

## EDITOR-IN-CHIEF

John H. Harvey  
Department of Psychology  
11 Seashore Hall E  
University of Iowa  
Iowa City, IA 52242-1407

# Journal of **LOSS &** **TRAUMA**

---

## ASSISTANT EDITORS

Eric D. Miller · Department of Psychology, Kent State University, 400 E 4th St., East Liverpool, OH 43920  
Brian E. Pauwels · Department of Psychology, E11 SSH, University of Iowa, Iowa City, IA 52242  
Bonnie L. Green · 310 Kober Cogan Hall, Georgetown University Medical School, Washington, DC 20007

## BOOK REVIEW EDITOR

Daniel J. Harkness · Assistance Centre, Central Iowa Health System, 1301 Pennsylvania Ave.,  
Suite 305, Des moines, IA 50316

Anita Barbee, USA

Melanie K. Barnes, USA

Peter Berta, USA

Rosemary Blieszner, USA

Arthur Bochner, USA

Heather Carlson, USA

Carolyn Ellis, USA

Patricia Frazier, USA

Matt Gray, USA

Robert Hansson, USA

Clyde Hendrick, USA

Susan S. Hendrick, USA

Miles Hewstone, UK

Mardi Horowitz, USA

Ronnie Janoff-Bulman, USA

Patricia Kelley, USA

Vicky Lensing, USA

Robert Lifton, USA

Aurora Liiceanu, Romania

Renee Lyons, Canada

Catalin Mamali, USA

Robert Neimeyer, USA

Paula Nurius, USA

Julia Omarzu, USA

Terri L. Orbuch, USA

Daniel Perelman, Canada

Lillian Range, USA

Paul Rosenblatt, USA

Henk Schut, The Netherlands

Michael Simpson, South Africa

C. R. Snyder, USA

Zahawa Solomon, Israel

Ervin Straub, USA

Margaret Stroebe, The Netherlands

Ewa Trzebinska, Poland

Jerzy Trzebinski, Poland

Mike Uematsu, USA

Ann L. Weber, USA

Heidi Wayment, USA

---

Abstracted and/or Indexed in: Current Contents/Social & Behavioral Science; e-Psyche; PsycINFO/Psychological Abstracts; Research Alert; Social Science Citation Index; and Social SciSearch.

*Journal of Loss & Trauma* (USPS permit number 014-204) is published 5 times a year in January, March, May, July, & October by Taylor & Francis, Inc., 325 Chestnut Street, Philadelphia, PA 19106. Periodicals postage paid at Philadelphia, PA, and additional mailing offices.

US Postmaster: Please send address changes to UPIL c/o IMS, PO Box 1518, Champlain, NY 12919, USA.

Annual Subscription, Volume 10, 2005 Print ISSN 1532-5024, Online ISSN 1532-5032

Institutional subscribers: US \$339 UK £205 Personal subscribers: US \$108 UK £65

An institutional subscription to the print edition includes free access to the online edition for any number of concurrent users across a local area network.

**Production and Advertising Office:** 325 Chestnut Street, Philadelphia, PA 19106. Tel: 215 625-8900, Fax: 215-625-8563.  
**Production Editor:** Andrew Moyce. **Subscription offices:** USA/North America: Taylor & Francis Inc., 325 Chestnut Street, Philadelphia, PA 19106. Tel: 215-625-8900, Fax: 215-625-2940. UK/Europe: Taylor & Francis Ltd., Rankine Road, Basingstoke, Hampshire RG24 8PR, UK. Tel: +44 (0) 1256 813 000, Fax: +44 (0) 1256 330 245.

For a complete guide to Taylor & Francis Group's journal and book publishing programs, visit our website:  
[www.taylorandfrancis.com](http://www.taylorandfrancis.com)

Copyright © 2005 Taylor & Francis. All rights reserved. No part of this publication may be reproduced, stored, transmitted, or disseminated in any form or by any means without prior written permission from Taylor & Francis Inc. Taylor & Francis Inc. grants authorization for individuals to photocopy copyright material for private research use on the sole basis that requests for such use are referred directly to the requester's local Reproduction Rights Organization (RRO), such as the Copyright Clearance Center ([www.copyright.com](http://www.copyright.com)) in the USA or the Copyright Licensing Agency ([www.cla.co.uk](http://www.cla.co.uk)) in the UK. This authorization does not extend to any other kind of copying by any means, in any form, and for any purpose other than private research use. The publisher assumes no responsibility for any statements of fact or opinion expressed in the published papers. The appearance of advertising in this journal does not constitute an endorsement or approval by the publisher, the editor, or the editorial board of the quality or value of the product advertised or of the claims made for it by its manufacturer.



Journal of  
**LOSS & TRAUMA**

---

Volume 10 • Number 3 • 2005

**CONTENTS**

- 221** Growth Through Loss: Promoting Healing and Growth  
in the Face of Trauma, Crisis, and Loss  
*Robert J. Fazio and Lauren M. Fazio*
- 253** Resilience, Hardiness, Sense of Coherence, and Posttraumatic  
Growth: All Paths Leading to “Light at the End of the Tunnel”?  
*Astier M. Almedom*
- 267** Impact on Personality Loss or Separation  
from Loved Ones  
*Violeta Cardenal, M. Pilar Sánchez-López,  
and Margarita Ortiz-Tallo*
- 293** Psychological Impact of Comparing Oneself to  
Other Persons with Diabetes  
*Valerian J. Derlega, Iva Robinett, Barbara A. Winstead,  
and Ghandi M. Saadeh*
- 313** Book Reviews  
*Alicia Sutton and Lisa Bergman*



## **GROWTH THROUGH LOSS: PROMOTING HEALING AND GROWTH IN THE FACE OF TRAUMA, CRISIS, AND LOSS**

**ROBERT J. FAZIO and LAUREN M. FAZIO**

Hold The Door For Others, Inc., Closter, New Jersey, USA

*The events of September 11 caused tremendous physical and psychological distress. Traditionally, scientists and psychologists emphasize the negative consequences of trauma, crisis, and loss. We present a story of our father's decision to help others in the last moments of his life. His actions inspired the creation of a nonprofit dedicated to empowering people to grow through loss and achieve dreams. A review of positive outcomes following loss and growth through loss is provided. The OTHERS(S) model and practical considerations for therapy are offered. We provide a description of community programs based on the OTHERS(S) model and our philosophy of healing through helping and growth through loss.*

Before empirically validated treatments were empirical, before psychologists were psychologists, and before  $p < .05$  was significant, how did people remain healthy, heal from emotional wounds, and personally grow? The answer is quite simple. People healed through community, connections, and relationships. It is well known that human relationships are essential and possibly the most influential ingredient when working with clients in any domain.

One domain where I<sup>1</sup> have personally witnessed the healing power of connections, community, and relationships is in the realm of loss and trauma. When I was in my third year of my doctoral training in counseling psychology at Virginia Commonwealth University, I was surprised by a phone call from my brother a little past 9:00 on a Tuesday morning. My brother started by saying,

---

Received 1 November 2004; accepted 13 December 2004.

Address correspondence to Robert J. Fazio, Phd, Hold The Door For Others, Inc., P.O. Box 755, Closter, NJ 07624. E-mail: Rob@holdthedoor.com

<sup>1</sup>Throughout the article, I refers to the first author.

“Dad is OK.” I replied by asking, “Well, why wouldn’t he be?” He then proceeded to tell me to turn on any TV. To my surprise and horror, what I saw would change the rest of my life and the lives of many other people in this world. The North Tower of the World Trade Center had been struck by a plane and was in flames.

