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Co-Destiny: A Conceptual Goal for Parental Bereavement and the Call for a "Positive Turn" in the Scientific Study of the Parental Bereavement Process.

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Parental bereavement is a unique form of bereavement and is widely considered the most intense and severe of all bereavement processes. The systematic study of bereavement initially was based on the psychoanalytic approach and concentrated on the alleviation of the negative affective symptoms associated with grief in the bereaved. The current literature in this field has identified meaning and its different construals to be important aspects in the positive adaptive processes in bereaved parents and found that meaning reconstruction in this population can promote growth and increased well-being. I believe this represents the beginning of a positive turn in the field of bereavement research. Through my own experience as a bereaved father and my formal education in positive psychology, I have devised the theoretical construct of “co-destiny.” This paper presents the theoretical and empirical evidence that represents the foundation of the concept of co-destiny. It calls for researchers and therapists within the field of parental bereavement to embrace positive psychology and to change the goal of therapy to growth and increased well-being.

Keywords

co-destiny, posttraumatic growth, positive psychology

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Co-destiny: A conceptual goal for parental bereavement and the call for a "positive turn" in the scientific study of the parental bereavement process.

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University of Pennsylvania

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Introduction

The motivation

Shortly after my son Ryan's death in August of 2011, I sat in a chair a few inches away from the bed he had died in just 24 hours earlier. It was there that I wrote his eulogy in a state of intense emotional flow. Although I did not know it at that time, in writing his eulogy I was embarking on a journey of meaning and purpose, which I have subsequently credited for my survival and growth from this tragedy. Like so many parents bereaved by the loss of a child, my worldview had been shattered by this trauma. My hopes, dreams, and fantasies for my son's life, along with my life's meaning and purpose, lay scattered on the floor of my psychological schema of life. Armed with only the awareness of the possibility of growth after trauma, I started to gather the debris of my shattered dreams in search of meaning in the form of understanding and benefits from the trauma. Fingerprints of this process and a snapshot of my psychological state at the time can be discovered by analyzing Ryan's eulogy. Admittedly, I was not aware of the psychological processes at play during this highly emotional time. I clearly entered a state of flow of emotionally cathartic writing. My sense of time compressed and the physical world disappeared around me for what seemed like a few short minutes, but in actuality was two to three hours. It was like the protective shell of my inner psyche was broken, exposing all of what I held dear – my true priorities in life, my life's purpose, and the meaning of my son's life were laid bare for me to examine. I don't know what motivated me to write my thoughts down at that particular time, but I am certain that it represented the most important piece of writing I have done in my life. I credit this process of writing about the meaning and purpose to my ultimate sense of acceptance and understanding of my son's life and from the experience of knowing him. For weeks after his death, I pondered this process of acceptance, understanding and motivation

for growth, and termed the process as achieving a *co-destiny* with my son. With a newfound sense of altruism from the trauma, I was motivated to learn more about this therapeutic process with the hope of developing it into a tool that can be used to help other bereaved parents survive and grow from their traumas. Just months before Ryan's death, I was exposed to the concept of posttraumatic growth and the field of positive psychology through reading the works of Martin Seligman (Authentic Happiness, 2002; Flourish, 2011), Barbara Fredrickson (Positivity, 2009) and Jonathan Haidt (The Happiness Hypothesis, 2006; The Righteous Mind, 2012). It was after this exposure that I knew that merely surviving my son's premature death was unsatisfactory. I knew my goal should not be to merely survive, but rather to grow from this experience. One of the hallmarks of posttraumatic growth (PTG) is action. I knew that if I intended to understand and grow from this experience, I needed to take action. I decided to apply to the Master of Applied Positive Psychology (MAPP) program at the University of Pennsylvania in the fall of 2012. This paper is the culmination of my work in this area to date and represents the first stage of my growth as a result of my son's life and subsequent death.

The Purpose

Through my personal bereavement experience, my education in positive psychology, and my research into the history, theories and empirical evidence of bereavement therapy, I have gleaned a greater understanding of the process that led me towards PTG. The main purpose of this paper is to define the concept of co-destiny and to lay the theoretical framework of a positive intervention for bereaved parents called *Co-destiny.* Another purpose is to propose that the academic study of parental bereavement take a "positive turn" and look towards positive psychology to advance this field and to present the philosophical, theoretical and empirical evidence to support this proposal.

Overview

In the first section of this paper, I will examine the scope of child mortality and parental loss of a child in the United States and define important terms that I will use throughout this paper. To conclude this first section, I will briefly highlight some of the most important works by prominent researchers and theorists in the field of bereavement research over the last century and discuss the nature and course of the most current research.

In the second section, I will explore the theoretical and empirical evidence that supports my hypothesis that the loss of a child, although undesirable, represents one the best opportunities for posttraumatic growth. I believe an important aspect of the positive turn in the therapy and counseling of bereaved parents is to change the goals of therapy from the mere resolution of the negative affective symptoms of grief to the promotion of growth and well-being as a result of this form of trauma. Therefore, I organized this section according to the four necessary components needed to experience posttraumatic growth, as described by Tedeschi and Calhoun (2004). These are: (a) a precipitating "seismic" event that disrupts one's assumptive world or sense of self; (b) the cognitive task of rebuilding a meaningful and coherent view of themselves and the world, referred to schema reconstruction; (c) the realization that one has changed for the better in a significant way; and (d) the attribution of the positive change to the precipitating event (Tedeschi & Calhoun, 2004). The first part of this section will explore the reasons why the loss of a child is widely considered the most traumatic forms of bereavement and why I believe it fulfills the first criterion of potential PTG. In the second part of this section, I will discuss research on the importance of meaning to the successful grief adaption and explore the two different construals of meaning – meaning as *sense-making* and meaning as *benefit-finding*. In the last part of this section, I will explore the concept of PTG and how it has been associated

with increased well-being, along with how writing has been shown to be the most effective modality to enhance one's understanding and thus the meaning of traumatic events. I will also discuss how therapeutic writing can be utilized to aid a bereaved parent in attributing positive change to the traumatic event, thus fulfilling the last component of the PTG model.

