all can have both a positive and negative explanatory style to explain the cause of positive and negative events. Here's an example of how the two explanatory styles may differ when explaining the cause of a negative event:
 - Optimistic Explanatory Style: People who have an optimistic explanatory style may tend to believe that the cause of the negative event is temporary and specific to that event (Peterson & Steen, 2009).
 - Pessimistic Explanatory Style: People who have a pessimistic explanatory style may believe the event will permanently continue and will impact other areas of their lives

Suggested Module Exercises

A. Activity: Your Best Possible Self Activity

- Spend 20 minutes and reflect or write a narrative description of your best possible future self in multiple domains of life.

B. Activity: Developing an Optimistic Mindset

- This exercise is intended to help participants identify how they may have grown and changed throughout their grieving process.
- Pair up with a partner and review the table below. Reflect on each category in the list below that resonated with them at the time of their loss. Then reflect on whether and in what ways that has changed.

Low Optimism	High Optimism
Expect Negative	Expect Positive
See Threat	See Opportunity
Be Passive	Control and Accept
Ruminate	Focus on Solutions
Avoid	Take Purposeful Action
Isolate	Reach Out

Module 4.2: Accentuating Hope

The second module, completed after *Cultivating Optimism*, is titled *Accentuating Hope*. This module is designed to help facilitators and survivors understand hope, its importance in creating new possibilities, and effective strategies for SOSL to nurture hope in members of the survivor community. Important concepts for facilitators to understand are:

Research

- Hope Theory
 - Hope is a way of thinking that moves us away from bad outcomes by moving us towards good outcomes (Synder, 1994).
 - It is an important process that helps link us to potential successes.
 - Hope is an active ingredient of psychological change (Magyar-Moe & Lopez, 2015) and therefore important for SOSL to emphasize to survivors. By simply engaging with SOSL and showing up at a support group, survivors are identifying SOSL as a potential agent for change and demonstrating hope by seeking help for the beginning of their journey of healing.
 - Hope is a reflection of an individual's perceptions of their abilities to conceptualize goals, develop specific strategies to reach those goals, and initiate

and maintain the motivation to use those strategies to achieve their goals (Magyar-Moe & Lopez, 2015).

- **Coping Strategies**
 - There are two common coping strategies; problem-focused coping and emotion-focused coping. Optimists, who are people who tend to expect the positive even when things are hard (Carver, Scheier, & Segerstrom, 2010), can differ from pessimists in their coping tendencies (Carver, Scheier, & Weintraub, 1989) in that optimists tend to use more problem-focused coping strategies (Scheier, Carver, & Bridges, 1994).
 - Problem-focused coping: Problem-focused coping, according to Carver, Scheier, and Weintraub (1989) involves problem solving or seeking to do something to change the source of the stressor. Problem-focused coping is typically used when you believe something constructive can be done about the situation.
 - Emotion-focused Coping: When problem-focused coping is not available, usually in times of grieving when a negative event simply must be endured, optimists tend to turn towards using emotion-focused coping strategies, which involve reducing or managing the emotional consequences of the stressor (Solberg Nes & Segerstrom, 2006). This might include using humor, positive reframing of the stressor or situation, and acceptance (Solberg Nes & Segerstrom, 2006).
 - On the contrary, Solberg Nes and Segerstrom (2006) found that pessimists tend to cope through avoidance, which might include overt denial and complete disengagement from the stressor in an attempt to withdraw from it or its emotional consequence. Regardless of whether survivors are dispositionally optimistic or pessimistic, the work we intend to do with SOSL will be inclusive of emotion-focused and problem-focused coping strategies.

Suggested Workshop Exercises

- **Activity (Write & Share): Finding hope from trauma**
 - Consider and write about the following:
 - Have your thoughts and emotions changed from the initial loss to now? Reflect and write about how.
 - What have you done in response to the loss that made you proud?
 - Where would you like to be and how do you want to feel two years from now?
 - What do you anticipate needing or wanting to maintain the motivation to get there? What goals might you set for yourself to help support you in getting there?
 - Find a partner and share your narratives

Module 4.3: Goal-Setting

The final module to be completed after *Cultivating Optimism*, and *Accentuating Hope*, is *Goal-Setting*. Our intention with this module is to help SOSL create an environment conducive to help survivors understand how to use their mental willpower (mental energy), and mental waypower (planning capacity), to reach their ever developing healing goals (Synder, 1994).

