

# Growth through Loss and Adversity: A Choice Worth Making

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“Do you want to come home first and rest before you leave?”

“No dad, I need to get back to school. I am already behind since I missed the University Counseling Center’s orientation.”

“Okay. Do you want to get something to eat? You look hungry. You know you need to eat otherwise you can’t function.”

“No, I’ll get something on the way. I need to get back to school, I have set up meetings with clients.”

“Are you sure you are okay to drive all the way back, we are all upset today.”

“Dad, I am leaving now.”

“Alright, thanks for being here.” (My dad hugs me and gives me a kiss on the cheek).

“Of course, I am glad I came. Now let me go old man. I am proud of you dad. You did great for Bill. I love you.”

“I love you too. We’ll call you from the car on the way down. Make sure you eat.”

“Got it big Ron, bye, bye.”

(Late August 2001, Haworth, New Jersey)

**W**e know the day will come when we sit and try to remember the last words we spoke in our loved one’s presence. What I didn’t know was my last conversation with my dad would be at my father’s best friend’s funeral. The conversation reflects the first time my father asked for my help with public speaking, the first time my father heard me say that I am proud of him, the first time my father would sit next to me in church crying and holding my hand, and the last time I would see him. Ever.

## STORIES OF GROWTH

### Robert Fazio's Story of Growth

It all started for me in the winter of 2000 when I heard my mother yell for my father to pick up the phone. I could tell from the horror in my mother's voice that something terrible had happened. I ran upstairs to see my father watching the television set and crying. My father was not an outwardly emotional guy, so this took me by surprise. He took a deep breath and told my family that our life-long friend Craig had been murdered while he was at work. Craig was only 29 years old, and his life was taken along with six other innocent colleagues on December 26, 2000. Craig was the son of my dad's best friend Bill.

Bill, like any other loving parent, was grief stricken by the loss of his son. Unfortunately, it seemed as if Bill's immune system became worn down and cancer surfaced. Bill passed away on August 27, 2001, and was buried August 31 on his birthday. Thank goodness I came home for Bill's funeral because that would be the last time I'd see my father.

My father died at the World Trade Center on Tuesday, September 11. There is not a day that goes by that I do not wish that he were here with us. The unfortunate reality is that our loved ones are somewhere else right now and we are here. So what should we do, and how can we go on? What I learned about my father after September 11 was that he was a person who reached beyond himself and made a difference in the world. He was a lifeline out of a disaster, literally holding the door for others. His heroism, as well as the heroism of many of your loved ones, is what has inspired me, my family, and my friends to try to follow dad's example and make a difference in people's lives. We have already begun to hold the door for others.

When I take the time to reflect upon what allowed me to honor the feelings of losing my dad, it is evident that I strive to live my life the way he lost his. I have a deep passion to put others first, especially in turbulent times. Interestingly enough, the best way to put others first is to first focus on you. What I mean by this is that to help others help themselves, you need to be healthy, strong, resilient, and emotionally intelligent. You need to be able to find a way to find the positive aspects in life when it seems that there are none.

I was fortunate to be very interested in studying Emotional Intelligence (EI) prior to September 11.\* Throughout my training, as I worked with clients, I always felt strongly about practicing what you preach. When I would work with clients and invite them to practice behaviors and skills related to EI, I would do the same. This approach provided me with the

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\*Throughout the stories of growth the authors will refer to the OTHERS(S) model. We will go into more depth about the model and its purpose later in the chapter. There are eight resources that make up the OTHERS(S) model, each of which are found in the literature to buffer trauma and lead to personal growth. I can connect my growth to each of the eight resources. However, here I will focus on EI.

strength, balance, and energy to manage the fallout from my father's death, as well as to maintain the pursuit of my dreams.

I remember the trip home from Richmond, Virginia, on September 12. I wasn't able to get home on the 11th due to highways, air traffic, and trains being shut down in certain areas. I can recall being on the way home and feeling extreme sadness and concern related to my dad being missing.

I learned two things very quickly: I was going to need to be aware of the extreme feelings associated with the trauma of 9/11 and find the strength to rally and look for my dad on the streets of New York City. Personally, I attribute my ability to manage my feelings through positive thinking to my understanding of EI. The concepts that I had been studying and helping others learn proved to be a huge resource for me as I cried at night while thinking that my dad would be gone forever along with thousands of other Americans, and I hit the streets during the day determined to find him.

I remember when I first returned to school after looking for my dad. I returned to my group therapy class and had a conversation with Dr. Craig Anderson, who was the leader of the Virginia Commonwealth University group therapy program at the time. Dr. Anderson was very warm and supportive. He asked me whether there was anything he could help me with. I can remember telling him there was one thing I was struggling with. I said "Craig, I am just not sure if the strength is in the crying and showing I am feeling the pain, or if the strength is in the not crying and showing that I am okay and will be able to grow through the experience." What he said to me next will seem quite simple, but it added a great deal of value to my life and has been a strong foundation for the philosophies associated with our non-profit work. Craig paused for a moment and said, "Rob, it is both." You know what, he was exactly right. To this day I share that story with people to illustrate how important it is to understand your feelings and experience and also take steps toward vulnerability, self-reliance, and strength.

### Tayyab Rashid's Story of Growth

In the fall of 1999, within eighteen days, I lost both of my parents in Pakistan some 8,000 miles away from the graduate school where I was a second-year student. I had visited them in the summer and was hesitant to return, but the proverbial assurance *insallah* (God willing) of my older siblings that all will be fine, brought me back to the United States.

Gripped by shock and grief, I was also angry with myself for being naively optimistic. I coated my emotions and thoughts with pessimism and isolated myself from my wife and friends. My beliefs were shattered, and any sense of meaning in life seemed a delusion. Pessimism took hold of my life. Laughter, smiles, and hugs felt foreign. My spiritual muscles atrophied as all pervasive grief took its toll on my body, and I became ill and depressed.

Among other things, my doctor suggested I should work out. Initially, I ignored his advice, but then my wife almost dragged me to a nearby gym. My muscles found some relief. However, I was still angry and was upset one day when I found someone monopolizing the exercise machine I wanted to use. Pacing with anger and entitlement, I decided to leave the gym. I was

about to walk out when a yoga class in progress caught my attention. Without much thinking, I walked into middle of the class, disrupting the flow. The teacher gently handed me a mat and asked whether I could squeeze in between two women who were obviously unhappy about the disruption. Nevertheless, the encouragement of the teacher helped me to complete the class, and it turned out to be emotionally and spiritually uplifting.

I returned to the next class and the next until it became a routine and then an automatic ritual. The yoga postures, deep breathing, and *Shavasana* (relaxation) helped me slowly let go of the grief, guilt, and pessimism that I was holding onto tightly. Indeed, it did not jolt me into instant happiness, but let me recede inwards—the more I reflected, the less I felt the need to blame myself or anyone else for the death of my folks. I started picking up the shattered pieces and rather than reassembling them, I tried to see what shape they now formed. I saw that after all, like autumn leaves, finality is an inevitable reality. More importantly, I realized that this reality doesn't have to be distilled in pessimism. As yoga connected my body with my soul, the *American Psychologist* issue of January 2000 (a special on Positive Psychology) bridged my thinking to optimistic avenues. My inner dialogues started reassuring me that the finality of life, although sad and inevitable, nonetheless can be evolved into some meaning. This realization brought an inner coherence. Ever since, I have been sharing this coherence through optimism, yoga, meditation, and positive psychology. I have been searching for that meaning, and this journey has been truly transforming.