The third section of this paper will explore specific ways to guide bereaved parents through the process of meaning reconstruction and benefit-finding. Here I will discuss the importance of *framing* and *retrospective re-evaluation* and how these concepts can be used to add quality to the deceased child's life posthumously. I will use the theoretical and empirical evidence discussed in section II to support my claim that writing should be the preferred method of future interventions aimed at fostering acceptance, understanding, meaning and growth in the bereaved population.

In the fourth section of this paper, I will delve into the concept of co-destiny. This includes my understanding of what co-destiny actually represents psychologically and where it fits into the larger concept of meaning. I will then do a line-by-line analysis of my son's eulogy, identifying the psychological processes that were unconsciously taking place at the time. I will then discuss how bereavement research has started its "positive turn" with the identification of meaning as a necessary and vital component to successful adaption to the grief process associated with the death of a child. I will discuss why I believe that future of bereavement research must continue this positive turn and set our goals higher from the mere resolution of the negative emotional consequences (anxiety and depression) associated with traumatic loss, to the promotion of PTG and increased well-being in bereaved parents.

To conclude this paper, I will propose a framework for a positive intervention based on Tedeschi and Calhoun's posttraumatic growth model, utilizing therapeutic writing to derive new

meaning and reorganize the goals and purpose of the bereaved parent's life. This intervention will guide the parent to reframe the child's life by removing death as the terminal event of life and encourage them to retrospectively re-evaluate events, both positive and negative, to arrive at new meaning, acceptance and benefits from their child's life and subsequent death. The goal of the intervention will be for the parent to arrive at a new co-destiny that intrinsically motivates them towards the action of growth.

Section I:

Relevant Statistics on Parental Bereavement

It is difficult to quantify the number of parents that will suffer the loss of a child. While the government does compile and publish mortality data every three years, it does not report data on how many of the deceased are survived by one or both parent(s). Given the possibility that young infants may not have two living parents and that someone who dies in their 80's may be survived by two parents, it is impossible to extrapolate from the existing governmental data the exact number of parents that suffer a loss of a child. However, a 1999 survey conducted for The Compassion Friends, a national non-profit support group for the bereaved, estimated that 19% of the population will experience the death of a child (Direction Research, Inc., 1999). This number includes miscarriage through the death of an adult child.

Research has shown that losing a child at any age from miscarriage to adulthood is still considered one of the most intensely painful bereavements one can experience (Lichtenthal, Currier, Niemeyer, & Keesee, 2010). Research also indicates that the intensity and severity of bereavement after the death of a child increases as the duration of the parent-child relationship increases (Keesee, Currier , & Neimeyer, 2008). Furthermore, it has been suggested that if a

child dies when the parent is in the role of primary caregiver (the main source of financial and emotional support for a child), it places the bereaved parent at a particularly high risk of a poor bereavement outcome (Keesee et al., 2008). Therefore, to get a better estimate of the size of this high-risk sub-population of bereaved parents, I will assume that the majority of children who die between 1 and 24 years of age are survived by two parents who fit these criteria.

Given this assumption, we can look at government data to get a sense of the size of this high-risk sub-population. According to the most recently published government report on mortality, more than 39,000 people from 1 to 24 years of age died in the United States in 2010 (Murphy, Xu, & Kochanek, 2013). If we increase the age range to 1 to 30 years of age, the number jumps to more than 59,000 (Murphy et al., 2013). Furthermore, if we include infant mortality (children under the age of 1 year) the number jumps to more than 83,000 in 2010. If we assume the majority of these deceased children were survived by both parents, we can estimate the number of newly bereaved parents who lost children under the age of 30 approaches 166,000. With a reported average life span increasing year over year to just over 78 years of age in 2010 (Murphy et al., 2013), we can assume that the number of parents who lost children in the United States in 2010 alone exceeds 166,000, and will continue to grow as the average life span increases.

Clarification of Terminology

Before discussing the history and current bereavement research, it is helpful to have a clear understanding of key terms that are central to this topic. The terms bereavement, grief and mourning, although similar in meaning, have subtle but important differences that must be clarified to fully understand the bereavement research. This clarification will also allow the reader to better understand some of the difficulties and controversies that currently surround the

classification of normal versus complicated grief. In the following paragraphs I will define these terms as they are generally understood in the current bereavement literature and hence how they should be understood throughout the remainder of this paper.

Bereavement describes the objective loss of a significant person in one's life (Stroebe, Hansson, Schut, & Stroebe, 2008). By a significant person, one can infer that this implies either a parent, sibling, friend, relative or one's own child. Conversely, grief should be understood to imply the normal and natural emotional reaction to the loss of a loved one through death. In the current literature, grief is understood to be primarily a negative affective reaction that incorporates a diverse set of psychological and physical manifestations (Stroebe et al., 2008). The diversity of these manifestations makes grief a complex syndrome that may present with a variety of symptoms that can vary considerably between individuals, communities and cultures. To add to its complexity, grief can also manifest differently over time even in a single individual (Stroebe et al., 2008).

Mourning can be defined as the public display of grief, and hence it can easily be confused with grief. Mourning is the social expression or acts used to express grief. These expressions or actions are largely shaped by the beliefs and practices, often religious, of a given society or cultural group. From a research perspective, it can be difficult to distinguish between mourning and grief given that grief may influence mourning, and mourning may equally influence feelings of grief. For example, it may be unclear whether an overt expression of distress is a reflection of an emotional, personal reaction, or whether the bereaved individual is following a societal norm to express emotion (Stroebe et al., 2008).

There is an intimate relationship between bereavement, grief and mourning. The complexity of the individual psychological and physical manifestations one feels during a

bereavement period coupled with the varied culturally accepted displays of grief during this period makes research in this field particularly difficult. However, for the purposes of this paper, I will use the term bereavement to mean the objective loss by death of a significant person in one's life. Grief will refer to the negative emotional reaction and the associated psychological and physical manifestations to a significant loss, and mourning will refer to the outward display of the bereaved, which is guided by religious or cultural norms.

Furthermore, I believe the difference between grief counseling and grief therapy deserves clarification. These terms are often used interchangeably; however, for the purposes of this paper, grief therapy will refer to the specialized techniques that guide an abnormal or complicated grief reaction toward a normal coping process, while grief counseling will refer to the facilitation of normal, uncomplicated grieving, through counseling, to alleviate suffering and help bereaved individuals adjust well within a reasonable time (Stroebe et al., 2008).