Research

- Bringing it all together
 - Because hope is involved in the perception that one's goals can be met (Synder, 1994), the cognitive process begins with goal setting: goals are the basic cognitive action from which all else originates (Magyar-Moe & Lopez, 2015).
 - The first step is to anchor hope to a concrete goal (Synder, 1994). Without a concrete goal, an individual has limited ability to develop strategies or initiate action.
- What is a goal?
 - Goals can be anything an individual desires to experience, create, do, become, or get. As such, a goal can be brief such as mustering the energy to attend a SOSL workshop, or it may be a lifelong pursuit such as building a life of flourishing after the traumatic event of suicide loss.
- What are some key benefits of goal setting?
 - Working toward a meaningful life goal is one of the most important strategies for becoming lastingly happier (Lyubomirsky, 2008).
 - Pursuing goals adds structure to our lives and gives us a sense of control over our lives (Cantor, 1990)

Suggested Workshop Exercises

1. Activity: My most important goals
 - a. Reflect and write: How did your goals change as a result of experiencing a loss? Did it make it harder for you to reach your goals and if so why? If not, what did you do to help you attain them despite the process of grieving?
 - b. What are some of your most important goals in life right now? Write them down and document some next steps you can own right now to work towards them.

References for PTG Factor #4

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Final Module 5.1: Re-Writing Your Personal Narrative

The final module technically housed within the Meaning and Appreciation for Life program is *Re-Writing Your Personal Narrative*. This module is designed to help participants “re-write” their personal narrative or story to summarize and commemorate the growth, reflections, learnings, new insights, goals set etc. learned throughout the program.

Research

- Narrative overview:
 - As humans we have a propensity to organize our knowledge and information in a story format, and our identities can be seen as a kind of narrative achievement—our ideas on who we think we are constructed through the stories we tell ourselves (Neimeyer, 2014).
 - It is these self-narratives that are disrupted in the face of “seismic” loss or life events. Trauma memories are often profoundly incompatible with the plot and storyline of the life narrative before loss (Neimeyer & Stewart, 1998).
 - Narrative techniques are seen as valuable tools to encourage the PTG process to occur (Neimeyer, 2014).

- Narrative exercises like writing about one's experience from a caring and empathetic third-person's perspective can be beneficial towards integrating a new story, and also in resilience-building (Neimeyer, 2014). Oral narrative techniques can also be helpful for survivors, specifically if difficult storylines are told out loud as though watching a movie— at some points in slow motion, pulling the imaginary camera back to get a broader perspective to tell the story with a new lens (Guidano, 1995). Using metaphors are also helpful narrative tools to process and integrate new versions of stories, as are dramatic reenactments of one's story (Neimeyer, 2014).
- Effective narrative techniques often involve identifying and disputing unproductive narratives, specifically by externalizing the problematic event and then discovering alternative ways to reframe them (White & Epston, 1990). Asking questions can help survivors craft new themes and elements in their life stories, and using creative techniques like having them write a letter to themselves to dispel the parts of the story they were previously fixated on can also help create empowering new narratives (Monk, Winslade, Crocket, & Epston, 1997).