### H'Sien Hayward's Story of Growth

We were like a photograph and its negative—Rishi, my big brother, was tall for his age, I was short; he was athletic, I was academic; he was extroverted and social, I was shy. He was, throughout my childhood, the most important person in my life. We were only 18 months apart in age, and I wanted to be just like him. I was a tomboy, wore his hand-me-down clothes, and even had my hair cut short like his. People would often mistake us for twins (they thought I was a little boy), and I remember feeling so proud. He was my protector. He would not let older kids pick on me at recess, checked on me first if fighting broke out, and at bedtime, would listen to all of my worries and tell me that everything was going to be okay so I could fall asleep.

And then he was gone. In one day, one afternoon really, when he was 10 and I nine, Rishi was killed in an accident and I never saw him again. I was not there when he died, and I did not see his body before he was cremated. He was not there to dig trenches in the driveway with me after it rained, or to sit next to me on the school bus, and his bed remained empty at night.

My memory of the moment when I was told he was dead is so clear it seems like someone drew it on the inside of my skull with a permanent marker. In the memory I am sitting on the burgundy futon couch watching Liz, an adult friend of our family, put down the phone and walk toward me. She had been talking to my parents who were at the hospital with Rishi because he had been hurt in a tractor accident earlier that day. I knew he

would be fine because he was always fine. He was rambunctious and outdoorsy and loved being around large farm machinery, and he always came home with big scrapes and bruises and even bigger stories about how he got the scrapes and bruises. And then I saw the expression on Liz's face. In the second before she spoke, I remember everything in the room, and everything in the world, slowing down. It was like right before a car crash when everything around you seems to slow down and become very quiet. I didn't know then that that was what a car crash was like, but I would find out later.

Because I was a child, logic and causality got all twisted up. I didn't know whether something I had done, or had not done, had caused him to die. I remember feeling terribly, terribly alone in the world. It was as if a big part of me had died with him; I didn't know who I was when I wasn't Rishi's little sister. I rebelled the year after his death: I dyed my hair green and then pink, hung out with the older "bad kids" at recess, shoplifted, and tried smoking cigarettes. But what I remember most clearly from that time was a deep sense of existential embarrassment; that is, I felt profoundly embarrassed to be alive because I was sure that everyone would have preferred it to be me that died. Accompanying this was a world-sized sense of anxiety that I somehow had to prove my worth or my right to exist, so after my rebellion phase, I got to work. I became a competitive four-sport athlete, got perfect grades, and became extroverted—I was prom queen and dated the quarterback (or the starting center, or the pitcher, depending on the season).

Seven years after my brother's death, when I was sixteen, I was in a near-fatal automobile accident that left me in a coma and paralyzed from the chest down. Several friends and I were driving to the beach to celebrate winning the state track championship. I was riding in the back seat as we came down a winding mountain road, and the last thing I remember is begging the driver to slow down. When I woke up from the coma, my parents, paragons of resilience, banded together and surrounded me with love and hope. Though they had divorced after my brother's death, they had remained a unified supportive force when it came to me. The example they provided, of finding good even in things that seemed very bad, sustained me through four months of hospitalization, four more months of outpatient physical therapy, and when I returned to my senior year of high school in a wheelchair. Contrary to the recurrent bouts of depression and pernicious suicidal ideation that I was told to expect upon awakening from the coma, life had never been more beautiful, nor I more grateful. Having experienced my brother's accident and subsequent death made life, whether spent standing or sitting, feel precious.

Now, after almost 14 years of using a wheelchair, and 20 since my brother's death, I maintain a deep inner commitment to helping others whose lives have been touched by severe loss or adversity to find the beauty in these challenges. As a sophomore at Stanford University I was exposed to the power of scientific inquiry to systematically challenge and offer alternatives to prevailing perceptions of life experience, and have now returned to academic study at Harvard to complete a doctoral degree in clinical

psychology. Psychological science, in my belief, is one of the most powerful tools I can use to understand why some rise and others fall when tragedy hits. As a doctoral student and afterward, as a scholar, I hope to contribute to a base of knowledge that may ultimately help enhance resilience and increase well-being for people who are living with great challenges.

The resources that supported me in my personal experience of growth through loss and adversity, including hope, meaning, and relationships with others, are among those that a growing body of research has identified as important for understanding the full range of potential responses to loss and adversity.

## INTRODUCTION

Over the past five years we have met many people who have lost loved ones or faced adversity related to the September 11, 2001, attacks, the Indian Ocean tsunami, Hurricanes Katrina and Rita, cancer and other chronic illnesses, physical disabilities, and accidents. What we bring to you in the following chapter is based on our personal experience with tragic and unexpected loss, our professional work and research, and insights from our colleagues. We want to keep everything very real and very practical. All three of us have experienced sudden loss, trauma, and adversity, and each of us is dedicated to integrating our personal and professional experiences to present you with insights and practical life strategies. As we sit down to put our final touches on this chapter, it was just reported that thirty-two people were killed at Virginia Tech University in a shooting incident. This occurrence brings to our minds the unfortunate truth that we are all vulnerable. This is precisely why it is so important for us to put more resources into helping people respond to loss and adversity. One of the authors is on his way to the Virginia Tech campus to apply what we have learned from our first-hand experiences in working with trauma and adversity.

We share this experience in this chapter in several ways. First, we review growth-related concepts and survey major themes suggested by relevant literature. Second, we present our model, OTHERS(S), which we have used effectively to help people face trauma and adversity. Interventions based on this model are also explained. Finally, we highlight some future directions.

Positive outcomes after trauma and suffering are an age-old theme in philosophy, religion, and literature. However, psychology has traditionally focused on the course of disease and the maladaptive behavior observed in individuals. Both conceptual work and empirical studies in the area of bereavement, for example, have tended to focus on the negative outcomes experienced by those suffering loss.

The relatively recent emergence of positive psychology as a field of scientific inquiry has served as a catalyst however, and posttraumatic growth and benefit literature has burgeoned over the past few years. A growing number of studies have been conducted that document the benefits of trauma and loss (e.g., Affeck & Tennen, 1996; Fazio & Fazio, 2005; Helgeson, Reynolds, & Tomich, 2006; Linley & Joseph, 2004; McMillen, 1999; Park, 1998; Tedeschi & Calhoun, 1995; Zoellner & Maercker, 2005). These

studies have empirically examined positive changes following adversities such as breast cancer, bone marrow transplants, HIV and AIDS, rape and sexual assaults, military encounters, airplane crashes, hurricanes, terrorist attacks, shootings, injuries, and bereavement.