Given that grief is a complex emotional syndrome encompassing a myriad of reactions, durational changes, and cultural differences, it is difficult for researchers to precisely define normal grief versus complicated grief. Leading grief researchers define normal grief as an emotional reaction to bereavement, falling within expected norms, given the circumstances and implications of the death, with respect to time course and/or intensity of symptoms (Stroebe et al., 2008). This definition leads to questions as to what are expected norms and what are the expectations with respect to duration of a normal grieving period. For example, on what basis should loss experiences be classified with respect to circumstances and implications for the bereaved? Another important consideration relates to what the cutoffs ought to be for grieving intensity during a normal grieving process? These are just some of the questions that are currently being debated among grief researchers.

Complicated grief is difficult to define given it is not a single syndrome and it is subject to cultural variation. Furthermore, complicated grief is difficult to differentiate from related disorders such as depression, anxiety and posttraumatic stress disorder (PTSD). Researchers have yet to reach agreement regarding a definitive set of diagnostic criteria or even whether diagnostic criteria are necessary and useful (Parks, 2005). Stroebe and colleagues originally proposed a definition of complicated grief that is based on the concept of deviation from the cultural norm with regards to time course or intensity of symptoms (Stroebe et al., 2008). More recently, they expanded this definition to include dysfunction. Although intensity implies dysfunction, these researchers believe daily functioning in various spheres of life following bereavement should probably be made more explicit, especially because of dysfunction's clinical relevance. The Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM– IV; American Psychiatric Association, 1994) criteria for clinical significance for mental disorders usually include the specification that the condition "causes clinically significant distress or impairment in social, occupational, or other important areas of functioning." Thus, I agree that the roles of function and performance should also be taken into account in defining complicated grief.

A Brief History of Bereavement Research

To conclude this section, I will examine the shift in focus that has occurred in bereavement research over the past century. This area of research has migrated from primarily a psychoanalytical focus through a more empirical approach to a more theory-driven approach over the last 100 years. I will also highlight the works of the most prominent theorists and researchers that influenced the evolution of our current understanding of the grieving process. Finally, I will explore the current direction of research in the unique sub-population of bereaved

parents and how meaning has emerged as an important factor in this area of bereavement research.

At the turn of 20th century, Freud (1917/1957) provided the first systematic analysis of bereavement in his classic paper "Mourning and Melancholia." Subsequently, his theoretical ideas on the reactions to the death of a loved one, which were formulated in the psychoanalytic tradition, have become highly influential in shaping the current theoretical understanding of healthy and unhealthy coping during the bereavement process. Freud's concept of *griefwork* – the need for individuals to come to terms with their loss – has been expounded upon for decades and is still conceptually relevant today.

In the 1940's, researchers began to conduct empirical studies of grief and its consequences. In an article entitled, "Symptomatology and Management of Acute Grief," Lindemann (1944) identified a range of symptoms that are associated with grief that are still reflected in the assessments of grief today. Epidemiological studies on the consequences of bereavement on mortality can be found as far back as the mid-19th century by Farr (1858/1975), but then do not reemerge until the mid-20th century in studies conducted by Durkheim (1951/ 1987). Later, research by Kraus and Lilienfeld (1959) showed that the mortality risk of the widowed was consistently higher than for married counterparts of the same age and sex. Bereavement-related mortality rates continue to be an area of keen interest in the current bereavement literature.

In the 1950's, researchers began a more systematic documentation of the manifestations and duration of grief. Prominent contributions to this work were added during the 1960's by Maddison and colleagues (Maddison & Viola, 1968; Maddison & Walker, 1967) and in the 1970's by Clayton (1979). This research began to map the mental and physical vulnerabilities of

the bereaved in search of ways to provide the right type of care to those who most need it. Parkes (1972) consolidated much of the research conducted up to that point in the first edition of *Bereavement: Studies of Grief in Adult Life*. As evidence to its continued relevance, the third edition of this book was published in 1996 (Parkes, 1996).

Much of the research from the mid-20th century onward was primarily concerned with the identification of high-risk subpopulations of bereaved individuals and with identifying the specific health consequences to which these subgroups were most vulnerable (Stroebe et al., 2008). Research by Parkes (1965) and Parkes and Weiss (1983) resulted in a highly influential classification of the complications of grief based on a risk-factor perspective. Subsequently, Jacobs (1993) suggested a classification of "pathologic grief" for inclusion in future editions of the DSM.

In the 1980's, Bowlby (1980) conducted research on the chronic and absent forms of grieving from his attachment theory perspective. It was also during this time when the stage models for the adaption to grief (Bowlby, 1980) and task models (Worden, 1982) started to shape researchers' understanding of the course of grieving.

Cognitive stress theory and attachment theory have had a significant influence on current research in the field. Over the past decade, research has been primarily theory-driven and focused on the complexities of the bereavement experience (Stroebe et al., 2008). Furthermore, research designs, methods, and statistical techniques are continuingly becoming more sophisticated and now include prospective, multivariate designs intended to address the more finely grained processes underlying the manifestations of grief.

With regard to the sub-population of bereaved parents, we see a clear focus on the importance of meaning in the bereavement process (Bruan & Berg, 1994; Craig, 1977; Davis,

Nolen-Hoeksema, & Larson, 1998; Florian, 1989; Janoff-Bullman & Frantz, 1997; Lichtenthal et al., 2010). Due to the advanced research techniques described above, we now have a much more robust understanding of the different construals of meaning and the role they play in successful grief adaption. I will explore this topic in greater detail in the next section of this paper.

Section II

Organization of Section II

In this section of the paper I will put forth the theoretical basis to support my position that therapy or counseling for bereaved parents should be aimed at meaning reconstruction in the form of sense-making and benefit-finding, with a therapeutic goal of growth and increased well-being, not merely the mitigation of the negative affective symptoms associated with a death of a child. I base this claim on the fact that the loss of a child represents one of the most intense and emotionally devastating traumas a person can experience and as such represents a strong impetus for growth. As mentioned earlier, Tedeschi and Calhoun (2004) suggest that PTG requires (a) a precipitating "seismic" event that disrupts one's assumptive world or sense of self; (b) the cognitive task of rebuilding a meaningful and coherent view of themselves and the world, referred to schema reconstruction; (c) the realization that one has changed for the better in a significant way; and (d) the attribution of the positive change to the precipitating event. The loss of a child is indisputably a "seismic" event that disrupts the assumptive world of a parent. Therefore, if therapy or counseling can successfully rebuild a meaningful and coherent worldview and can aid the parent in the derivation of benefits from the experience which they attribute to the life or death of their child, it sets the stage for growth according to the model of PTG set forth by Tedeschi and Calhoun.