Suggested Module Exercises

- Warm Up Exercise:
 - Ask the participants to share their favorite movie or book, and try to recall a graphic image they have from the story. Reflect on how powerful stories and their imagery can be.
- Narrative Overview:
 - Review the research with the group
 - Discuss with the group what benefits might exist with narratives (link back to meaning module), how narratives can help them in their journey from grief to growth
- Activity: Wisdom Walk
 - Pair up participants (ideally with similar types of loss) to walk and talk for 20 minutes (ideally outdoors) to discuss the following questions: “*What is a new narrative that captures your story in a positive way? What parts of your current story do you need to re-write to assist you in your growth process?*” If completing this program online, have partners speak by phone during their walk.
 - Return to room and shift into the next exercise while the participants' thoughts are fresh
- Narrative Exercise:
 - Choose the option that resonates with you the most:

- Write a one-page story about yourself from the perspective of another caring, compassionate person, that encompasses a growth-oriented story/narrative
- Write yourself a one-page letter that encompasses a growth-oriented story/narrative
- Draft four highlights about your growth-oriented story/narrative to share verbally with the group
- Culminating Thoughts:
 - Briefly review the purpose/ objectives from each module in this program, to help remind participants what they have reflected on and learned
 - Encourage them to take notes on their a-ha's along the way, where they have made changes, what resonated
 - Debrief observations and comments as a group
 - Ask how their progress can also be built into their narratives, to tie the module theme in
- Meeting Wrap-Up:
 - Issue post-session/ program survey to complete in the room before exiting, if possible. Collect in an envelope to review with Joyce.
 - Set accountability for next steps, post-program:
 - Attend the next program again to reinforce learnings
 - Find support in other areas
 - Take on other new projects, etc. that provide meaning
 - Take on a role (or greater role) in OSL

References for PTG Factor #3/ Module 5.0/ Session 10

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Appendix D: Handout for Module 3.1**HANDOUT: Meaning of Loss Codebook (Gillies, Neimeyer, & Milman, 2015)***Meaning of Loss Categories*

1. *Valuing life*: Reflects the mourner's respect for the value of life. Phrases common to this category include: "cherish," "respect," "life is precious," and "don't take life for granted."
2. *Live to the fullest*: References the sentiment of living to the fullest or taking advantage of time.
3. *Impermanence*: Reflects the theme that "life is short," that "everyone dies," and that "it's a matter of time" for each of us. Also reflected is the notion that there are "no guarantees in life," but rather a certain randomness in when and how we die.
4. *Personal growth*: Refers to internal character improvement or personal development in the respondent, resulting in greater strength, maturity, changed priorities, responsibility, etc. Exclusions: External behavioral changes are coded in Category 5.
5. *Lifestyle changes*: Specific external behavioral or general lifestyle changes (e.g., "drinking less," "pursuing an education," "taking better care of my health"). Exclusions: Increased helping behaviors coded in Category 8. Internal growth in character is coded in Category 4.
6. *Family bonds*: Includes references to a change in outlook and/or behavior towards family members (e.g., "family means more to me now," "spend more time with my children").
7. *Valuing relationships*: Refers to appreciating social support, valuing friendships and relationships to people in general, and efforts to become emotionally closer to others. Exclusions: Family-related valuation coded in Category 6.
8. *Compassion*: Reflects the idea that experiencing loss has made the bereaved individual more altruistic, sensitive, empathic, and willing or able to help others.
9. *Coping*: Includes various means of adaptively responding to the loss (e.g., "I'm coping" or "I'm dealing with it"). Exclusions: Coping by "moving on" coded in Category 10. Coping via "acceptance" coded in Category 12.
10. *Moving on*: Limited to the phrase "moved on," a colloquial expression implying that the loss is a thing of the past and the bereaved person is making progress in her or his life.
11. *Greater perspective*: Focuses on the notion of not being upset by "small stuff" or "little things."
12. *Acceptance*: The term "accept" is required for coding into this category.
13. *Decedent preparation for death*: Refers to the idea that the decedent was prepared for loss (e.g., "he was ready to go," "we were prepared for her death").
14. *Memories*: References general or specific memories of the deceased (e.g., "she lives in our memory," "I will never forget him").
15. *Time together*: Refers to the sentiment of valuing the time one had with the deceased loved one.