Broadly, there is converging evidence that among other correlates trauma is linked with growth—often conceptualized as insight into the meaning of life and importance of relationships. This growth often helps mitigate the feelings of loss or helplessness. Thus, there has been a shift, and a growing number of studies have focused outside the mainstream disease-oriented framework to describe how negative outcomes of loss and trauma can be prevented and how people can cope successfully (Basic Behavioral Science Task Force of the National Advisory Mental Health Council, 1996). It has also been noted that negative symptoms following a traumatic event and growth are not mutually exclusive (Calhoun & Tedeschi, 2006); that is, posttraumatic growth (PTG; a term mostly used to reflect growth following trauma and loss) and posttraumatic stress disorder (PTSD) may be continuous dimensions rather than distinct, independent constructs. Therefore, focusing on growth following a traumatic event or loss may be a way to help people manage their distress.

The terms that have been used to describe growth following a tragic event include PTG (Tedeschi & Calhoun, 1995), stress-related growth (Park, 1998), and adversarial growth (Linley & Joseph, 2004). We use the term “growth through loss and adversity” (GTLA) to describe the positive changes that people experience related to a perceived challenging event. We use this term because we believe that negative events can serve as springboards to positive change. We also believe that a person’s perception of the event, as well as their personality and existing social and personal resources, are strong predictors of one’s growth.

## BACKGROUND ON GTLA

Research has revealed a number of facets of growth following trauma and loss (Afeck & Tennen, 1996; McMillan, 1999; Park, 1998; Tedeschi & Calhoun 1996), and a recent meta-analysis by Linley and Joseph (2004) of thirty-nine empirical studies suggested several noteworthy themes. First, emotional social support was positively associated with growth. Second, greater levels of perceived threat and harm were associated with higher levels of growth. However, a linear relationship among degree of loss, trauma and adversity, and growth was not found. Benefits were stronger at intermediate, rather than high or low levels of exposure. Third, in terms of cognitive appraisal variables, awareness and controllability of the event were generally associated with higher levels of adversarial growth. Fourth, women reported more growth than men, and younger respondents were more likely to report growth once a given level of developmental maturation was achieved (i.e., older adolescents were more likely to report growth). However, it could be argued that temporal proximity to one’s death makes older people more likely to be concerned about the imminence of their mortality, and thus less likely to report growth.

Fifth, in terms of the Big Five constellation of personality traits, extraversion, openness to experience, agreeableness, and conscientiousness were all positively related to growth, while neuroticism was negatively associated. Similarly, self-efficacy and hardiness were both associated with growth, although sense of coherence was not. Those with higher self-esteem and more optimism were more likely to report growth. Finally, problem-focused coping, positive reinterpretation, and positive religious coping were also positively associated with growth. In terms of the temporal course of growth, Linley and Joseph (2004) found that passage of time was unlikely to influence growth, unless intervening events and processes mediated growth, and growth tends to stabilize over time.

Helgeson et al. (2006) also examined the correlates of GTLA. Their review of eighty-seven cross-sectional studies concurred with many of the findings of Linley and Joseph (2004). Importantly, they suggested that growth from trauma and adversity may be an outcome of interest in its own right and one that reflects the positive outcomes from trauma rather than a mere lack of distress. However, they also found that growth and benefit-finding were related to more intrusive and avoidant thoughts about the illness. One explanation may be that experiencing intrusive thoughts about a stressor is a sign that people are working through the implications of the stressor for their lives, and those implications could lead to growth. In fact, a period of contemplation and consideration of the stressor may be necessary for growth to occur. Furthermore, it is difficult to imagine that true growth can occur within days of a traumatic event. It appears that benefit-finding is more likely to be related to a good outcome when a longer time has elapsed since the trauma. However, considering that all people respond to situations differently, it is possible that a person may experience aspects of growth, such as a new perspective, shortly after an event.

## GTLA RELATED TO DISABILITIES

Disability is not the experience of a small number of people. Either due to a personal condition or that of a loved one, disability is an experience that touches most people at some point during their lives. In the contemporary United States, some 54 million individuals—almost 20% of the population—have one or more physical, sensory, or cognitive disabilities (Centers for Disease Control and Prevention [CDC], 2006), and half of these are severe, affecting the ability to perform basic life functions, such as walking, seeing, or hearing (CDC, 2006; Department of Health and Human Services, 2001). Due to post-World War II advances in life expectancy and survivorship, individuals living with disabilities, regardless of which definition is used, now comprise the single largest minority group ever identified in the United States (Campbell, 1996a, 1996b). In fact, disability is truly an equal opportunity minority—anyone can join, at any time, regardless of ethnicity, age, gender, or socioeconomic status. Further, on the horizon are the anticipated effects of the aging of the baby boomer generation, those born between 1946 and 1964, which will result in unprecedented numbers of people with disabilities living in the nation (Administration on Aging, 2001; Campbell,



1996b). According to the National Coalition on Disability and Aging (2004), there are approximately 75 to 85 million Americans—or one-third of the nation—who are aging with long-term disabilities or aging into disability for the first time in later life (Campbell, 1996b). Despite the increasing prevalence of people with disabilities and the challenges they face, remarkably little empirical research exists regarding the cognitive and emotional impact of disability across the lifespan.

Research regarding the impact of disability and other forms of health-related adversity, like the traditional research on trauma outcomes, emphasizes loss. Theories of disability emphasize loss and decline, and common stereotypes of living with physical challenges are largely negative (Wright, 1983). Although these events often do produce predictable maladaptive responses that foster further problems (e.g., chronic depression), particularly in the early stages, there is also evidence in the literature that indicates otherwise. For example, a number of researchers have documented that people with a severe chronic illness report a level of quality of life (QOL) neither inferior nor better than that of less severely ill patients or healthy people (Cassileth et al., 1984), and even patients with a life-threatening disease or disability were found to report a stable QOL (Andrykowski, Brady, & Hunt, 1993). Additionally, health care providers and significant others tend to underestimate patients' level of contentment compared with patients' reports of their own level of contentment (Sprangers & Aaronson, 1992).

Spinal cord injury (SCI), a disability acquired through traumatic onset, has received increased attention in recent years as a significant portion of the American population has been impacted. More than 250,000 individuals with SCI are now living in the United States, and according to the Buoniconti Fund to Cure Paralysis (1995), another person will join their ranks every hour of every day. Schulz and Decker (1985), in a study of adults with SCI, found that despite the obvious impact of their injuries, participants saw themselves on average as being better off than most people, with or without a disability. Brickman, Coates, and Janoff-Bulman (1978) compared differences in life satisfaction among lottery winners, control participants, and participants with paraplegia and reported that because happiness is relative to the context of previous experience, people who won the lottery eventually became no happier than people with paraplegia. Diener and Diener (1996) reviewed studies that indicated that all American socioeconomic groups score above neutral life satisfaction, as do people with this severe disability. Finally, Silver (1982) reported that individuals with SCI were very unhappy immediately following their injury, but that 58% stated that happiness was their strongest emotion by the third week after their injuries.