Parental bereavement: A "Seismic Event"

The bereavement process after the death of a child is widely accepted as one of the most painful, intense and devastating types of bereavement (Lichtenthal et al., 2010). Research has shown the death of one's child to be more devastating to survivors than the death of other relationships, including that of a parent, spouse, or sibling (Middleton, Rapheal, Burnett, & Martinek, 1998; Sanders, 1980). Notably, losing one's child to death has also been shown to place bereaved parents at an increased risk of psychological suffering and declines in functioning (Rando, 1983; Sanders, 1980). As I will discuss in the following paragraphs, the bereavement process after the death of a child is unique in both its duration and intensity.

My experience.

I inherently knew that losing a child was one of the most intensely painful events a person could experience and did not require the research to prove it. Having experienced different forms of bereavements in my life – the loss of my grandmother when I was a teenager, the loss of my father when I was in my early twenties, and the loss of a close friend to cancer just a few years back – I knew what these losses felt like. However, nothing is more terrifying to a parent than losing a child. I assume there are few, if any, parents that would not sacrifice their own life to save the life of their child. There is no other kinship relationship that one would gladly and without hesitation trade places with the deceased.

I remember the day my son was diagnosed with Lafora's disease. As a physician, it only took a few minutes to learn everything I needed to know about this rare disorder. Lafora's disease is a genetic form of progressive myoclonic epilepsy that presents in early adolescence as seizures and rapidly progresses to death by the third decade of life. There is no known cure. It is marked by a rapid severe physical and cognitive decline and by progressive intractable seizures

that continue to increase in frequency and duration.

As a physician, this was particularly frustrating. I am in a position of comforting patients when diagnosed with life-threatening illnesses, trying to maintain their hope. In a few short moments, I learned my son's fate and there was nothing I could do about it – no hope for cure. It was like seeing my son tied to a railroad track with a locomotive right around the bend and having to look on in helpless frustration and despair. I held the knowledge of his prognosis to myself for a few months until I was forced to tell my wife. Watching her suffer through this realization was worse than going through it myself. Eventually, we had to tell my daughter when she started asking the question, "Is Ryan going to get better dad?" Telling my daughter that her brother has only a short time left on this earth and watching her world crumble in front of me was indescribably painful and is quite painful to think about even as I write these words.

The day Ryan died, I was at a meeting 2 hours away from home. My wife called me and told me I should come home right away. After his last hospitalization, we had made the decision that we would not take him back to the hospital again, in that there was nothing they could do and Ryan hated the hospital. We wanted him to die at home surrounded by family. As I left the meeting, I called my wife to check on his status. She informed me that he was gone. It was like no other pain I have ever experienced. I screamed in emotional pain, pounding the dashboard of my car, saying repeatedly "No!" followed by "Why?" over and over. I had to pull over on the highway because I could no longer see from the tears that flowed relentlessly from my eyes. I felt I could not go on; however, I knew I had to get home to see him. The remainder of the ride is a blur; the car seemed to be driving itself, for my mind was wandering back to the day Ryan was born and through every memorable event since. Every few minutes I would start to wail in emotional pain. As I drew closer to the house, the nausea set in. I was physically sick with grief.

I knew my son lay dead in his bed at home. The closer I got to home, the more intense the physical symptoms became. I was sweating, somewhat lightheaded and sick to my stomach. As I walked up the stairs of my house my knee's buckled. My legs felt like they weighed a thousand pounds. My wife helped me to his room. There was my son, lying lifeless in his bed. It was the emotional catastrophe of my life. I held him in my arms, sobbing like a baby until my strength gave out. Then I collapsed to the floor beside his bed, short of breath and too weak to stand. I asked everybody to leave the room and I felt as I had just died. Eventually, we had to call to report his death. I remember the feeling of all my hopes and dreams shattering as they wheeled him out of the house covered in a white sheet. Nothing in my life was so painful, and the pain still exists today. To this day, the sadness comes in waves – smaller waves of turmoil that follow the emotional tsunami of his death. If there is anything more painful in life, I hope never to discover it. As you can see, I did not need to read the research to discover the fact that losing one's child is one of the worst forms of trauma one can experience. However, I can attest to the accuracy of the research from my personal experience.

What the research says.

Next, I will examine the research on what factors contribute to the severity of this form of trauma in an attempt to better understand the process. One factor that contributes to the increased risk of psychological and functional decline in this population is the prolonged nature of the grief symptoms. Although the majority of parents will resume productive lives after the loss of their child, the grief associated with a child's death tends to persist longer among bereaved parents than for other bereaved populations. Studies have shown that grief symptoms for parents that outlive their children frequently endure throughout the lifespan of the parent (Keesee et al., 2008).

There are many factors that contribute to the increased intensity of grief symptoms in this population. One factor is that losing a child represents a violation of the expected natural order of life. Humans possess a basic and fundamental drive to reproduce and create offspring who will survive them. For bereaved parents, the orderliness of their universe seems to be undermined (Gorer, 1965), and the parent experiences the death of a child as an unnatural and untimely event. Even if the child is an adult, the death still reverses the expected sequence of life events for the parent.

One of the most important factors that contributes to the intensity (and duration) of grief symptoms in bereaved parents is the unique nature and characteristics of the parent-child relationship. This relationship has no equal in its intimate closeness and interdependence. The parent-child attachment bond is a result of powerful biological, evolutionary and psychological forces operating to ensure that children are born and are cared for (Anthony & Benedek, 1970). The parent-child relationship is not static. As the child grows and thrives, the child becomes an integral part of the parent's lives and adopts their feelings, thoughts, behaviors and attitudes. This closeness fosters a type of empathy that allows a parent to feel what the child feels and to understand them in ways that often can be communicated non-verbally.