We, like most other American families, were absolutely confident that my dad was alive and well for three reasons. First, he phoned my mom from the Towers telling her that he loved her and that he was safe. Second, he worked in the South Tower and the plane had hit the North Tower. And third, trauma and loss just do not happen to middle-class, nuclear families from Bergen County, New Jersey. My confidence would become lessened when, while glued to the television, I witnessed that second plane cut through the South Tower. Still, I was confident he was alive and well. I went to work, and it was on the TV there that I witnessed the collapsing of the Towers. Still, I was somewhat confident that my father was alive and well. I knew that he would do anything he could to stay alive and get home to his loved ones.

It wasn’t until 3 weeks after September 11 that I was willing to accept that he was gone. I attribute my resistance to admitting to his death to many things. First and foremost, my resistance allowed my family and I to walk the streets of New York and look for my father. Another reason is that I, like many people, just did not expect sudden trauma and loss to happen. These reasons led me to believe that my father was alive. However, what I learned after his death made me absolutely sure that the last minutes of his life would positively influence the rest of mine and countless others. I learned from many of his colleagues that in the last moments of his life, he was literally holding the door to help others leave the towers safely and return home to their loved ones. I have decided to make that my mission in life and with the help of family, friends, and colleagues, we have started a nonprofit organization, Hold The Door For Others.

Our mission is simple—to provide resources and create opportunities that connect people and that empower them to grow through loss and achieve their dreams. We define loss broadly to reach a large range of people and their challenges. For the purpose of this article, we define loss as any event or nonevent that alters an individual’s life experience. Therefore, loss does not have to be

due to the death of someone. Loss can be a divorce, having cancer, or not getting a promotion at work. We extend our services outside those affected by September 11. The way we go about this is even simpler. We help people heal through connections, community, and relationships. We are well aware that our healing and growth was directly related to the connections made with the people around us. It wasn't science, it was human. Throughout this article, we offer our thoughts on facilitating growth through loss and relevant research and literature. First we provide a brief overview of traumatic grief. Next, a background on a philosophy of growth through loss and the theory of posttraumatic growth is overviewed. Following the overview of facilitating growth, we offer practical considerations for therapy and the OTHERS(S) model of intervention. Finally, the reader is provided with a brief description of the visions and initiatives in which the OTHERS(S) model is applied.

### **Trauma Along with Grief**

The events of September 11 have caused people to view loss, grief, and bereavement in a different light. The traumatic impact of the terrorist attacks has greatly complicated the bereavement process. Prigerson and Jacobs (2001) offered the term "traumatic grief" (TG) to reflect the interaction between trauma and grief. Although the concept of TG emerged prior to September 11, many people who lost a loved one may experience TG.

Prigerson and Jacobs (2001) argued that abnormal and complicated grief does not truly capture the relationship between trauma and grief. These researchers stated that they do not use the term "complicated grief" because it is too vague and does not reflect specific symptoms of distress. In addition, Prigerson and Jacobs avoided the use of terms such as "pathological grief," "neurotic grief," "abnormal grief," and "morbid grief." They stated that these adjectives are derogatory and value laden. Furthermore, the term "unresolved" is unsatisfactory.

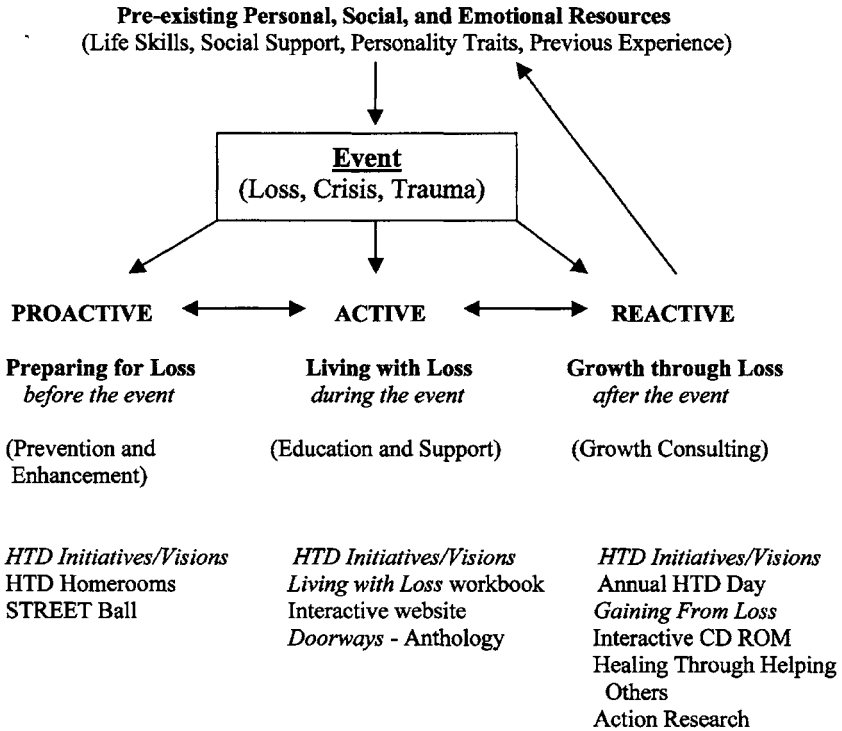
Prigerson and Jacobs (2001) suggested that the trauma they are referring to differs from traditional trauma. Traditional trauma is a stress response that resembles many of the symptoms of post-traumatic stress disorder (PTSD). These symptoms may include

disbelief, anger, shock, avoidance, numbness, a sense of fragmented security, and loss of trust and control (Prigerson & Jacobs, 2001). However, the trauma to which the researchers are describing relates to a separation trauma. Researchers have concluded that the symptoms of traumatic distress are consistent with symptoms of distress and loss (Prigerson et al., 1999). Prigerson et al. (1999) use the reasons mentioned earlier to consider the term "traumatic grief" to capture the phenomenology of the disorder. TG refers to the two core components of the syndrome, trauma and separation distress. Symptoms of traumatic distress include feeling disbelief about the death, mistrust, anger, and detachment from others as a result of the death. Symptoms of separation distress include preoccupation with thoughts of the deceased to the point of functional impairment, upsetting memories of the deceased, longing and searching for the deceased, and loneliness following the loss (Prigerson et al., 1999).

People will typically take one of three paths following a loss. They may have a decrease in their functioning (dive), return to normal levels of functioning (survive), or experience an increase in functioning (thrive). The emphasis of my work, whether it is with an individual or an organization, is on thriving or growing through loss. However, our team uses a three-pronged approach to getting acquainted with loss: (a) proactive (preparing for loss before the event happens), (b) active (living with loss as the event happens), and (c) reactive (growing through loss after the event happens; see Figure 1).

### **Background on Growth Through Loss**

Tedeschi, Park, and Calhoun (1998) pointed out the obvious, that psychology and psychiatry have focused on the course of disease and the maladaptive behavior observed in individuals. Both conceptual work and empirical studies in the area of bereavement have tended to focus on the negative outcomes experienced by those suffering loss. More recently, a relatively small body of literature has made a shift outside the mainstream disease-oriented framework to describing 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).



**FIGURE 1** Timing of growth through loss interventions. (HTD = Hold The Door)

Research on bereavement and trauma indicates that people can experience growth from a personal crisis (Moos & Moos, 1994; Park, Cohen, & Murch, 1996; Schaefer & Moos, 2001; Tedeschi & Calhoun, 1996). The degree of how well a person deals with a critical life event such as the terrorist attacks of September 11 rests on a number of factors. Danish, Smyer, and Nowak (1980) offered a conceptual framework for developing preventative strategies as well as enhancing interventions.