Janoff-Bulman and Berger (2000) pointed out that people do not make such changes “in spite of their losses and sense of vulnerability, but because of them” (p. 39). From this perspective it seems reasonable to look at the ways that disability may create conditions that foster coping and personal growth. Rather than being a universally negative experience, disability may deepen individuals' understanding of life and be interpreted positively. Thus, reports of increased depression and greater awareness of death do not necessarily contradict reports of increased appreciation of life. Rather, mature

schemas may be more complex and contain multiple, once seemingly exclusive, views simultaneously. Indeed, research on the complexity of schemas suggests that mature schemas are more complex than immature schemas (Linville, 1982, 1987; Linville & Jones, 1980). Likewise, Tedeschi and Calhoun (1995) referred to this outcome of PTG as wisdom, and describe it as an appreciation for paradox. Collins, Taylor, and Skokan (1990) asked fifty-five cancer patients about the changes in their lives, and their findings exemplify this phenomenon. The patients reported negative changes in their views of their world and themselves, while at the same time they reinterpreted their experiences positively (perceived benefits, reordered priorities).

### How Does Growth Occur: Insights from Theoretical Models

Literature summarized previously clearly indicates that trauma and adversity is strongly correlated with growth. Two models of growth following trauma and loss are most prominent in explaining the mechanism of growth (Schaefer & Moos, 1992; Tedeschi & Calhoun, 1995, 2004). According to Schaefer and Moos (1992), environmental and personal systems shape the life crisis experience and its aftermath. They influence cognitive appraisal processes and coping responses, which in turn, affect the outcome of crises. Feedback loops link all components of the model, thus influencing one another. The personal system includes sociodemographic characteristics and personal resources such as self-efficacy, resilience, optimism, self-confidence, easy-going disposition, motivation, health status, and prior crisis experience. Environmental factors include personal relationships, support from family, friends, and social environment as well as financial resources and other aspects of the living situation. Event-related factors include the effects of the severity, duration, and timing of the life crisis and its scope on the individual.

In Tedeschi and Calhoun's (1995, 2004) model, which has been revised recently, the growth process is conceptualized as follows: A traumatic event, which is an event of seismic proportions, shakes or disintegrates some important elements of an individual's salient goals and worldviews. It is a challenge to higher-order goals, higher-order beliefs, and the ability to manage emotional distress. Consequently, the individual initiates a process of recurrent rumination and tries to reduce distress. Initially, rumination is more automatic than deliberate characterized by frequent thinking about the trauma and related issues. After the first coping success (reduction of emotional distress, disengagement from unreachable goals), rumination transforms into more explicit thinking about the trauma and its impact on one's life. In its adaptive form, rumination leads to cognitive processing (analyzing the new situation, searching for meaning, and re-appraisal) and is supposed to play an important role in the development of growth. PTG is conceived as a multidimensional construct, which includes beliefs, goals, behaviors, and identity as well as the development of a life narrative and wisdom.

In addition, growth has also been conceptualized as a coping strategy (Afeck & Tennen, 1996), as a process of searching for and making meaning (Nolen-Hoeksema & Davis, 2004; Park & Folkman, 1997), as an

interpretive process (Fillip, 1999), and as a form of self-enhancing appraisal or positive illusions (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). Although models of growth from trauma and adversity have made significant theoretical and research headway, they have not encompassed some important components. For example, Zoellner and Maercker (2005) suggested that these models have usually concentrated on cognitive factors, coping strategies, or personality differences, but emotions might play a greater role than assumed so far; that is, there is a possibility of overestimating the role of cognitive factors and underestimating the role of emotions, particularly of positive emotions. Fredrickson, Tugade, Waugh, and Larkin (2003) have recently shown that in college students who were assessed in early 2001 and again shortly after September 11, 2001, positive emotions in the aftermath of crisis fully accounted for the relation between pre-crisis resilience (personality trait) and post-crisis growth, conceptualized as increases in life satisfaction, optimism, and tranquility. Given that trauma and loss have numerous causes and consequences, it may be difficult to restrict growth within the confines of a single unifying theoretical model. Moreover, in increasingly pluralistic cultures, a single model may be inadequate. Therefore, we view diversity of theoretical notions about growth as an encouraging sign.

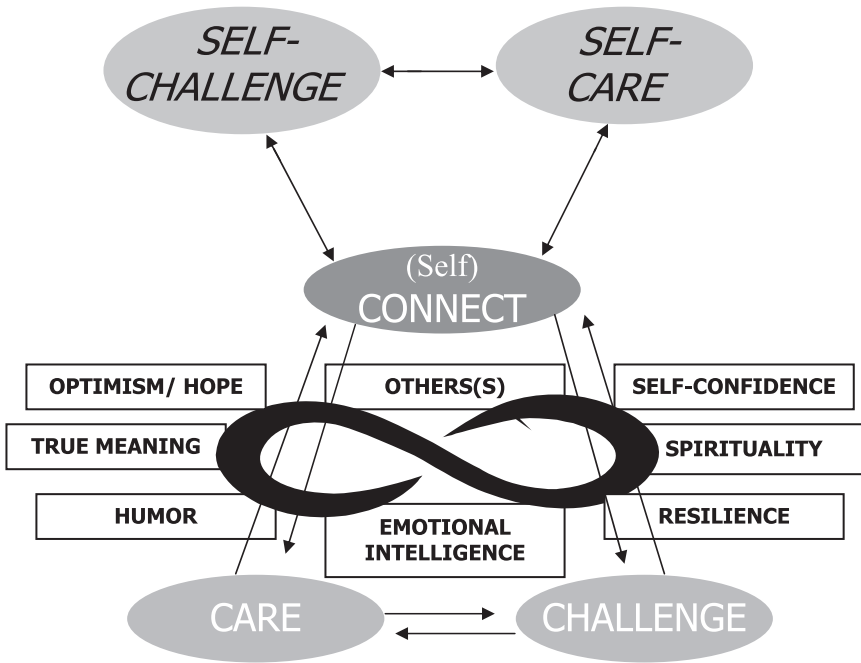
#### HOW DO WE FACILITATE GTLA?

Based on personal experiences and that of others who have lived with trauma and loss we have designed the OTHERS(S) model to promote growth. We have empirically tested this model (Fazio & Fazio, 2005) and have used it as a guide for personal, professional, and community interventions.

#### The OTHERS(S) Model

We have identified eight core resources that allow people to manage loss and adversity in a healthy manner and lead people to grow. The basis for the eight core resources are three foundational resources that allow people to enhance the necessary life skills associated with the OTHERS(S) model (see Figure 1.1). The OTHERS(S) model is an acronym for the eight resources that promote growth through adversity: Optimism, True meaning, Humor, EI, Resilience, Spirituality, Self-confidence and Others (relationships).

The OTHERS(S) model is strength-based and focuses on practical skills, empowerment, education, relationships, and most importantly growth by fostering positive emotions and strengths—a noteworthy element missing in previous models. We believe that building strengths is a valid and effective way of dealing with trauma and loss. Strengths serve us best not when life is easy, but when life is difficult. During challenging times, helping people to discover their strengths such as optimism, hope, humor, social and EI, resilience, meaning, and spirituality takes added importance. Zoellner and Maercker (2005) noted that for too long, clinicians largely have short-changed trauma survivors by focusing predominately on reducing



**Figure 1.1. The OTHERS(S) Model for Personal Growth and Relationships.**

*Source:* Fazio & Fazio, 2006.

symptoms of trauma, and that they may have failed to support clients as they reflected upon their basic beliefs more generally.