Furthermore, parents must take on so many assigned roles and responsibilities. A parent assumes the roles of caregiver and protector, an all-good and totally selfless role model for the child, motivated only by the child's welfare and well-being. The daily interactions between a parent and a child help define the parent's sense of self, role and identity. Therefore, when a child dies, the parents can experience an assault on their identities as protectors and providers, and thus a death of a child can leave the parents with a sense of failure and incompetence (Rubin & Malkinson, 2001).

Bowlby (1969) conceptualized relationships as mental schemas that people form to reflect how they think of a person and how these reflections interact with their inner psychological representation of themselves. The parent-child bond is unique in that parents start to perceive the mental schema of their children even before the child's birth. These prenatal cognitive-emotional schemas have been shown to be measurable and have been identified to represent an important factor in the development of the parent-child relationship (Rubin & Malkinson, 2001). In addition, these schemas undergo change as the parents and child mature and remain intact and often become stronger after the child's death.

Given that a child's development depends in many ways on the quality of the relationship with his or her parents, parenthood represents an important yet underappreciated developmental achievement that can cultivate a sense of identity and purpose for a person (Rubin & Malkinson, 2001). Research has also shown that parents spend emotional, financial and physical resources for the benefit of their children, yet experience this as giving to the self (Rubin & Malkinson, 2001).

A child holds multiple meanings for a parent as an extension of the parent's hopes, dreams, needs, and wishes for immortality (Rando, 1986), and the death of a child violates these assumptions and meanings more than any other bereavement (Miles & Crandall, 1983). Therefore, in addition to grieving for the loss of their child, a bereaved parent must confront the loss of these hopes, dreams and aspirations for the child. Given the intense and enduring nature of the parent-child relationship, we often witness a significant decline in a parent's life energy after the death of their child, which exacerbates the intensity and duration of grief symptoms. This population has been shown to be uniquely vulnerable to loss of both cognitive mastery and previously held goals and purpose (Wheeler, 2001). It has been said that when a child dies, the

meanings and purposes associated with the child are often shattered, leaving a painful ‘‘existential vacuum’’ (Frankl,1978).

I believe it is this upheaval in the parent’s perceived schema – the loss of purpose and goals – and the incomprehensibility of meaning that makes the bereavement process following the death of a child the most devastating and intensely painful of all bereavement processes. Paradoxically, this is why I believe it can provide one of the potent stimuli for growth. These unique characteristics clearly fulfill the first requirement for PTG to occur, that of being a “seismic” event that disrupts one’s assumptive world or sense of self. In the following paragraphs I will discuss the importance of meaning in positive bereavement adaption.

Understanding the Different Construals of Meaning

To gain a better understanding of meaning and its role in bereavement and traumatic events, it is important to examine how the concept of derived meaning after a significant loss has evolved over the years. When we examine the early literature, we see almost complete agreement among the prominent theorists that developing an understanding of a traumatic event and its implications is critical to healthy bereavement adaption (Frankl, 1963; Janoff-Bulman, 1992; Moos & Schaefer, 1986; Parks & Weiss, 1983; Taylor, 1983). In particular, some researchers maintained that following the loss of a child, resolving the meaninglessness of the death is an essential part of griefwork (Craig, 1977; Miles & Crandall, 1983). Such a process has also been discussed in a wide range of traumatic life events. Researchers in bereavement and traumatic life events refer to this process as “finding meaning” (Bullman & Wortman, 1977; Moos & Schaefer, 1986), “explaining” the event” (Burgess & Holmstrom, 1979), or “account making” (Harvey, Orbuch, Chwalisz, & Garwood, 1991), while others have emphasized the importance of intellectually and cognitively accepting the event (Parks & Weiss, 1983; Weiss, 1988).

Although these theorists agreed on the psychological importance of finding meaning, their conceptualizations of what constitutes meaning differed substantially. Some researchers and theorists had focused on the individual's appraisal of the significance of the event for his or her sense of life goals and life purpose. Some referred to meaning as one's ability to develop new goals and a wiser view of one's sense of self (Helmrath & Steinitz, 1978; Thompson & Janigian, 1988). Taylor (1983; 1989) suggested that people derive meaning by considering the positive implications or benefits of the event, such as a new appreciation for life or greater value in relationships. This concept of meaning has come to be referred to in the literature as "benefit-finding" (Davis et al., 1998).

Other researchers concentrated on the bereaved person's ability to develop an explanation for their loss and to make sense of it within their worldviews or schemas (Horowitz, 1976; Janoff-Bulman, 1992; McIntosh, Silver, & Wortman, 1993; Parks & Weiss, 1983). For example, to make a death more understandable, a person could attribute the loss to God's will, or to the deceased's own behaviors, such as smoking in the case of death from lung cancer. This conceptualization of derived meaning has come to be referred in the literature as "sense-making" (Davis et al., 1998). Although benefit-finding and sense-making construals of meaning are not exhaustive, they are the two most widely cited notions of meaning in the current literature (Davis et al., 1998). Many theorists hesitated to separate these two concepts of meaning due to the imprecise nature of the concept, and many felt that they represented the same psychological processes. However, continued research and theorizing has sharpened the distinction between these two processes.

Janoff-Bullman and Frantz (1997) utilized different terminology to examine the different conceptualizations of meaning. They used the term *meaning as comprehensibility* to imply the

extent to which one could fit the event into their worldview, and *meaning as significance* to refer to the value one could derive from the event. The concepts of benefit-finding and meaning as significance are very similar, in that they refer to deriving benefit from loss or trauma as a means to assign positive value or significance to the event for one's own benefit. Moreover, we can see similarities between sense-making and their concept of meaning as comprehensibility, as both refer to the issue of whether a particular event fits into one's conception of how the world is assumed to work.

In the 1990s, The Parent Bereavement Project conducted by Murphy and colleagues studied parents from United States who had been bereaved by sudden, violent death. The purposes of this randomized clinical trial was to test a preventive intervention and to conduct follow-up observations to examine change over time in mental and physical health, PTSD symptoms, marital satisfaction, family functioning, and loss accommodation (e.g., acceptance of the death). The constructs of meaning-as-comprehensibility and meaning-as-significance were selected to analyze parents' written responses to questions about finding meaning in their children's deaths and in their own lives. The narrative analysis showed that by 12 months post-death, only 12% of the parents had found meaning in their children's deaths (Murphy, 2008). Five years after their children's deaths, 57% of the parents reported finding meaning-as-significance. Many parents spoke of reordering priorities, learning of their strengths in the face of adversity, and beliefs that the child's suffering had ended.