To date, the emphasis has been placed on the negative psychological and emotional consequences of loss and trauma (Tedeschi et al., 1998). However, a growing amount of literature has surfaced that shifts to more positive outcomes of loss and trauma (Schaefer & Moos, 1998; Tedeschi et al., 1998). Although this shift preceded the recent trend in positive psychology (Seligman & Csikszentmihalyi, 2000), there are great parallels.

Seligman and Csikszentmihalyi (2000) reinforced the importance of the concept of positive psychology. Seligman and his colleagues have made a large impact on the field and have influenced many to more seriously consider the benefits of positive psychology. The January 2000 issue of the *American Psychologist* was dedicated to happiness, excellence, and optimal human functioning. In this issue, Seligman and Csikszentmihalyi described the original science and profession of psychology. Before World War II, the field of psychology had three distinct missions: (a) curing mental illness, (b) making the lives of all people more productive and fulfilling, and (c) identifying and nurturing high talent. Two researchers, Tedeschi and Calhoun, have made major strides in examining growth in relation to trauma and have remained consistent with two of psychology's original intentions: making the lives of people more productive and fulfilling and identifying and nurturing high talent.

### **Posttraumatic Growth (PTG)**

Tedeschi et al. (1998) examined the construct of PTG, a concept similar to Schaefer and Moos's (2001) theory of personal growth. PTG is defined as "the positive change that the individual experiences as a result of the struggle with a traumatic event" (Calhoun & Tedeschi, 1999, p. 17). They describe PTG as both a process and an outcome. PTG is a process in that it develops out of a cognitive progression, which emerges to deal with traumatic events that cause severe cognitive and emotional consequences. Traumatic events cause many psychological processes. Traumas cause individuals to question basic assumptions about the future and how to move toward that future. PTG is also thought to be an outcome. The devastation of loss or trauma provides an opportunity for a new superior life structure. Individuals develop new strengths such as enhanced relationships, the ability to cope with adversity, and a stronger sense of community (Tedeschi et al., 1998).

Several studies illustrate how negative experiences can have positive effects (Ebersole, 1970; Ebersole & Flores, 1989). Ebersole (1970) attempted to empirically validate the effects of trauma on existential issues. He had 36 students describe the effects of peak and nadir experiences on their lives. Ebersole concluded that one third of the students who reported nadir, or negative, experiences

also reported that these long-term benefits for them. These findings suggested that people who perceive experiences as tragic are able to find meaning and growth. Specific to September 11, Fazio (2004) found that resilience and emotional intelligence (EI) were significant predictors of PTG within 244 respondents who lost a loved one on September 11.

O'Leary, Alday, and Ickovics (1998) stated that there are several personal and environmental resources that lead people to positive outcomes following life-changing events or traumatic events. These authors provided an overview of various personal and environmental factors that have been argued by various researchers to lead to growth following loss. The determinants of outcome suggested by models of growth and change are optimism (Aldwin, 1994; O'Leary & Ickovics, 1995; Tedeschi & Calhoun, 1996), meaning making and appraisal (Neimeyer, 2002; O'Leary & Ickovics, 1995; Schaefer & Moos, 1992; Tedeschi & Calhoun, 1995), sense of humor (O'Leary & Ickovics, 1995), EI (Fazio, 2004), resilience and hardiness (Aldwin, 1994; Fazio, 2004; Schaefer & Moos, 1992; Tedeschi & Calhoun, 1995), and social support (O'Leary & Ickovics, 1995; Schaefer & Moos, 1992; Tedeschi & Calhoun, 1995). This literature and research provides the theoretical foundation and rationale for the resources in the OTHERS(S) model, which will be discussed in detail later in this article.

Based on my personal experience and that of others who have lived with traumatic loss, the team at Hold The Door For Others has designed the OTHERS(S) model to promote emotional health and PTG in people around the country. Based on the OTHERS(S) model, we have designed a number of initiatives and visions as well as used the model as a guide for therapy.

### **Practical Considerations for Therapy**

We choose to use the term therapy because its literal definition is healing. It is my belief that our biggest job as a therapist, counselor, or psychologist is to facilitate healing within whomever we are working. Whether someone has lost someone due to a traumatic event or has just been through a divorce, the common factor is that there was emotional pain. It is our strong belief that emotional wounds must be healed. There are many benefits to attempting

to help a person heal. The most essential is that if it is done correctly, a strong connection and therapeutic alliance is created between the practitioner and client.

Several researchers have argued that the relationship between the client and practitioner is the primary curative factor (Hubble, Duncan, & Miller, 2002). In addition, the therapeutic relationship is thought to be the best predictor of outcome in therapy (Bachelor, 1991; Horvath, 1995). Researchers have also concluded that the relationship is more powerful than certain interventions (Burns & Nolen-Hoeksma, 1991). I believe the relationship and connection between the practitioner and client when dealing with clients who experience loss and trauma is even more essential. We are asking people to take another chance, a chance to feel safe and connected once again.

Another aspect of working with clients that often is overlooked by practitioners is understanding the client's challenge before attempting to move toward solutions. Dr. Al Petitpas of Springfield College is the director of the National Football Foundation's Play It Smart program. He develops programs and trains counselors to work with a very culturally diverse population of people who often experience adversity. One of his main training points for athletic counselors is to "understand the problem before you fix it" (Petitpas, 2000). Understanding challenges from a client's perspective also creates a deeper therapeutic alliance.

One way to learn from a client is to complete a simple loss line. In this exercise, you work with your client to create a time line and identify a variety of losses that they may have been connected to or directly experienced. The client then explores each loss and determines to what degree it affected their life, how they reacted, how others reacted, and what they learned. A detailed example of a loss line can be found in the *Living With Loss: The Journey Through September 11th* workbook (Fazio, VanRaalte, & Burke, 2002).

### *Framework of Interpersonal Process in Psychotherapy*

The interpersonal process theory presented within this article is based on the work of Teyber (2000). This approach provides practitioners with a process by which theories derived from interpersonal process, object relations, and family systems can be combined to provide healing and corrective emotional experiences. According

to the theory of interpersonal process therapy, the focus is on the relationship that emerges through interpersonal interactions between the client and the practitioner.

The chance of positive change for a client is rooted in the success or failure of establishing a strong therapeutic relationship. Experiences and information in regard to the client's life are essential to the process; however, the collaborative relationship is the most essential aspect of the change process. This collaborative and therapeutic relationship is effective as a result of an emerging process. Initially, the client and practitioner may engage in a maladaptive relational pattern. This pattern is a parallel to what is enacted in the client's world. After this relational pattern has occurred, the client and therapist need to remove themselves from this process and interaction. At this point, and throughout the therapy, interpersonal interactions become a focus of therapy. The therapist uses the relationship to demonstrate dynamics that may occur outside therapy.

Often, client-practitioner interactions in the moment are the subject of interpersonal process therapy. Therefore, there is a strong focus on the here and now of the therapy process. The corrective emotional experience is key to the healing of a client. Specific to dealing with loss, teaching people how to connect on an emotional level and trust is paramount and challenging. An assumption of interpersonal process therapy is that, in most clients with Axis I and Axis II disorders, these disorders are a result of certain basic developmental tasks that were left unfinished in their family of origin. In interpersonal process therapy, it is believed that this unfinished business is reflected in the client's interpersonal coping strategies that are used to deal with the insecurity of their attachment histories. The purpose of this therapy is to use the corrective emotional experience to complete the unfinished developmental tasks within the therapeutic relationship.

Within the context of a corrective emotional experience, the client is to feel safe, cared for, and valued. In addition, the therapist is to illustrate respect for the client and his or her challenges. Due to this corrective emotional experience, the client has an opportunity to gain self-worth, and many of their secrets may be revealed in a trusting and safe environment. The intention is to teach the client through the therapeutic relationship that individuals are free to behave in different manners in their different relationships and

achieve different results. At times, this may provide a client with an understanding of their first intimate experience. The corrective emotional experience serves many healthy purposes. This experience that is the result of the therapeutic relationship can be an extremely powerful and motivating process that elicits positive change from the client.