The OTHERS(S) model also focuses on the process of connecting, caring, and challenging before, during, and after teaching the key messages and skills. The motivation driving the use of the OTHERS(S) model is not solely to reduce symptoms or return people to their normal levels of functioning. The goal is to help people learn that they can grow as a result of their experiences even if the experience is traumatic. In this model, we encourage people to gain insight and take action to leverage their strengths to develop their personal resources. When possibilities of growth are as salient as attention to pain, grievance, and suffering, clinicians and counselors can help clients to explicitly explore the benefits from adversity and trauma. Therefore, we emphasize healing and growth as well as pain and suffering. We view pain and struggle as a valid aspect of the healing process for many individuals, and we invite people to understand their pain and use it for growth. We believe in helping people understand themselves and their specific situation rather than encouraging them to move on. Therefore, much of the work is focused on self-understanding and building relationships.

Table 1.1 presents the descriptions, key messages, and skills needed to foster these resources. These are divided into three components:

- (a) The foundational resources (self-connect [self-understanding], self-care, and self-challenge) are for self-development or growth. They are an

**Table 1.1**  
**Foundational, Relational, and Core Resources of the OTHERS(S) Model**

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<b>Foundational Resources</b>	
Self-Connect	<p>Definition: self-awareness and understanding others. Self-connecting facilitates trust between you and others, and encourages you to bond with people on a deeper level.</p> <p>Key Skill: <i>Journal writing</i>. Become aware of your personal thoughts, feelings, and behaviors.</p>
Self-Care	<p>Definition: Being compassionate to yourself and others. Taking steps toward health.</p> <p>Key Skill: <i>Reflection</i>. Listen to and accommodate your physical and emotional needs. You can better equip yourself to not only maintain ground through difficult times, but also thrive despite challenging obstacles.</p>
Self-Challenge	<p>Definition: Self-challenge. Emphasize finding your inner strength, even in the most painful and challenging times of your life.</p> <p>Key Skill: <i>Challenge affirmations</i>. Think about how you can achieve your personal goals and provide specific reasons for your success.</p>
<b>Relational Recourses (when you are the helper)</b>	
Connect	<p>Establish and deepen relationships with the person you are helping grow. This process is the beginning of letting the other person know you are on the “same team.”</p>
Care	<p>Express empathy and let the person know that you are genuinely interested in their healing and growth</p>
Challenge	<p>Connect, Care, and then Challenge the person toward growth. Leverage your relationship and collaborate with the person to identify specific growth opportunities, commitments, and action steps.</p>
<b>Core Resources (OTHERS[S])</b>	
Optimism/Hope	<p>Definition: Ability to develop and maintain a positive attitude and hope even during challenging times.</p> <p>Key Skill: <i>Find the positive and refocusing</i>.</p>
True Meaning	<p>Definition: Ability to make meaning of losses/adversity and finding purpose for the future.</p> <p>Key Skill: <i>Self-questioning</i>. Ask yourself positive and purposeful questions.</p>
Humor	<p><i>Definition</i>: Ability to laugh and use humor to lighten the load of loss and adversity.</p> <p>Key Skill: <i>Find the lighter side</i>. Strike a balance between taking things seriously enough and not taking them too seriously.</p>

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(continued)

**Table 1.1** (*continued*)

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Emotional Intelligence (EI)	<p>Definition: Ability to be aware of your emotions, connect with people, read emotions in others, and communicate your emotions to others. EI also involves the successful integration of thought and feeling.</p> <p>Key Skill: <i>Emotion coaching</i>. Become aware of your emotions, understand them, and then channel them into positive responses to adversity.</p>
Resilience	<p>Definition: Ability to adapt, bounce back, and respond with strength to adversity, loss, and challenge.</p> <p>Key Skill: <i>Self-talk</i>. Communicate with yourself and teach yourself to be adaptive.</p>
Spirituality	<p>Definition: This resource can only be defined by you, as it is the most personal of all resources. An example of a personal definition is: the level of connectedness to people and the surrounding world. Spirituality may be defined as the inner spirit and passion for relationships with others or having an instant connection related to important dates, common experiences, and serendipity. Some people view spirituality as an appreciation for something greater than themselves.</p> <p>Key Skill: <i>Leveraging your spirit</i>. Personally define the passion within you that encourages you to thrive. An example of this could be <i>the connectedness I share with others</i>.</p>
Self-confidence	<p>Definition: Belief in yourself and your personal resources.</p> <p>Key Skill: <i>“Canning the T.”</i> Think about how you “can” accomplish something. Instead of saying “I can’t”, think about a smaller step toward your goal and figure out what you “can” do in the present and grow from there. “Can’t is can with a T. Therefore, you have to can the T.”</p>
OTHERS(S)	<p>Definition: OTHERS(S) ties all personal resources together and emphasizes relationships. It is the ability to build relationships in your social-network, and heal through helping others.</p> <p>Key Skill: <i>Hold the Door for Others</i>. By reaching out and connecting with others, people can often heal and grow through loss. Volunteer to help someone in any way you can.</p>

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essential platform needed to develop the resources for GTLA. Whether people are working on themselves or they are helping other people, the foundational resources need to be developed. They serve as the drivers that help us develop the core resources listed later. The foundational

resources allow us to enhance our understanding of ourselves, increase our emotional and physical health, and empower us to leverage our strengths to grow. It is similar to when you build a house. A strong foundation is needed to support the essential components of the home, such as doors and windows.

- (b) The relational resources (connect, care, and challenge) focus on the process of helping a person enhance the eight core resources in the OTHERS(S) model. In other words, when a practitioner or Growth Consultant (GC) is working with a person, connect, care, and challenge are the processes that allow for people to collaborate. The objective is to work together and enhance the OTHERS(S) resources.
- (c) The core resources are optimism/hope, true-meaning, humor, EI, resilience, spirituality, self-confidence, and OTHERS(S). The core resources are what are essential for individuals to buffer the effects of trauma and lead us toward growth. These resources relate to our relationships with others, and how we interact and respond to loss and adversity. In essence, these resources are very visible in our everyday interactions with people.

### Assessment of Resources

An essential component of healing and growing through loss and adversity is self-understanding. To gain a better understanding of where individuals' strengths and areas of development are related to the OTHERS(S) model, we created a self-awareness tool, The Others(s) Resources Competency Indicator (ORCI), which is currently going through the validation process. It is designed to help individuals gain greater insight into themselves and to help them focus their plans for growth. The ORCI can be downloaded at no cost, just like all of our resources, at [www.holdthedor.com/resources](http://www.holdthedor.com/resources).

### Support for the OTHERS(S) Model

Approximately two years following the events of September 11, Hold the Door for Others (HTDFO) surveyed over 240 people who lost loved ones on September 11. We asked people to respond to a series of questionnaires as well as five questions that can be found in Table 1.2.

Our findings further verify that loss and adversity can actually serve as a spark for positive changes. Specifically, common themes that emerged are presented in Table 1.2. In addition, we concluded that resilience and EI were significant predictors of PTG within people who lost loved ones on September 11 (Fazio, Strunk, & Danish, 2004).