16. *Affirmation of deceased*: Reflects the notion that “she lived a good life” or “he was a good person” (e.g., “he was a person of character,” “she was so loving”).
17. *Release from suffering*: Captures the sentiment that the death ended sickness or suffering and brought peace to the decedent and/or the bereaved.
18. *Spirituality*: Includes any mention of God, religion, spiritual faith, the afterlife, and more ambiguous notions, such as “they’re in a better place” or “they’re watching over me.” Exclusions: More general statements regarding appreciation of life are coded into Category 1 and those regarding a change in perspective are coded into Category 4.
19. *Identity as bereaved person*: Refers to new bereavement-related identities that one takes on as a result of loss (e.g., orphan, widow, single mother). Exclusions: “Survivor” identity coded in Category 21. Loss of identity coded in Category 27. Unspecified change to identity coded in Category 29.
20. *Survivor identity*: Refers to a particular identity in which the bereaved individual views or defines her/himself specifically as a “survivor.”
21. *Emotionality*: Covers a range of references to emotion or emotional expression that are not necessarily depressive or negative in nature, such as “I’m more emotional now,” “my emotions are different,” and “deep emotion is a gift.” Exclusions: References to specifically depressive or negative emotion are coded in Category 22.
22. *Negative affect*: Covers a wide range of negative affective responses to loss that resemble complicated grief, guilt, depression, emptiness, or other psychological distress.
23. *Regret*: Reflects expressions of regret about something done or left undone, with statements such as “I wish I’d done this . . .” or “I could have done that . . .”
24. *Missing the deceased*: Reference to missing, longing, or yearning for the deceased.
25. *Lack of understanding*: Captures the sentiment that one is trying to make sense or meaning but hasn’t found it or has given up on trying to do so. Meanings in this category refer to confusion, frustration, resignation, or a process of continually asking why the loved one had to die.
26. *Lost identity*: Refers to loss of specific roles or sense of self, usually described as a devastating loss, such as “I lost my existence” or “my whole identity.”
27. *Lost innocence*: Refers to lost innocence or naiveté or trust in the goodness of the world or people in it.
28. *Identity change, nonspecific*: Refers to the presence of change but without specification of the nature of the change (e.g., “I’m a new person”).
29. *Meaning made, nonspecific*: Refers to having found meaning or sense in the loss, but with no specification of how or what kind of sense. Statements in this category included “there was a reason, but I don’t know it yet” and “not much, but some sense.”
30. *No meaning*: Reflects that there was no benefit or no sense to be made.

Reflection Questions:

- Considering your conversations in the last two weeks, how would you “code” them according to this meaning codebook?
- Highlight the areas where you feel you have made the most progress and where you have the most growth to work on.
- Do you have any areas to add to this list?

Appendix E: Handout # 1 of 2 for Module 3.2**Handout: The Appreciation Inventory (Adler & Fagley, 2005)**"Have" Focus

- I am very thankful for my degree of physical health.
- I count my blessings for what I have in this world.
- I remind myself how fortunate I am to have the privileges and opportunities I have encountered in life.
- I reflect on how fortunate I am to have basic things in life like food, clothing, and shelter.
- I really notice and acknowledge the good things I get in life.
- I am content with what I have.
- It is important to appreciate things such as health, family, and friends.
- Although I don't have everything I want, I am thankful for what I have.
- I remind myself to think about the good things I have in my life.
- I appreciate my degree of success in life so far.

Awe

- I get caught up in the wonderment of life.
- I have moments when I realize how fortunate I am to be alive.
- I reflect on how lucky I am to be alive.
- I feel that it is a miracle to be alive.
- I feel a positive, emotional connection to nature.
- When I see natural beauty like Niagara Falls, I feel like a child who is awestruck.

Ritual

- I stop to give thanks for my food before I eat.
- I give thanks for something at least once a day.
- I do things to remind myself to be thankful.
- I perform rituals (i.e. pray or "say grace before a meal").
- I use personal or religious rituals to remind myself to be thankful for things.
- I believe it is important to remind myself to be thankful for things on a consistent basis (i.e. daily, weekly, or monthly).

Present Moment

- I enjoy the little things around me like the trees, the wind, animals, sounds, light, etc.
- I stop and enjoy my life as it is.
- I notice things like the first flowers of spring.