The framework of a relational approach to interpersonal process in psychotherapy as outlined by Teyber (2000) provides a tremendous atmosphere for change. This foundation is an ideal framework to work with clients who experience loss because one can apply additional orientations to gain a deeper understanding of a client's challenges. The relational approach to interpersonal process includes viewing a client's challenges through a family systems lens. The actual process of interpersonal psychotherapy allows flexibility in which family systems theory and other orientations can be utilized as an enhancement to change.

An additional family therapy theory that is helpful is based on the work of Haley (1976). Within this framework the focus is on the present and future, which is consistent with Teyber's (2000) interpersonal process theory and strategy. Clients are encouraged to eliminate presenting problems, change dysfunctional patterns, and interrupt sequences. Change within this theory occurs through the art of reframing and other techniques such as the use of paradox.

### *Connect, Care, and Challenge*

What a therapist brings into a relationship largely affects the outcome and process. Therefore, self-awareness as well as subtle shifts in attitude and philosophy are necessary when working with clients who are experiencing loss. The Hold The Door team chooses to use a philosophy of *moving in* rather than *moving on* when it comes to loss. The language I use has a tremendous impact on clients. I genuinely invite clients to move into their loss for a variety of purposes. Primarily, I want clients to be real with their emotions, become more aware of their emotions, and learn how to express and manage them. Feeling the deep pain of loss is often necessary in the process of healing and growth. The manner in which I invite clients to move in to their loss is through connecting, caring, and challenging.

I can boil down all successful interactions I have had with people to three actions: connect, care, and challenge. Alone the three are powerful, but united with a practitioner they are an incredible source of inspiration and influence toward growth through loss. I am passionate about walking with people and inviting them to grow through loss as opposed to telling them what to do or pushing them in a direction. The clients are the absolute best resource in the healing process. They are the experts, not the therapist. I go into every counseling relationship hoping that I am good enough and that I am working myself out of a job. I strive to create self-coaches. Lambert and Bergin (1994) concluded that clients who attribute their positive change to their own efforts are more likely to maintain their gains. What other influence do we need to teach us that collaboration and positive therapeutic relationships are the key?

#### CONNECT

The cornerstone of any process is the connection that the client and the practitioner share throughout therapy. Hubble et al. (2002) concluded that the research does not support one therapeutic technique over another. However, Lambert (1992) discovered the therapeutic relationship has been found to account for up to 30% of client improvement. Considering the number of factors that can contribute to therapeutic success, the relationship is absolutely at the core of healing and growth, especially when considering working with people who have lost a loved one.

There are various types of relationships and many levels of connection. I believe in striving to create a relationship that is comfortably professional. There needs to be a mutual respect. I also believe that therapy starts as soon as you greet your client. It is essential that you have your client's comfort as a priority. The more barriers that you can break down, the better chance you have of connecting quickly and deeply. Although it may seem as though connecting should be common sense, it is not all that common. Too often therapists become consumed with theory, science, and technique, and we forget about being human. I don't think that we can learn too many ways to connect with people.

#### CARE

You cannot truly care about someone until you put some effort into understanding his or her experience and worldview.

Clients do not care what you know until they know that you care. There have been countless times I have seen tapes of therapists who are so focused on proving their point or telling a client what to do that they miss the richness of raw human interaction. Rogers (1986) advocated that empathy and focusing on developing clients helps empower individuals and create social and personal transformation.

All times during therapy, I need to be certain that the client knows that I care and that I am wholeheartedly on their team. If I am not able to access and express my genuine concern for the client in front of me, it greatly affects our process and therefore progress.

#### CHALLENGE

Researchers have found that support and challenge are essential to developing resilience in people (Neil & Dias, 2001). This finding is key, especially when working with people who have been in intense emotional pain. I do not consider myself a successful therapist when my clients just get by or when their symptoms are reduced. When I am happy with myself as a therapist, clients walk out of the room more resilient and more emotionally intelligent than when they walked in. Of course, this is not easy to accomplish as a therapist, which is exactly why we need to challenge ourselves first.

Challenging our clients after we have a connection and care can be a powerful motivator. Challenging a client is not about confrontation, nor is it about telling a client what to do. Challenging is about helping clients gain insight and inviting them in creative ways to challenge themselves. I believe that by the act of challenging your clients, you are sending them a direct message that says, as a professional, "I believe in you, I am with you, and I know you can help yourself." Essential to challenging your client is checking in and making sure that you are still connected and caring.

A Neil and Dias (2001) study supported the positive influence that combining the acts of connecting, caring, and challenging can have on people. The researchers used a development by challenge model to investigate the ability to enhance resilience through a challenging adventure education program. In this study, 41 young adults participated in a 22-day Outward Bound program. These participants were compared to a control group who did not participate in the Outward Bound experience. The researchers concluded that

all Outward Bound participants experienced positive change in resilience as measured by the Resilience Scale (Wagnild & Young, 1993). Furthermore, perceived levels of social support predicted 24% of the variance in the resilience gain scores. This study indicates how a challenging experience with the addition of social support can enhance resilience.

The process of growth consulting is done within an interpersonal process. This allows the practitioner to be genuine within their own style and include other tools and techniques from various theoretical orientations. Connecting with a client and caring are essential. However, without challenge and the application of a variety of tools such as cognitive-behavioral techniques, therapy can become too focused on support rather than support and growth. It is the conversations that combine intuition, timing, and interaction of connecting, caring, and challenging that facilitate healing and growth.

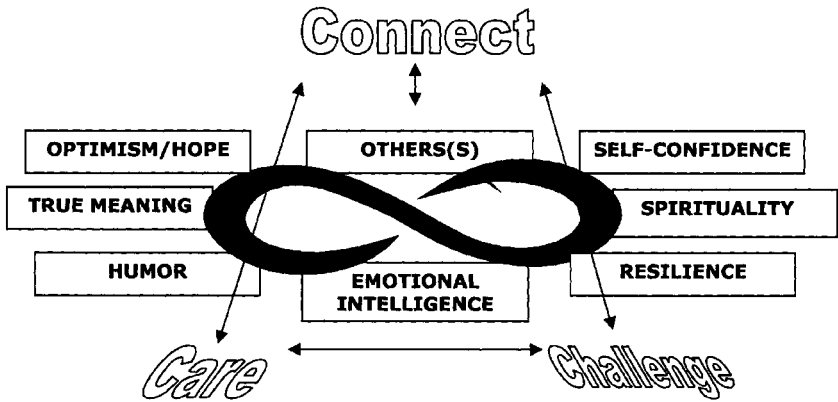
### **The OTHERS(S) Model**

The OTHERS(S) model is based on research in the social sciences and personal experiences. Our team has learned some of the key resources that help people live with loss, crisis, and trauma and grow from their experience. We focus on connecting, caring, and challenging before, during, and after teaching the key messages and skills associated with the model. The OTHERS(S) model is strength based and focuses on practical skills, empowerment, education, relationships, and growth (see Figure 2).

The motivation driving the implementation 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 actually grow from their experiences even if the experience is traumatic. Therefore, the emphasis is on healing and growth rather than pain and suffering. We believe in helping people to move into their loss rather than move on. Therefore, much of the work is focused on self-awareness and building relationships.

#### *Life Developmental Intervention*

Our approach to working with people is one that includes strength-based interventions that can be used before, during, and after a



**FIGURE 2** The OTHERS(S) model.

loss. We define these time periods as proactive, active, and reactive stages of intervention (see Figure 1). We believe that applying the lessons and skills associated with the OTHERS(S) model is beneficial before an event happens, as soon as it happens, and after it happens. This approach is rooted in a life development intervention (LDI) framework (Danish, Petitpas, & Hale, 1993).