We used these themes as well as additional research and experience to enhance the OTHERS(S) model and design individual and community interventions. Our interventions range from interactive CD-ROMS, to speaking engagements, to workbooks, to day-long events, such as our annual Hold the Door Day. Our team members have delivered our

**Table 1.2**  
**September 11 Themes Related to GTLA**

Question	Percentage of Responses and Theme
1) What helps you the most as you live with your loss?	<ul style="list-style-type: none"> <li>● 55% of the responses included a reference to social support (e.g. support from friends and family) was what helped them the most as they began to live with their loss.               <ul style="list-style-type: none"> <li>○ Of this 55%, 11% of the responses included a reference to having a support network of people who have experienced loss was the most helpful.</li> </ul> </li> <li>● 26% of the responses included a mention of spirituality (e.g., faith, connection with loved one, belief of person being in heaven).</li> <li>● 11% of the responses referred to other types of support such as therapy or support from strangers as being the most helpful.</li> <li>● 9% of the responses included doing a journaling exercise.</li> </ul>
2) What is the most challenging aspect of your loss to date?	<ul style="list-style-type: none"> <li>● 66% of the responses included a reference to the fact that the suddenness of the loss was the most challenging aspect.</li> <li>● 30% of the responses included a reference to the difficulty of resuming life (e.g., creating a ‘new’ life, facing each day without loved one).</li> <li>● 20% of the responses included a reference to managing the feelings associated with the loss (e.g., pain, grief, loneliness, anxiety).</li> </ul>
3) Did anything good come from your loss? If yes, then what?	<ul style="list-style-type: none"> <li>● 52% of the responses included a reference to <i>personal growth</i> (e.g., greater self-reliance, increased independence, increased resiliency).               <ul style="list-style-type: none"> <li>○ Of these responses 40% of them were focused on a heightened appreciation of others (e.g., family, friends, enhanced relationships).</li> </ul> </li> </ul>
4) How have you grown personally since September 11?	<ul style="list-style-type: none"> <li>● 41% of the responses included a reference to an enhanced sense of appreciation for life such as compassion, and tolerance of others.               <ul style="list-style-type: none"> <li>○ “I have a better sense of perspective. I can better see the big picture. I try not to get hung up on the little things.”</li> </ul> </li> <li>● 29% of the responses included a reference to <i>personal growth</i> (i.e. stronger will or determination, resiliency).               <ul style="list-style-type: none"> <li>○ “I’m doing things I never thought I’d be capable of/doing things I never saw myself doing.”</li> </ul> </li> </ul>

(continued)



**Table 1.2** (*continued*)

Question	Percentage of Responses and Theme
5) What can you offer others that may be helpful if they experience a traumatic loss like the families of September 11?	<ul style="list-style-type: none"> <li>● 49% of the responses included a reference to <i>reaching out to others and getting support</i>.</li> <li>● 24% of the responses included a reference to getting help such as group or individual therapy or support groups.               <ul style="list-style-type: none"> <li>○ “Tell people how they can help you/don’t be afraid to ask for help.”</li> </ul> </li> </ul>

*Source:* Fazio & Fazio, 2006.

interventions in a variety of diverse settings. An example of our outreach efforts includes using the OTHERS(S) model to train children affected by Hurricane Katrina to be peer listeners. In the spring of 2005, team members traveled to Thailand and trained mental health professionals to use the OTHERS(S) model in dealing with the aftermath of the Southeast Asian tsunami (Hayward, 2005). More recently, team members were involved in prevention efforts to support victims of the fatal mass shooting at Virginia Tech University. A component of our interventions include the use of workbooks to reinforce key learnings and provide opportunities for future growth. The workbooks include lessons, self-reflection exercises, and an emphasis on taking action toward developing the resources associated with the OTHERS(S) model (Fazio, Van Raalte, & Burke, 2002; Fazio & Fazio, 2006).

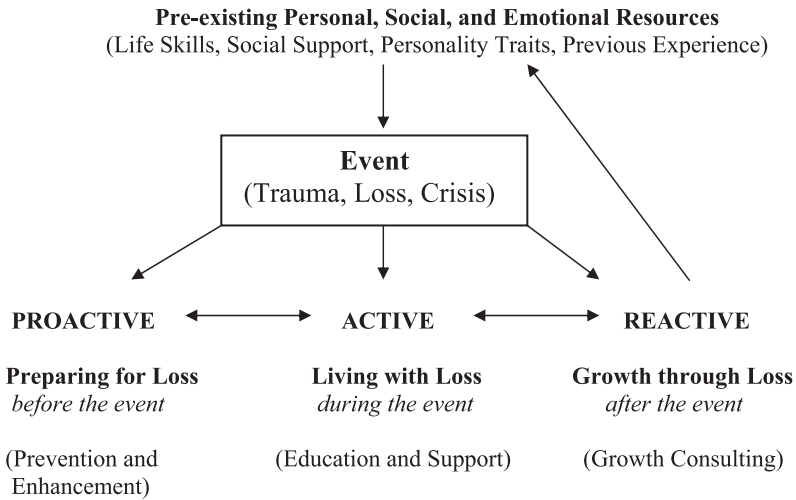
### Life Developmental Intervention

The OTHERS(S) model provides a vision of what is essential for individuals when they encounter adversity or trauma. However, the timing of intervention is just as significant as the intervention itself. We believe in strength-based interventions that take into account areas of growth and development. We strongly advocate for an approach that includes interventions that can be used before, during, and after an event. We define these time periods as proactive, active, and reactive stages of intervention (see Figure 1.2). We believe that applying the lessons and skills associated with the OTHERS(S) model are beneficial before an event happens, as soon as it happens, and after it happens. This approach is rooted in a life development intervention framework (Danish, Petitpas, & Hale, 1993).

## THE PROCESS AND POTENTIAL MECHANISM OF GROWTH

### Using Stories to Facilitate Growth

There are many routes to growth following trauma and adversity. A cornerstone of the OTHERS(S) model of growth is sharing the trauma. We believe that sharing trauma and troubles is arguably a basic human



**Figure 1.2. Timing of Growth through Loss and Adversity Interventions.**

*Source:* Fazio & Fazio, 2005.

motivation. There are many ways of sharing trauma (Affleck & Tennen, 1996; Janoff-Bulman & Frantz, 1997; Nolen-Hoekesma & Davis, 2004; Taylor, 1989). In addition to connecting with significant others, we have successfully employed the strategy of sharing the stories as we did at the onset of this chapter. We believe that sharing your story is perhaps the most robust mechanism of change in our model as it helps individuals to coherently integrate all themes of the OTHERS(S) model in a personalized narrative which, over time, can be used as an evolving vehicle of dynamic growth.

In the psychological literature, it has long been believed that not talking about trauma eventually was unhealthy (Greenberg & Stone, 1992). More recently, measuring variables like blood pressure, muscle tension, and skin conductance, James Pennebaker (1989), who has conducted extensive research on benefits of writing about trauma, demonstrated that holding back or inhibiting one's thoughts and emotions exacerbates stress (Paez, Valesco, & Gonzalez, 1999). Pennebaker (1989) maintained that not sharing or talking about important psychological events constrains thoughts, feelings, and behaviors, and is a form of inhibition. This inhibition in turn causes psychosomatic processes and leads to long-term health problems. Reducing this inhibition, by informal confiding and confiding in professionals through psychotherapy, has shown to reduce illness and stress (Mumford, Schlesinger, Glass, Patrick, & Cuerdon, 1998).