- I recognize and acknowledge the positive value and meaning of events in my life.
- I remind myself to appreciate the things around me.
- I place special, positive meaning into neutral activities like taking a walk, a shower, or a nap.
- When I stop and notice the things around me, I feel good and content.

Self/Social Comparison

- I reflect on the worst times in my life to help me realize how fortunate I am now.
- I think of people who are less fortunate than I am to help me feel more satisfied with my circumstances.
- When I swerve to avoid a car accident, I feel relieved that I am ok.
- When I drive by the scene of a car accident, it reminds me to feel thankful that I am safe.
- When I see someone less fortunate than myself, I realize how lucky I am.

Gratitude

- I say "please" and "thank you."
- I notice the sacrifices that my friends make for me.
- Food, clothing, and shelter are basic needs that I do not need to be grateful for because I am entitled to them.
- I acknowledge when people go out of their way for me.
- I say "please" and "thank you" to indicate my appreciation.
- When a friend gives me a ride somewhere when he or she doesn't have to, I really appreciate it.
- I say "thank you" in a restaurant when people bring my food to express my appreciation for their help.
- I am very fortunate for the opportunity to receive an education.
- I value the sacrifices that my parents (or guardians) have made (and/or make) for me.
- Anything that my parents (or guardians) have done for me can be attributed to their responsibility as parents (or guardians), and I do not need to be thankful because that was their job.

Loss/Adversity

- I appreciate the things I have now, because I know that anything I have can be taken away from me at any given time.
- When something bad happens to me, I think of worse situations I could be in to make myself feel better.
- I use my own experiences of loss to help me pay more attention to what I have now.

- If I were to lose something I cared about, I would focus on how lucky I was to have had it.
- The thought of people close to me dying some day in the future makes me care more about them now.
- Experiences of loss have taught me to value life.
- The problems and challenges I face in my life help me to value the positive aspects of my life.
- Thinking about dying reminds me to live every day to the fullest.

Interpersonal

- I acknowledge to others how important they are to me.
- I let others know how much I appreciate them.
- I recognize the value of my time with friends.
- I reflect on how important my friends are to me.
- I remind myself to appreciate my family.

Appendix F: Handout # 2 of 2 for Module 3.2

Handout: Perceived Life Significance Scale (Hibberd, 2015)

Please respond to each of the following statements by indicating how often, or how completely, each statement is true for you. Use the following scale:

1 = Never/Completely disagree to 7 = Always/Completely agree

1. I feel satisfied and fulfilled by the things I do	1	2	3	4	5	6	7
2. There's nothing in my life that really matters*	1	2	3	4	5	6	7
3. I try to live my life to the fullest	1	2	3	4	5	6	7
4. There are moments when I'm powerfully aware of how valuable life is	1	2	3	4	5	6	7
5. I feel alive and full of vitality	1	2	3	4	5	6	7
6. I'm involved in activities that feel rewarding	1	2	3	4	5	6	7
7. My life feels like a waste of time*	1	2	3	4	5	6	7
8. I really care about the things I am doing with my life	1	2	3	4	5	6	7
9. Sometimes something so special or meaningful happens that I get choked up	1	2	3	4	5	6	7
10. I feel I have nothing to live for*	1	2	3	4	5	6	7
11. My life is empty*	1	2	3	4	5	6	7
12. The pain and suffering I've experienced connects me to other people who have also suffered	1	2	3	4	5	6	7
13. Life is too short to waste time on petty things	1	2	3	4	5	6	7
14. My life feels pointless at times*	1	2	3	4	5	6	7
15. If you look closely, the world is a beautiful place	1	2	3	4	5	6	7
16. I am energized by the things I want to do in my life	1	2	3	4	5	6	7
17. I am deeply engaged in my life	1	2	3	4	5	6	7
18. I feel disconnected from the world*	1	2	3	4	5	6	7
19. I am an active participant in my own life	1	2	3	4	5	6	7

*Reverse-scored.

Subscale	Item numbers
1. Active life significance	1, 3, 5, 6, 8, 16, 17, 19
2. Negative life significance	2, 7, 10, 11, 14, 18
3. Receptive life significance	4, 9, 12, 13, 15