Petitpas (2000) stated that the LDI model presumes that growth and change are natural aspects of human development. All people are confronted with a number of events that challenge their belief systems and force them to reevaluate their world views.

The goal of the LDI model that is consistent with the OTHERS(S) model is to enhance people's abilities to deal with critical life events by enhancing their self-efficacy and help them develop the necessary self-awareness and resources to deal with the transition. The OTHERS(S) model takes the interventions a step further and is focused on growth through the critical life event or loss.

More specific to the field of crisis and loss, the OTHERS(S) model is consistent with Schaefer and Moos's (1992) conceptual model for understanding positive outcomes of life crises and transitions. These researchers suggested that there are both environmental and personal system factors that shape the aftermath of crises and lead to growth. These environmental and personal factors are believed to contribute to positive outcomes or personal growth (Schaefer & Moos, 1998). Of critical importance is the relationship between personal factors and positive outcomes of life crises and transitions.

### *The Growth Consultant*

Subtle shifts in how a therapist thinks about her or his work with clients can have a large impact on the process and outcome. We use the term growth consultant (GC) to describe anyone who is working with a client or delivering a community intervention where the ultimate goal is growth. We have found that when doing training sessions, people are able to break down more barriers when they think of themselves as GCs rather than counselors or therapists. In addition, people feel less of a stigma when working with a GC as opposed to a psychologist or therapist. Table 1 presents a description of the core characteristics of a successful GC.

It's my belief that most people who have master's-level training in counseling or clinical psychology or people who have a strong background in teaching and training will do quite well with implementing the lessons from the OTHERS(S) model. However, when it comes to individual, group, or family therapy, it is my bias that the person be a doctoral-level therapist or under good supervision of a licensed psychologist. Working with people on loss and trauma can be very complicated. Unfortunately, since September 11 I have heard of just as many instances where people who were trying to help did more harm than good. One reason for this was that the helpers got too enmeshed in the helpless pain, and some even experienced more secondary trauma due to September 11 than the client had. Often people who came to get help ended up supporting the person who was supposed to help them. It is also essential that anyone working with this population not only know the diagnostic criteria for PTSD, acute stress disorder, depression, and bereavement, but also know how to get at these criteria.

### **The Resources**

The resources in the OTHERS(S) model are optimism/hope, true meaning, humor, emotional intelligence, resilience, spirituality, self-confidence, and OTHERS(S). Each of these resources is likely to act as a buffer to trauma and lead to growth following loss (see Table 2). We will provide a brief overview of each resource that is thought to lead to growth following loss. Additional in-depth information on each resource, key message, and skill can be found in the interactive CD-ROM and workbook *Gaining From Loss: Our*

**TABLE 1** Core Characteristics of Successful Growth Consultants

Components	Descriptors
Self-awareness/ self-coaching	Understanding our reactions, values, and biases. Practitioners need to be gifted in knowing when to use themselves as tools and when to practice self-care
Common sense	Common sense and intuition should guide you in what to say, when to say it, how to say it, and when to be quiet. A good rule of thumb is to ask yourself before you say or ask something "Is there a chance that this can be more hurtful than helpful?" If the answer is yes or maybe, then you either need to not ask it, find another way to ask it, or be strategic and have a conversation with the client about your concern
Timing	There are eight resources in the OTHERS(S) model. It is your job to identify what resource fits when, where, and how. It might be appropriate immediately following sudden loss to help the client identify and express their emotions, which is part of emotional intelligence
Connecting skills	At the core of interventions when working with people on living with loss is the relationship. It is through this emotional connection and willingness of the client and therapist to trust one another that healing and growth take place
Ability to normalize	So many emotions, thoughts, behaviors, and physical ailments can result from a traumatic loss. It is the GC's job to identify what is healthy and at what point. I tend to normalize as a way to deepen my connection with clients and then give honest feedback about change if the reactions are unhealthy
Confidence, competence and confidence in your competence	Practitioners can maximize their effectiveness by having not only confidence and strong therapeutic skills sets, but also confidence in what they are doing and when they are doing it. By keeping yourself in check and making sure that your confidence is in the right place, you can navigate through the healing and growth process with much more intensity and efficiency
Passion	There may not be anything that helps a person more than when they can sense you have passion and are dedicated to helping them. Having passion to help others help themselves is evident and is a great connection builder

*(Continued)*

**TABLE 1** Continued

Components	Descriptors
Multicultural competency	Having respect for the person in front of you, their worldview, and their ethnic background is absolutely essential. Our work with people who have experienced loss has taught us that grieving to one culture may be seen as weakness to another. Therefore, gaining an understanding of a person's culture has a large effect on the healing and growth process

*Journey Continues.* The workbook for this resource can be accessed for free at [www.holdthEDOOR.com](http://www.holdthEDOOR.com). The *Doorways* anthology and *Living With Loss* workbook can also be found on the Web site.

### *Optimism/Hope*

Optimism and hope refer to a person's ability to remain positive and look to the future with either a neutral or positive lens. The works of Seligman (1991) and Snyder (1994) have clearly illustrated the importance and the power of being optimistic and hopeful. This is even more essential in times of adversity. People often lose their sense of hope and motivation for the future. Janolff-Bauman (1992) wrote about shattered assumptions and how, when people are faced with trauma, they lose their sense of innocence and hopeful attitude. It is the helper's job to remind the client of what is good in the world and how to find the positive and create new hope for the future.

Developing a positive attitude in normal circumstances is a challenge to many. Developing and maintaining a positive attitude and remaining optimistic in times of crisis, loss, and trauma is remarkably challenging. It is very difficult to hold on to a sense of hope for the future when a loved one has been taken from you.

However, developing some kind of future and positive orientation is essential to physical and emotional well-being. Often, when trauma or loss occurs people get stuck in the past or stuck in the moment that the event happened. Inviting clients to remain positive and sustain some type of hope for their future allows them to find some relief from the emotional suffering that loss and trauma can cause.

**TABLE 2** Key Aspects of the OTHERS(S) Model

Resource	Key skill	Key message	Key questions
Optimism/hope	Find the positive and help people find something to be hopeful for	When people strive to be optimistic and hopeful for the future, it takes the focus off the trauma and/or loss. People have the power to choose to have a positive outlook even in the face of trauma and loss	What have you learned since your loss? How have you become stronger since losing _____? Are you able to find any positive results in your life since your loss?
True meaning	Self-questioning and story telling	True meaning helps people gain a sense of control and regain a sense of safety in their lives. When people connect to a sense of purpose in their lives that relates to their loss, it serves as a powerful motivator and keeps their loved one's legacy alive	Are you able to try and make sense of what happened? If you were going to share your story of loss with someone who did not know you, what would you tell them? If you were going to write a story of growth, meaning how you have grown since losing _____, how would it begin? I've been learning a lot from you about your loss. I'm not quite sure I have a full understanding of what meaning you have made from losing _____?