According to Gestalt psychology, when individuals experience trauma, they temporarily become disconnected with their core self or identity (Melnick & Nevis, 1998). This disconnection is exacerbated by the inhibition of the thoughts and feelings, which naturally come with the trauma. We inherently need to integrate the many dimensions and facets of a single event

into a more coherent whole (Perls, Hefferline, & Goodman, 1973). The complicated and unpredictable world around us makes us anxious for not ascertaining completion and understanding of simple cause-and-effect explanation for traumatic events. We are inclined to search for meaning and emotional and logical closure of events, to attain a sense of control and predictability over our lives. However, when events are incomplete, as traumas often are, we tend to ruminate, talk, and even dream about traumas. The more we attempt to suppress these thoughts, paradoxically, the more frequently they intrusively return to mind. Our mind, which is naturally designed to move toward completion, thus often remains preoccupied to figure out why this trauma happened. This distressing nature of intrusive ruminations produces anxiety that can lead to autonomic arousal.

Research in narrative psychology suggests that we make sense of our lives by putting them into story like format (Neimeyer & Stewart, 2000). We use a self-narrative to account for the critical events in our lives (Gergen & Gergen, 1988; McAdams, 1996). Using the core themes of the OTHERS(S) model, we have helped our clients construct a story about trauma and adversity. Much like Niederhoffer and Pennebaker (2002), in most cases the experience of constructing the story has facilitated a sense of resolution that has enabled a sense of predictability and control over our clients' lives—and allowed them to be in synch with their core selves, a connection disrupted by emotional upheaval. We believe that through language, we give structure to our experiences. Thus, we can create a coherent narrative, which can be summarized, and then stored efficiently. Greenberg, Stone, and Wortman (1996) noted that words and expressions we use to describe the trauma and adversity provide frames to organize our thoughts and feelings surrounding the traumatic events. In addition, writing about trauma spurs our self-regulation. Self-regulation occurs as we see an increased sense of control over our emotional reactions.

Consistent with the importance of connecting with others, we have noted that an important significance of writing the story of growth is its power to connect with others because not being able to or not willing to share our trauma with others disconnects us from our social networks. Whether it is embarrassment, shame, guilt, or fear of appearing vulnerable that prevents us from disclosing, it mostly keeps our trauma in the dark. Research suggests that not disclosing encourages obsessive preoccupation and rumination about the trauma (Wegner, Lane, & Dimitri, 1994). Suppressing traumatic and troublesome thoughts and feelings on a daily basis is a heavy emotional and cognitive burden, which makes it difficult for us to organize thoughts about the event and to make sense of what has happened. In addition, it does not allow others to offer sympathy, empathy, and support, which often are much needed. Decades of accumulated research have suggested that close social ties are the most robust predictors of our happiness and well-being. Sharing a narrative about trauma helps others to understand our inner strife and suffering. By forming a narrative, we are able to translate our life story into a language that is both understandable and communicable. Once constructed, this story not only helps us to better understand the causes and consequences of the trauma, but it

also allows us to communicate it with others who may be encouraged to share their traumas.

Keeping this in mind, a core component of HTDFO interventions include an aspect of self-reflection, which includes telling your personal story. We encourage people to share their story in any way they feel is healing. Often times this is done through writing, however, many people tell their story through conversations, drawing, music, and other vehicles. The HTDFO team has created a collection of stories from people who faced a variety of adverse events. The authors of each story connect their experience to resources in the OTHERS(S) model they feel helped them grow. We have found that these stories serve as a tremendous source of inspiration for people who experience trauma, loss, or adversity. The stories seem to instill hope and provide people with specific strategies and a potential road map toward growth. The stories also have a strong positive impact in that they connect people to one another and help people build, deepen, and maintain relationships.

Empirical studies have documented benefits of writing about trauma. Writing about traumatic experiences and adjustment to life can have remarkable health benefits. For example, writing about traumatic events has been linked with heightened immune function (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994; Patrie, Booth, Pennebaker, & Davidson, 1995), greater congruity in brain wave activity across the cerebral hemisphere (Pennebaker & Susman, 1988), and reduced health problems (Greenberg & Stone, 1992). In addition, writing about traumatic events has been associated with finding employment after being laid off (Spera, Buhrfeind, & Pennebaker, 1994). Greenberg et al. (1996) found that even writing about an imagined trauma one time for 20 minutes provided health benefits. McAdams, Diamond, de St. Aubin, and Mansfield (1997) reported that individuals who were able to view their stories as having happy endings—stories that move from tragedy to redemption—were more likely to experience generativity in their lives. Salovey, Rothman, and Rodin's (1998) finding suggested a two-step, multidimensional approach to explain the effects of disclosure. First, confiding traumas reduces the physiological arousal associated with inhibition and second, it increases one's ability to understand and integrate the experience.

### Important Clinical Considerations in Facilitating Growth

The process of growth in the face of trauma and adversity is quite challenging. Zoellner and Maercker (2005) suggested that therapists and individuals who offer trauma- and adversity-related counseling should have an understanding of how the process of working through the impact of trauma is linked to the potential revision of the trauma affected thoughts and emotions. Often a return to an old, innocent pretrauma state is not possible. Outside of the therapeutic context, clients may have been given advice by friends to see the positive or concentrate on the good things when they talked about the negative impact of trauma. Such hasty advice is usually not helpful because it is often linked to the denial or avoidance of

suffering. A professional abstinence from naïve use of positive thinking should be accompanied by an open-minded attitude on the side of the therapist allowing patients to find their own specific meaning, interpretations, ways of coping, and recovery. Perceptions of growth should be supported and encouraged when they occur, and clinicians can promote the active use of this growth perspective in patient's daily life. Clinicians and counselors ought to, however, remember that the absence of growth should not be regarded as failure. They should be particularly careful not to suggest that clients must grow from their experience. Such suggestions may minimize the clients' experience.

It is essential that individuals who offer professional support are very aware of the needed competencies. Fazio and Fazio (2005) used the term GC to describe anyone who is working with a client or delivering a community intervention where the ultimate goal is growth. The drive behind identifying competencies and processes associated with an effective GC was the lack of focus on how people can empower others to grow while honoring their pain.

Subtle shifts in how a person perceives working with an individual can have a large impact on the process and outcome. People are able to break down more barriers when they think of themselves as GCs rather than counselors, clinicians, or therapists. In addition, people feel less of a stigma when working with a GC as opposed to a psychologist or therapist. It is also essential that anyone working with this population not only know what the diagnostic criteria for PTSD, acute stress disorder, depressive disorders, and bereavement are, but also know how to probe for the criteria. Bonnano and Mancini (2006) provided suggestions for interventions, which include treating the traumatic symptoms first. Working with people while there are challenges related to trauma and bereavement can be complicated. The most effective GCs are active learners and seek consultation from a diverse range of thought leaders and practitioners.