Janoff-Bullman and Frantz (1997) found that learning about one's strengths in the face of adversity, or discovering the importance of existing relationships, may help the bereaved mitigate the feelings of loss or helplessness and may help restore the bereaved person's own life purpose or value or worth in life. Their research suggests that success in recovering from a

traumatic event rested on one's ability to first make sense of the event, then shift to attempt to derive benefit from it (Janoff-Bullman & Frantz, 1997). Furthermore, many theorists suggest that this restoration of goals and purpose is critical to self-esteem and well-being (Antonovsky, 1987; Janoff-Bulman, 1992; Thompson & Janigian, 1988).

A Crisis in Meaning

Having established that the loss of a child qualifies as a seismic psychological event and now that we have explored the concept of meaning in terms of sense-making and benefit-finding, I will now examine the evidence that supports my position that meaning reconstruction should be the main target for therapy and counseling of bereaved parents, as it offers them best chance for growth from this trauma.

When examining the literature pertaining to bereaved parents, we find both qualitative (Florian, 1989; Lehman et al., 1987; Matthews & Marwit, 2003; McIntosh et al., 1993; Murphy, Johnson, & Lohan, 2003; Uren & Wastell, 2002; Wheeler, 1993) and quantitative research (Bruan & Berg, 1994; Wheeler, 2001) that supports the fact that many bereaved parents face a crisis of meaning. After their child's death, bereaved parents are faced with the challenging task of reconstructing a personal world of meaning (Keesee et al., 2008). When parents are unable to find meaning within the context of their worldview or fail to initiate changes in their identity to assimilate the loss of their child, complications in the grieving process frequently result (Keesee et al., 2008). The intense and enduring symptoms of grief commonly reported by bereaved parents reflect the difficult challenge of integrating a seemingly incomprehensible loss into the pre-loss meaning structures that gave their life stories a sense of purpose, predictability and order (Neimeyer, 2006).

The bereavement literature suggests that there are various objective risk factors

associated with an increased risk for adverse grief outcomes (Rubin & Malkinson, 2001). For example, research suggests that mothers face a greater difficulty than fathers when attempting to adapt to the death of a child (Rando, 1983; Schwab, 1996; Sidmore, 1999). The research in this area also suggests that parents who lose a child to a violent death (i.e., accident, homicide or suicide) are at increased risk of poor bereavement outcomes (Lehman, Wortman, & Williams, 1987; Murphy et al., 1999; Murphy, Johnson, Chung, & Beaton, 2003), as are those parents who lose an only child (Dyregrov, Nordanger, & Dyregrov, 2003). A longitudinal study conducted by Winjngaard-de Meij and colleagues (2005) identified age of the child at death to be a strong nonlinear predictor of grief severity among bereaved parents, with parents of the youngest and oldest aged children showing considerably less grief than parents of children whose age surrounded the mean.

One of the first studies to show that sense-making and benefit-finding play independent roles in the adjustment process following a loss was conducted by Davis and colleagues (Davis et al., 1998). Their research indicated that sense-making was associated with less distress in the first year post-loss, whereas reports of benefit-finding were most strongly associated with adjustment at 13 and 18 months post-loss (Davis et al., 1998).

Keesee and colleagues (2008) conducted the first major study to examine the relative contribution of these objective risk factors to grief severity among parents who have lost a child to death. This study was unique in that it also compared the contribution of meaning making to these risk factors. These researchers identified that the violence of death, age of the children at death, and the length of bereavement accounted for significant differences in normative grief symptoms, while the cause of death was the only objective risk factor that significantly predicted the severity of complicated grief (Keesee et al., 2008). More importantly, their research showed

that the inability to find meaning or construct a sense of understanding in a child's death and/or life after the loss was a significant predictor of elevated distress in these patients (Keesee et al., 2008). In this study, the ability to find sense of understanding in the loss emerged as the most salient predictor by far of post-loss adjustment. Sense-making uniquely contributed to considerable portions of the intensity of normative and complicated grief symptoms (4-5 times as much as the next most influential predictor, and 3-15 times as much unique variance as the passage of time alone). Nearly half of the respondents in this study reported finding no sense or very little sense in their loss up to 5 years post-loss (Keesee et al., 2008). Although benefit-finding was positively correlated with sense-making, benefit-finding alone was not correlated with the severity of complicated grief (Keesee,et al.,2008).

Posttraumatic Growth versus Benefit-finding

Throughout this paper, I have alluded to the concepts PTG and benefit-finding frequently. These concepts are closely related and deserve further exploration on how these concepts are related and how they differ. The popularity of Nietzsche's famous quote, "That which does not kill me makes me stronger," is evidence that the belief that adversity brings strength, understanding and growth is neither new nor uncommon

Although there have been a number of authors that have presented theories for growth after traumatic events (Aldwin & Levenson, 2004; Janoff-Bullman & Frantz, 1997; McMillen, 2004), I believe Tedeschi and Calhoun have conducted the most compelling research in this area. Tedeschi and Calhoun define posttraumatic growth as "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, 2004). As mentioned throughout this paper, these researchers suggest that PTG requires (a) a precipitating "seismic" event that disrupts one's assumptive world or sense of self;

(b) the cognitive task of rebuilding a meaningful and coherent view of themselves and the world, referred to schema reconstruction; (c) the realization that one has changed for the better in a significant way; and (d) the attribution of the positive change to the precipitating event (Tedeschi & Calhoun, 2004). Davis and Nolan-Hoeksema (2009) make a compelling argument that benefit-finding after a trauma does not necessarily imply growth and that PTG needs to be distinguished from benefit-finding. These authors suggest that benefits are common but are relatively transient and incidental by-products of adversity. These benefits include such things as improved relationships, minor or temporary adjustments to values and priorities, and the realization of new possibilities (Davis & Nolen-Hoeksema, 2009). These authors argue that PTG should be reserved for referring to significant and sustained positive changes in major commitments and life goals. They go further by suggesting that these changes should be apparent to others and should represent a significant change in one's identity (Davis & Nolen-Hoeksema, 2009). PTG is not just adopting a revised set of priorities or a new philosophy, but also entails engaging in sustained behavior to achieve the new life goals. In this sense, benefit-finding can occur in close proximity to the loss of a child, whereas PTG by definition is a longer, more sustained and, some would argue, a lifelong process.