Humor	Learn to laugh <sup>a</sup>	When timed appropriately and done respectfully, the use of humor is the most powerful way to ease tensions and facilitate connections	<p>Tell me something about _____ that makes you laugh?          What was _____'s most quirky characteristic?          Share with me a time when you remember laughing hysterically with_____.</p> <p>What is the dumbest thing someone has said to you since _____ passed away?          What was _____'s sense of humor like?          If you wanted to make _____ laugh uncontrollably right now, what would you say to say to her/him?</p>
Emotional intelligence	Emotion coaching <sup>b</sup>	Emotional quotient is actually a better predictor of life success than traditional intelligence	<p>What really makes you laugh?          What are you feeling right now?          People respond with "I think I feel," or talk about someone else. Coach clients to express feelings in the moment. When I listen to you talk about how you lost_____, I feel sad and at the same time I am hopeful for you because you are a strong person.</p>

(Continued)

**TABLE 2** Continued

Resource	Key skill	Key message	Key questions
			<p>What has been the most powerful emotion you have experienced since losing_____?</p> <p>a. How have you managed that feeling?</p> <p>b. Are you able to coach yourself through challenging feelings?</p> <p>Who are the people that you feel most comfortable sharing your feelings with? Why?</p> <p>Are you able to have a sense of what others are feeling?</p> <p>Can you take a guest at what I might be feeling right now?</p> <p>What other difficult times have you been through before?</p> <p>a. How have you dealt with them?</p> <p>b. Who has helped you recover from sudden crises previously?</p> <p>Who is the most resilient person you know?</p> <p>a. What makes that person resilient?</p> <p>b. What can you learn from that person?</p>
Resilience	Self-coaching <sup>c</sup>	<p>The essential aspect of resilience is that recovery and remaining stable can be innate and also can be learned. There are certain skills that are associated with resilience that allow people to buffer the effects of trauma and lead to growth</p>	

<p>Spirituality</p> <p>Finding your connectedness</p>	<p>Spirituality is what gives you the strength to live with loss and move forward. Everyone has his or her own sense of spirituality</p>	<p>Are you able to maintain a sense of confidence in yourself even when you think of who you have lost?</p> <p>Are you a spiritual person?</p> <p>Share with me what spirituality means to you.</p> <p>How do you find inner peace?</p> <p>What provides you with a sense of connection with others?</p> <p>Is faith a part of your life, and if so, does it guide you through adversity?</p>
<p>Self-confidence</p> <p>Positive affirmations and positive self-talk</p>	<p>Self-confidence is the key that unlocks most doors. If clients believe in themselves and their abilities, they increase their chances of succeeding tremendously</p>	<p>Can you rate your self-confidence on a scale of 1 to 10, 10 being absolute confidence?</p> <p>How has your confidence changed since your loss?</p> <p>You have certainly been through a lot; have you gained confidence in your ability to deal with things?</p> <p>If we were to find ways to increase your confidence, what would we do?</p>

(Continued)

TABLE 2 Continued

Resource	Key skill	Key message	Key questions
OTHERS(S)	Hold The Door For Others <sup>d</sup>	If you focus on others and take the time to care for other people, your energy is focused outward rather than inward. This shift in energy lessens the tendency to obsess on our losses and remain in pain. Helping others also assists when people have feelings of guilt about being alive	What have you learned since your loss? How are you a stronger person? What can you teach others as a result of your loss? How can you use your story to help others grow through loss? What are you going to do today to help someone else? What are you going to do next week?

<sup>a</sup> Challenge yourself to find the humor in situations even if they are very painful. Another example of this is how people often idealize people they lose. My family had a lot of fun laughing about how people who didn't really know my dad thought that he was so calm, when in reality he was very stressed the majority of the time.

<sup>b</sup> This skill is taking the time to become aware of what one is feeling in the moment, why one is feeling it, how it affects others, and how to manage the feelings. This skill is especially essential when working with clients who have experienced trauma or loss, because so many feelings surface without warning.

<sup>c</sup> Dr. Joseph Luciani has written two books that emphasize the importance of and the skills associated with self-coaching: *Self-Coaching: How to Heal Anxiety and Depression* and *The Power of Self-Coaching: The Five Essential Steps to Creating the Life You Want*. Dr. Luciani has worked extensively with people who have experienced loss and trauma.

<sup>d</sup> Some of the most rewarding work I have been involved in is walking with people as they reach out and help others. I have learned of countless stories of people who reach out and lend a helping hand and open their heart. It is very beneficial to recommend to your clients that they get involved with helping others in any way, shape, or form. It helps people connect to a sense of meaning and people. I like to use the acronym DAD—Door A Day. Open one Door A Day and help people.

### *True Meaning*

True meaning refers to a person's ability to make sense of their loss and create purpose in their lives for the future. By creating meaning and a sense of purpose, people are more likely to heal because they are taking control of their lives. A very effective way to create meaning is to have people write their story of loss, reflect on their story, and eventually guide them on creating their story of growth. Hold The Door For Others recently published a great resource that helps people write their stories. *Doorways* is a collection of writings edited by Drs. Susan Wilkes and James Burke. The two editors have extensive experience in connecting people's lives to meaning. Readers are presented with stories written by families, survivors, and friends of victims of September 11. Readers are encouraged to reflect on their reactions to the stories by answering questions that are designed to help people become more emotionally and cognitively self-aware. Finally, readers are encouraged to write their personal stories of loss and growth. The resource is free for any person who has experienced a loss, no matter when or how.

The second aspect of true meaning is creating a sense of purpose. Often people continue to get stuck, and their lives revolve around their experiences prior to and leading up to their loss. Putting energy into finding a sense of purpose creates a shift in people's attitude. Frequently people find healing and growth through helping others. This will be discussed in more detail in the section on the OTHERS(S) resource, which relates to healing through helping others.

### *Humor*

"Laughing represents the shortest distance between two people because it instantly interlocks limbic systems" (Golemam, Boyatzis, & McKee, 2002, pp. 10–11). We would advocate that good-timed humor is the most valuable tool when working with people regardless of the domain. When people are laughing, even for a moment, they are relieved of the tremendous burden of grieving, and they are also invited to connect with others. Following September 11, humor was used a number of times to help myself and my family and friends find peace in a very distressful time.

I can remember searching the streets of New York City with my brother, cousin, and my two friends Pete and Sarah. The five of us were literally walking the streets on September 13 looking for my dad. We were posting flyers, checking hospitals, conducting interviews, and talking with anyone who would listen. I learned very quickly that we needed to do something that would get people's attention and provide some relief of the tremendous pain people all over the world were feeling. I decided to use humor to connect back to my father and connect with others. I ran to the candy store and bought a few Reese's Peanut Butter Cups. I took out a pen and wrote on my dad's flyer, "If found please feed Reese's peanut butter cups." Reese's were my dad's favorite, and since he had a heart condition he wasn't allowed to have many of them. Of course, he cheated whenever he wanted. Instantly people responded with smiles.

I have become close friends with people from NBC and other networks just because of that decision to use humor. People felt that if I could laugh, it was all right for them to take a break from the thick and deeply intense feelings of trauma and catastrophe. Later on that month Hershey's got wind of the story and sent us three huge cases of Reese's Peanut Butter Cups. We gave them out at his memorial service and continue to have Reese's as a part of our family gatherings. The first New Year's Eve after September 11, I proposed a toast to my dad, not with Dom Perignone, but with Reese's.

### *Emotional Intelligence*

Emotional intelligence is a term that was coined by Yale psychologist Peter Salovey. There are many academic definitions that have evolved that describe EI. We prefer to define EI as a set of competencies that allow people to be aware of their feelings, express their feelings, read feelings in others, connect with people on an emotional level, and successfully integrate their feelings and thoughts. EI has been found to be a significant predictor of growth within people who lost loved ones on September 11 (Fazio, 2004). Therefore, it is essential to teach competencies associated with EI. Goleman et al. (2002) provided their latest overview of EI. They have broken EI into four domains: (a) self-awareness, (b) self-management, (c) social-awareness, and (d) relationship management.

Each of these domains includes a set of competencies. In their book *Primal Leadership: Realizing the Power of Emotional Intelligence*, the authors offer a detailed overview of EI and practical considerations for development.