It is imperative that clinicians listen carefully to the language and psychological responses of clients and judiciously joins with the client in this form of communication. Clinicians listen not to solve problems necessarily. Tedeschi and Calhoun (2004) suggested that clients might experience highly meaningful changes, but rarely perceive these changes as expressions of growth. Listening in such situations becomes even more important as mindful listening allows clinicians to notice and help clients label the change as growth. However, the clinicians must be careful and avoid offering mechanistic offering of empty platitudes that tell the clients, for example, what wonderful opportunities of growth has trauma, loss, or adversity brought.

In the aftermath of trauma, clients generally rely on framework available to them within their immediate cultural, religious, and social milieus to make sense of trauma. Clinicians ought to feel comfortable and willing to help their clients' process cognitive appraisal within their cultural background.

When working with the clients in therapy, a clinician should be mindful that for some clients, with growth, also comes a paradox such as, I am more vulnerable, yet stronger (Tedeschi & Calhoun, 2004). Similarly, clients may report discovering both the worst and best in others. That is, trauma, loss, and adversity may prove to be a litmus test that uncovers real

friends or whom clients can count on. Clinicians need to provide a safe space and comfortable pace in which clients discern all dimensions of trauma, loss, and adversity deeply to extract personal meaning from it.

Clinical care and sensitivity warrants focus on growth and should be viewed relatively separate from pain, trauma, and adversity; that is, a client who reports growth may equally be experiencing significant distress. Growth may eventually yield more meaning, fulfillment, and increased well-being, but may not completely alleviate the pain of trauma, loss, and adversity. Indeed, in some cases, such a pain may serve as a painful reminder as to what has been lost.

We believe growth is deeply experiential, not merely intellectual, although there are elements of emotional and cognitive intelligence. Therefore, clinicians should honor compelling affective or experiential flavor to it and must be attuned to the clients when clients may be in a predominately affective state. In such a state, rushing a client to reconstruct schema, inviting them to think deliberately about painful feeling may, at best, be avoided.

## FUTURE CONSIDERATIONS

We would like to offer some thoughts on the future of GTLA. Clearly, it is a worthwhile concept to be further explored. Our hope is that GTLA becomes more integrated into clinical practice. We believe that it will enrich the clinical repertoire and broaden practitioners' perspective. The result will be that clinicians and counselors will readily recognize that a client's struggle to understand trauma and adversity solely does not rely on perceived deficits and losses but also potential gains and growth. In terms of empirical exploration, we would suggest that studying growth by heavily relying on self-report measures, most of which assess negative responses should be avoided and measures that assess both positive and negative changes should be preferred. In the absence of pre-event data, which makes it difficult for self-reported changes to be verified, third party reports and objective measures such as health status, concrete work related performance could reliably validate change. Collateral assessment of related behavioral and physiological indices and moderators could be included to examine the benefits of growth holistically. In this regard assessment approach such as multitrait-multimethod (Campbell & Fiske, 1959) can be employed. Furthermore, our assessment approach should head towards the goal of uncovering the actual life changes or markers people achieve as a result of growth.

We are hopeful that strides toward an emphasis on honoring people's experience, while finding opportunities for growth, will have a positive impact in people's lives. In this chapter, we covered the current literature related to GTLA, the practical implications of GTLA, and our experiences. What we didn't explicitly cover is the most essential factor associated with growth no matter what the experience. This factor is the power of human interaction. As people in the field of GTLA, we often have the gift of interacting with people with whom we instantly connect with because our experiences create an instant bond. We encourage people to keep their hearts open and minds focused on growth. Human interaction is what heals and facilitates growth.

Sometimes it the simple act of saying “Hi” with an openness to learn and care is what opens the door and invites people to grow. Unfortunately, we are all reminded of the adversity that we are likely to face within our lives. Fortunately, we are also reminded of the strength and resilience that we possess. We can learn from the courageous steps people take following the loss of a loved one. Some people decide to go back to their studies or work right after an adverse event or loss and others take a different pathway. Everyone will make millions of choices that will affect their lives and the lives of others. We ask that you choose and invite others to choose growth, trust us, *it’s a choice worth making.*

## PERSONAL MINI-EXPERIMENT

### Exercising to Grow

***Gaining Insight Prior to Taking Action:*** In this chapter, we have emphasized the importance of the foundational resource *Self-Connect*. This resource is the foundation for GTLA. We would like you to spend some time gaining insight. Please take some time and visit [www.holdthEDOOR.com](http://www.holdthEDOOR.com), click on Resources, and then select Self-Awareness Tool (click on the door icon). This link will allow you to download a self-development tool designed to help you better understand your strengths and areas in need of growth. We have found the tool to be useful in helping people create visions for themselves. Please know, however, that scientific studies to test the reliability and validity of this tool have not yet been conducted. However, the authors plan to establish psychometric properties of this tool.

***Complete the ORCI:*** Follow the directions at the top of the resources Web page and fill out the online survey (ORCI) by inputting your responses directly into the spreadsheet column labeled Time 1. For each of the survey items you will be specifying the degree to which the statement describes you. After you have completed the survey, you can click on the tabs at the bottom of the page for a snapshot of your strengths and weaknesses in relation to the OTHERS(S) model.

***Discover Your Strengths and Areas of Growth:*** Review the percentages provided in the snapshot and identify your top three strengths. Take time to reflect on these areas as they may very well be the strengths that have enabled you to grow from loss and adversity, and will likely continue to do so.

***Put Your Insights into Actions:*** Select one area that you are interested in developing further. It does not need to be the item with the lowest percentage. It needs to be a resource that you feel invested in working on.

- Click on the Personal Growth Guide link, [http://www.holdthEDOOR.com/images/Final\\_Growth\\_Guide.pdf](http://www.holdthEDOOR.com/images/Final_Growth_Guide.pdf), for suggestions to guide your personal development related to each item.
- Create a growth action plan with specific growth steps for yourself by focusing on one of the OTHERS(S) resources at a time (you can find tips and a worksheet on creating growth steps on page 48 of the *Finding Your Way through Sudden Loss and Adversity* workbook, available on our Web site at: [http://www.holdthEDOOR.com/images/Final\\_finding\\_your\\_way.pdf](http://www.holdthEDOOR.com/images/Final_finding_your_way.pdf)).

- Share your growth plan with someone you trust and ask them for feedback and support as you continue to grow and work on new resources.

**Engage Others:** This is the *most important step*. Share your plan with someone you trust and involve them in the process. Seek honest feedback on how you are progressing and thank them for the help. Ask people you trust two questions to get their honest feedback:

- “What is one thing I am doing that is nurturing my growth?”
- “What is one thing I am doing that is hindering my growth?”

Invite them to go through the process as well and help them with their growth plan. Remember, this model will be helpful regardless of the adverse situation. You will then be creating a pattern of helping others help themselves to grow. In other words, you will be Holding the Door for Others.

**Self-Reflection:** Once you are ready, take the time to reflect upon and write your story of growth. Start with your experience of loss and adversity and create a story that evolves into your story of growth. Examples of stories of growth, and helpful hints on writing your story, can be found on pages 91–142 of the resource *Finding Your Way through Sudden Loss and Adversity* (link provided under “Put Your Insights into Actions” section).

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