As discussed in the previous paragraphs, the research clearly has shown that loss of a child clearly can be classified as a "seismic" event that disrupts one's assumptive world and sense of self. Furthermore, I have discussed the importance of meaning in the coping process after the loss of a child. More precisely, that the sense-making after the death of a child is associated with rebuilding a meaningful and coherent worldview or schema reconstruction, while benefit-finding reflects the realization that a parent has changed for the better because of the loss of a child. As we can see, the successful grief adaptation after the loss of a child fits neatly in

Tedeschi and Calhoun's model for posttraumatic growth. Therefore, I believe any therapeutic intervention aimed at this population should be constructed around this framework and should have the goal of promoting growth and increased well-being.

The Benefits of Therapeutic Writing: Empirical and Theoretical Evidence

I will conclude this section by discussing why I believe that explicitly and deliberately writing about events in the child's life, both positive and negative (a process that I will refer to as therapeutic writing for the remainder of this paper) is the most effective modality to aid in the process of resolving the crisis in meaning faced by bereaved parents, and thus provides the best possibility for growth after their loss.

One of the main objectives of positive psychology is to document the psychological factors that promote physical and mental health (Niederhoffer & Pennebaker, 2009). Research over the past two decades has compiled substantial evidence that translating emotional events into words leads to profound social, psychological and neural changes. I believe this research provides good theoretical evidence that writing to derive meaning after the death of a child in the form of sense-making and benefit-finding provides a pathway for growth and thus improved well-being in this bereaved population. Before I explore how we can direct this therapeutic writing in this population, though, I will examine the empirical evidence and theoretical basis for this claim.

The academic interest in the therapeutic effect of writing about traumatic events was stimulated by the observation that people seem to possess an inherent need to talk with others after a distressing event (Niederhoffer & Pennebaker, 2009). For more than two decades, researchers have been exploring the potential benefits of translating emotional experiences into words (Pennebaker & Chung, 2007). In a study by Pennebaker (1997), it was shown that

participants found the writing process enjoyable and found it to be extremely "valuable and meaningful." In this study, the positive effects started to become evident approximately 2 weeks after the study. When compared to the control group, the participants were shown to have a reduced number of physician visits over the year following the study. In contrast to the long-term effects, the immediate effects of the writing were not overtly positive. Shortly after the study, many participants reported crying and feeling deeply upset by the experience (Pennebaker, 1997). Further studies revealed similar beneficial health outcomes related to immune function in participants writing about a trauma condition (Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Petrie, Booth, & Pennebaker, 1998), as well as positive influences on behavior such as increasing grades in incoming college students and increased job offers in a group of engineers. Similar health and behavioral effects have been seen with prisoners, medical students, crime victims, chronic pain sufferers, and women after giving birth to their first child. Furthermore, these effects have been replicated across a variety of social classes, cultures and racial and ethnic groups in the United States, Mexico, Belgium, the Netherlands, Spain and Japan (Smyth, 1998; Pennebaker & Chung, 2007). Given this compelling evidence for the beneficial physical and mental health benefits of writing about traumatic events, I believe it is important to examine the theoretical bases by which this process works.

Initially, the theoretical basis for the salutary effects of writing about traumatic events was primarily based upon a model of inhibition. However, recent research on the importance of cognitive and social processes has prompted researchers to broaden this theoretical position. Communicating emotions about traumatic events, either by talking or writing, results in significant positive biological changes. For example, research has shown that doing so has been associated with reductions in blood pressure, muscle tension, and skin conductance (Pennebaker,

1989). Conversely, this work verified that holding back or inhibiting thoughts, emotions and behaviors represented a form of psychological work that has the potential to exacerbate stress-related problems (Niederhoffer & Pennebaker, 2009). The original thought behind this theory was that not talking about important psychological events is a form of inhibition. Active inhibition can be thought of as a form of psychological work, which is reflected in autonomic and central nervous system activity (Niederhoffer & Pennebaker, 2009). Inhibition is thought to act as a stressor that can exacerbate psychosomatic processes that can lead to long-term negative health consequences (Traue & Deighton, 1999). Reducing inhibition has been shown to improve health outcomes in both informal and professional settings (Mumford, Schlesinger, Glass, Patrick, & Cuerdon, 1998). Freud also proposed a cathartic method whereby talking about one's deepest feelings and thoughts in a stream-of-consciousness manner was thought to cure people of their anxiety-related problems (Niederhoffer & Pennebaker, 2009). Freud linked the concept of inhibition to the larger concepts of suppression and regression and felt that the emotions of extreme stress must be consciously and deliberatively worked through (Freud, 1914/1958). Thus, the possibility to reduce inhibition and its associated stressors through the expression of emotions was the inspiration behind many therapeutic witting interventions.

Despite these connections to the relief of inhibition, it has been shown that the mere expression of the pent-up emotions does not fully explain the benefits seen in verbalizing one's emotions. Krantz and Pennebaker (1997) showed that expressing one's emotions through art, music and dance did not have the same effectiveness as verbal expression in bringing about positive health effects. Researchers have come to realize that there are other important dimensions of expression beyond emotional dis-inhibition that explain the effectiveness of verbalizing thoughts and emotions about emotional trauma. Two of the most important processes

include the role of cognitive processes and social dynamics (Niederhoffer & Pennebaker, 2009).

The cognitive process in this context is rooted in Gestalt psychology. Here, the conceptualization is that when a person experiences trauma, they temporarily become disconnected from their core self of identity and that this disconnection is exacerbated by the inhibition of the thoughts and feelings surrounding the emotional upheaval (Niederhoffer & Pennebaker, 2009). Gestalt psychology explains our inherent need to integrate the many facets of an event into a coherent whole (Helson, 1925). This area of psychology argues that not understanding a simple cause-and-effect explanation of a traumatic event and the failure to bring an event to completion causes anxiety. Hence, humans naturally search for meaning and the completion of events.