When working with clients who have experienced loss, I feel the most essential aspect is the relationship management piece. All four domains lead to facilitating deeper and more meaningful relationships. Consistent with interpersonal process in therapy, a therapist should be empowering the client to develop healthy interdependent relationships outside of therapy.

### *Resilience*

Resilience has been found to add to successful adaptation following exposure to stressful life events and has been demonstrated to be a protective factor for trauma (Werner & Smith, 1992). Resilience has also been found to be a significant predictor of growth following loss within people who lost loved ones on September 11 (Fazio, 2004). Researchers have offered a variety of definitions for the term *resilience* (Miller, 2003). One definition is offered by Rutter (1987, p. 316), who defined resilience as “the positive role of individual differences in people’s response to stress and adversity.” My belief is it is not the definition of resilience that is important, it is the philosophy that resilience can be enhanced. There are multiple pathways to building resilience as opposed to a single mechanism (Rutter, 1987). Researchers have suggested that resilience can be viewed as a characteristic that people possess on a continuum (Reivich & Shatte, 2002). These researchers have suggested that no matter where a person falls on the resilience continuum, they can increase their resilience. Reivich and Shatte (2002) stated that resilience is comprised of abilities that can be measured, taught, and learned.

### *Spirituality*

We choose to define spirituality as a connectedness to people and the world around us. It is our inner spirit and passion for connecting with others. Spirituality does not have to be religion. Although religion can be a tremendous resource when dealing with loss and trauma, there is also research that suggests religion can be

harmful to psychological adjustment (Calhoun & Tedeschi, 1999). If a person relies too heavily on religion or spirituality, it can be disempowering and not allow an individual to develop necessary life skills.

### *Self-Confidence*

“If you think you can or you think you can’t, you’re right!” (Henry Ford). Self-confidence plays a large role in a client’s ability to travel from loss to gain. Self-confidence has been found to be a characteristic that assists in the prevention of depression and enhancement of psychological health among people who have experienced negative life events (Holahan & Moos, 1987). Having the belief in yourself to face loss adds to your courage to live with loss and grow through the process. Practitioners may want to focus a large amount of therapy on assessing their clients’ levels of global confidence, confidence related to living with loss, and how to effectively enhance their confidence.

### **OTHERS(S)**

Relationships and healing through helping others are at the core of the OTHERS(S) resource. The work of Herb Benson from Harvard has shown the amazing effects of helping others. Healing through helping others is at the core of growing through loss. Benson (Benson & Klipper, 1976) found that when working with people who had heart disease, he was actually able to help them physically and psychologically by getting them to volunteer their time. Studies since then have concluded that volunteering and helping others cause a dramatic improvement in overall health (Luks & Payne, 1991).

Providing your client with opportunities to help others can have tremendous benefits. Allowing your clients to focus outside themselves and on others connects with the innate human predisposition for community and helping others. The stories of healing through helping others are often the most powerful and provide clients with hope, inspiration, meaning, and purpose. Many key professionals on the team at Hold The Door For Others have been able to heal and grow through their personal losses as a result of helping others and staying connected.

## **Grentand Be hitates and Visions**

### *Sport and the Arts*

We are in the process of developing programs that enhance life skills in adolescents through sport and the arts. The objective of these programs is to promote resilience and EI in at-risk youth. The program will use sport and/or the arts as a metaphor for life and a method to teach competencies associated with resilience and EI.

### *Annual Hold The Door Day*

The day is held in New York at Pace University (Pleasantville campus). It is a day where the Hold The Door team of professionals in the field of psychology brings people together. Life lessons are taught through interactive sessions with the main objective of connecting people with one another. Emphasis is placed on turning to one another and learning how to live with loss in a healthy manner and find meaning in your new life to come.

### *Hold The Door Homerooms*

This is a vision for a program to enhance adolescents' social and EI. Researchers have shown that social and emotional competencies are better predictors of life success than traditional cognitive intelligence. We are setting out to teach children how to start their days by talking about helping one another. We are confident that by challenging children to help one another on a daily basis, they will be more likely to develop strong social support and social and emotional competencies, all of which can serve as strengths when dealing with loss and trauma.

### *Interactive Workbook and CD-ROM*

We have developed a workbook, *Living With Loss: The Journey Through September 11th*, and an interactive CD-ROM, *Gaining From Loss: Our Journey Continues*. Both of these resources are given to anyone who has experienced loss and would like to learn how to grow from the experience. We are in the process of receiving feedback on the CD-ROM and plan to reproduce it so we can reach more people.

*Doorways Anthology*

Two of our team members, Dr. Susan Wilkes and Dr. James Burke, created this anthology for September 11, 2004. The purpose of this project is to allow people who lost loved ones on September 11 to express how they have been able to live with loss through writing. Our goal is to create an outlet for people to heal as well as teach others ways in which they can grow from the experience of loss. We intend to reproduce this work for people living with loss.

*Healing through Helping Others*

This project is the Hold The Door team's most recent vision. It is based on the work of Luks and Payne (1991), who researched and concluded that volunteering and helping others cause a dramatic improvement in one's overall health. Hold The Door For Others has taken that philosophy and applied it to individuals and families directly affected by September 11, who continue to experience decreased mental health (stress, anxiety, trauma, depression). The aim and goal of our project is to support individuals affected by September 11, or any other loss, by encouraging them to reach out and connect to others, thereby facilitating the healing process and building their overall EI and resilience. This is a program to train GCs.

*Research*

Our team has successfully completed a study that focuses on the families of September 11 and predictors of growth. We decided to take a more positive approach toward examining the results of September 11. We found that resilience and EI are both significant predictors of PTG. We are in the process of exploring answers to qualitative questions such as (a) What advice do you have to offer to people who may experience a similar event in the future? (b) What helped you the most live with your loss? and (c) What has empowered you to grow through loss? Our plan is to develop resources and interventions based on our research and experience that will allow people to be more prepared to deal with loss, crisis, and trauma and eventually grow from the experience.

*New Beginnings*

Quite often, we hear “time heals all wounds.” Although time is a factor in healing, it is not the key factor. Time itself does not heal wounds, what you choose to do with time heals wounds. In this article, we have offered an overview of the literature related to growth through loss. In addition, we have suggested practical considerations designed to assist practitioners when collaborating with clients as they heal and grow through loss. The choices that practitioners make prior to meeting a client have a direct impact on the course of therapy. A primary purpose of this article was to challenge practitioners to enter therapeutic relationships with *sensible hope*, that is, having a good sense of the pain and challenge that working with a person on loss can present and at the same time being hopeful that you can walk with that person and guide them toward growth.

The process of walking with people from the pain of loss to the happiness of growth is a challenging one. However, it is a journey that is well worth taking. As a professional in the business of helping others, you have the power to positively influence the rest of someone’s life. This may seem to be a great responsibility, and it is. It is a choice that either you make or you don’t. If you choose to live a life holding the door for others, we promise you that the rewards will be overwhelming. Graduate school and professional training can teach you how to use your head and how to think about loss, but it is not often that graduate school or training prepares us to get out of our heads and into our hearts. It is not until you literally sit with someone and learn what his or her experience of loss is that you can truly connect, care, and challenge. We hope that by reading this article, you were able to gain some insights into healing through helping others and growing through loss. Our father lost his life Holding The Door For Others. We intend to live ours doing the same, and we hope you join us.

**Acknowledgements**

We would like to thank the people who have lost loved ones and provided us with insights and encouragement to nurture growth even in times of loss.

Thank you to Dr. Eric Miller for inspiring this article and encouraging us to publish our philosophy on Growth Through

Loss. We are grateful to Drs. Brunelle, Burke, Ingram, and Wilkes for providing the initial educational soil for Hold The Door growth. Thank you to Dr. Danish and his passion for Life Skills. Dr. McCreary, thank you for teaching us what connecting, healing, and helping others is all about. Drs. Brewer, Petitpas, and VanRaalte thank you for knowing at times it is more important to be a friend before being a professor. Dr. Rashid and H'Sien, thank you for bringing this work with you to Thailand to empower people affected by the Tsunami. Dr. Fleming, thank you for the edits and we admire your strength, perseverance and ability to stay true to what is you.

Most of all, we would like to thank our father, Ronald C. Fazio, Sr. for leading the way and Holding The Door For Others, even in a time of crisis, trauma and loss –143.

## References

- Aldwin, C. M. (1994). Transformational coping. In C. M. Aldwin (Ed.), *Stress, coping, and development* (pp. 240–269). New York: Guilford Press.
- Bachelor, A. (1991). Comparison and relationship to outcome of diverse dimensions of the helping alliance as seen by client and therapist. *Psychotherapy: Theory, Research and Practice*, 28, 534–549.
- Basic Behavioral Science Task Force of the National Advisory Mental Health Council. (1996). Basic behavioral science research for mental health: Social influence and social cognition. *American Psychologist*, 51, 478–484.
- Benson, H. & Klipper, M. (1976). *The relaxation response*. New York: Avon.
- Burns, D. D. & Nolen-Hoeksema, S. (1991). Coping styles, homework, compliance, and the effectiveness of cognitive behavioral therapy. *Journal of Consulting and Clinical Psychology*, 59, 305–311.
- Calhoun, L. G. & Tedeschi, R. G. (1999). *Facilitating posttraumatic growth: A clinician's guide*. Mahwah, NJ: Erlbaum.
- Danish, S., Petitpas, A., & Hale, B. (1993). Life development intervention for athletes: Life skills through sports. *Counseling Psychologist*, 21, 352–385.
- Danish, S. J., Smyer, M. A., & Nowak, C. A. (1980). Developmental intervention: Enhancing life-event processes. In P. B. Baltes & O. G. Brim, Jr. (Eds.), *Lifespan development and behavior* (pp. 339–366). New York: Academic Press.
- Ebersole, P. (1970). Effects of nadir experiences. *Psychological Reports*, 27, 207–209.
- Ebersole, P. & Flores, J. (1989). Positive impact of life crisis. *Journal of Social Behavior and Personality*, 4, 463–469.
- Fazio, R. J. (2004). *Resilience and emotional intelligence as predictors of posttraumatic growth within people who lost loved ones on September 11th*. Unpublished doctoral dissertation, Virginia Commonwealth University.
- Fazio, R. J., VanRaalte, J. L., & Burke, J. M. (2002). *Living with loss: The journey through September 11th*. Closter, NJ: Hold The Door For Others.

- Golemam, D. G., Boyatzis, R. B., & McKee, A. M. (2002). *Primal leadership: Realizing the power of emotional intelligence* (pp. 10–11). Boston: Harvard Business School Publishing.
- Haley, J. (1976). *Problem-solving therapy: New strategies for effective family therapy*. San Francisco: Jossey-Bass.
- Holahan, C. J., & Moos, R. H. (1987). Personal and contextual determinants of coping strategies. *Journal of Personality and Social Psychology*, *52*, 946–955.
- Horvath, A. O. (1995). The therapeutic relationship: From transference to alliance. *In Session*, *1*, 7–17.
- Hubble, A. H., Duncan, B. L., & Miller, A. D. (2002). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.
- Lambert, M. J. (1992). Psychotherapy outcome research. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York: Basic Books.
- Lambert, M. J. & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 143–189). New York: Wiley.
- Luks, A. & Payne, P. P. (1991). *The healing power of doing good: The health and spiritual benefits of helping others*. New York: Random House.
- Miller, E. (2003). Reconceptualizing the role of resilience in coping and therapy. *Journal of Trauma and Loss*, *8*, 239–246.
- Moos, R. & Moos, B. (1994). *Life stressors and social resources inventory adult form manual*. Odessa, FL: Psychological Assessment Resources.
- Neil, J. & Dias, K. (2001). Adventure education and resilience: The double edge sword. *Journal of Adventure Education and Outdoor Learning*, *1*(2), 36–42.
- Neimeyer, R. A. (2002). *Meaning reconstruction and the experience of loss*. Washington, DC: American Psychological Association.
- O'Leary, V., Alday, C., & Ickovics, J. R. (1998). Models of life change and post-traumatic growth. In R. Tedeschi, L. C. Park, & L. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 127–152). Mahwah, NJ: Erlbaum.
- O'Leary, V. & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. *Women's Health: Research on Gender Behavior and Policy*, *1*, 121–142.
- Park, C. L., Cohen, L. H., & Murch, R. L. (1996). Assessment and prediction of stress-related growth. *Journal of Personality*, *64*, 71–105.
- Petitpas, A. J. (2000). Managing stress on and off the field: The littlefoot approach to learned resourcefulness. In M. A. Anderson (Ed.), *Doing sport psychology*. Champaign, IL: Human Kinetics.
- Prigerson, H. & Jacobs, S. (2001). Traumatic grief as a distinct disorder. In M. Stroebe, R. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping and care*. Washington, DC: American Psychological Association.
- Prigerson, H. G., Kupfer, D. J., Beery, L. C., Bridge, J., Rosenheck, R. A., Maciejewski, P. K., et al. (1999). Traumatic grief as a risk factor for suicidal

- ideation among young adults and women. *American Journal of Psychiatry*, 156, 1994–1995.
- Reivich, K. & Shatte, A. S. (2002). *The resilience factor*. New York: Broadway Books.
- Rogers, C. (1986). Carl Rogers on the development of the person-centered approach. *Person Centered Review*, 1, 257–259.
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 316–337.
- Schaefer, J. & Moos, R. (1992). Life crises and personal growth. In B. N. Carpenter & N. Bruce (Eds.), *Personal coping: Theory, research, and application* (pp. 149–170). Westport, CT: Praeger.
- Schaefer, J. & Moos, R. (1998). The context for posttraumatic growth: Life crisis, individual and social resources, and coping. In R. Tedeschi, L. C. Park, & L. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 127–152). Mahwah, NJ: Erlbaum.
- Schaefer, J. & Moos, R. (2001). Bereavement experiences and personal growth. In M. Stroebe, R. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research* (pp. 145–168). Washington, DC: American Psychological Association.
- Seligman, M. E. P. (1991). *Learned optimism*. New York: Knopf.
- Seligman, M. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55, 5–14.
- Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. New York: Free Press.
- Tedeschi, R. G. & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9, 455–472.
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Thousand Oaks, CA: Sage.
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Mahwah, NJ: Erlbaum.
- Teyber, E. (2000). *Interpersonal process in psychotherapy: A relational approach*. Belmont, CA: Wadsworth.
- Wagnild, G. & Young, H. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement*, 1, 165–177.
- Werner, E. E. & Smith, R. S. (1992). *Overcoming the odds*. Ithaca, NY: Cornell University Press.

**Dr. Rob Fazio** is the President and Co-Founder of Hold The Door For Others and he works as an Associate Consultant with the Hay Group in Philadelphia, PA. He earned his Master's degree from Springfield College in Counseling Psychology, with an emphasis in Athletic Counseling and Sport Psychology. He received his doctorate at Virginia Commonwealth University in Counseling Psychology with a subspecialty in Consulting. He completed his predoctoral internship at the University of Pennsylvania.

**Lauren Fazio** is the editor-in-chief and co-founder of Hold The Door For Others, Inc., a nonprofit organization dedicated to helping people grow through loss and still achieve their dreams. She graduated from the University of Scranton in 2001 with a Bachelors of Arts in English.