Many prominent researchers, including Freud, have found that individuals tend to ruminate, talk and dream about things that are not resolved or tasks that are not completed in their minds (Niederhoffer & Pennebaker, 2009). Paradoxically, the more one tries to suppress these thoughts, the more mentally intrusive they become (Wegner, 1994). So it seems that our brains are hard-wired to find meaning in a situation. However, many traumatic events do not lend themselves to easy plausible explanations.

Research in narrative psychology suggests that we make sense of our lives by putting them into a story-like format (Neimeyer & Stewart, 2000). Constructing a story facilitates resolution by providing an individual a sense of predictability and control over their lives by repairing the disrupted emotional connection to their core identity caused by an emotional upheaval. Language can give structure to one's experiences and allows for the organization of thoughts and feelings that surround a traumatic event. Research has found that writing forces one to convert raw emotions and feelings into words, and thereby forces activation of different areas

of the brain (Pennebaker & Chung, 2007). By utilizing writing to create a narrative about an event, one tends to tie all the changes into a more comprehensible story that can contain plots, subplots and themes, and arrange their lives in an orderly or more comprehensible fashion.

Finally, social integration also plays an important role in healthy adaption after a traumatic event. Research in many different areas of the psychological literature supports the notion that social integration is a key component to both psychological and physical health. For example, research suggests that individuals who are less socially integrated are more likely to commit suicide (Durkheim, 1951). Furthermore, research has shown that feelings of loneliness and isolation are associated with more health problems and that quality social interactions are an integral part of maintaining mental health (Niederhoffer & Pennebaker, 2009)

In a meta-analysis, Smyth (1998) concluded that emotional disclosure was necessary but was not sufficient to realize the health benefits from writing about trauma. Other research suggests a two-step process is required. Confiding the trauma to a person (a) reduces the physiologic arousal associated with inhibition, and (b) increases one's ability to understand and integrate the experience (Salovey, Rothman, & Rodin, 1998).

Research suggests that when creating a narrative of a traumatic event, participants gained a better understanding through writing about the event when compared to just verbalizing about the event (Niederhoffer & Pennebaker, 2009). Pennebaker has conducted many systematic evaluations on the benefits of writing using a computerized program called Linguistic Analysis and Word Count (LIWC). LIWC allows researchers to categorize words into positive-emotion words (happy, laugh), negative emotion words (sad, angry), cognitive categories (because, reason) and insight words (understand, realize). This has led to many insights. For example, the more people used positive-emotional words in their writing, the more their health improved.

Additionally, these researchers found that those participants who used a moderate number of negative emotion words had fewer doctor visits than those who used a very high or very low frequency of negative emotion words.

Although this is not an exhaustive review of the literature on the therapeutic benefits of writing about emotional experiences, I do believe I have presented adequate empirical and theoretical evidence to support my position that writing should be the modality of choice for interventions aimed at meaning reconstruction in the bereaved parent population. In addition to being effective clinically, writing also lends itself to new forms of computer analysis that will allow researchers to glean new insights into the psychological processes and benefits to advance our knowledge in this area.

Section III

In this section, I will explore the concept of adding quality to a life posthumously and the techniques of framing and retrospective re-evaluation. I will explain how these techniques can aid in the process of meaning reconstruction for the bereaved parent. I will also explore the concept I have termed co-destiny. I will explain how I derived this concept from my personal bereavement process and how it can be applied to foster growth in parents who have suffered a loss of a child. I will conclude this section with an analysis of my son's eulogy, which I wrote shortly after his death. I will explain how I unknowingly applied the concepts and principles discussed in this paper to my personal bereavement process and explain the reasons why this process was instrumental for my meaning reconstruction and subsequent posttraumatic growth.

Posthumous Events Affect Perceived Quality of Life

When a parent loses a child to death, they inherently undervalue the quality of the child's life. This underestimation is not due to the particular events or cause of death, but rather the manner we, as humans, judge events in general. Research by Kahneman and colleagues have shown that our evaluative judgments of events are heavily influenced by the terminal event. This concept is contained in Kahneman's (2005) peak-end rule, a heuristic in which people generally evaluate events based primarily on the peak and end moments of the event. When a parent loses a child to an early death, that negative end may exert a significant influence on the evaluation of the quality of the child's life (Rozin & Stellar, 2009).

Over the last decade, research in positive psychology has sought to better understand and measure well-being in an attempt to optimize quality of life (Seligman & Csikszentmihalyi, 2000). Quality of life is a retrospective measure and can be thought of as the lifetime subjective well-being of an individual. As such, it is susceptible to distortions of memory and actual experiences, and it is disproportionately influenced by the terminal event (Fredrickson, 2000; Kahneman, Wakker, & Sarin, 1997). Work by Diener and colleagues has shown that judgments on quality of life are heavily influenced by the endings (Diener, Wirtz, & Oishi, 2001). Rozin and Stellar (2009) argue that posthumous events act much like traditional end-events, and as such, can be used to shift the judgments of quality of life towards the emotional value of posthumous events. These researchers note that much of the work on end-events had manipulated hedonic events, as opposed to meaningful events. They hypothesized that the meaning aspects in one's life are more susceptible to posthumous change than hedonic events (Rozin & Stellar, 2009). Their research found that posthumous reversal of fortunes did in fact shift judgments of the goodness and happiness of life in the direction of the valence of the

posthumous event (Rozin & Stellar, 2009). In other words, although peak-end theory has mainly been applied to areas of research that affect positive or negative emotions, this research suggests that this theory can be applied to meaningful events that occur after the death of a child, thus adding (or subtracting) to the perceived quality of the child's life through posthumous events. Furthermore, this research suggests that this effect did not depend on the religiosity or to the degree to which the life made a compelling story (Rozin & Stellar, 2009).

Reframing the Child's Life

Given the evidence that posthumous events, especially those related to meaning, can add perceived quality to a life, I believe that this must be emphasized in any future intervention aimed at meaning construction. With respect to bereaved parents, the first step in finding new meaning should be to reduce the inherent negative bias that bereavement has imposed on their perceptions of the child's quality of life. A bereaved parent can be encouraged to view their child's life in a larger framework and not to view their child's death as the terminal event of their life. Enlarging the framework in which a parent views their child's life to include posthumous events will remove death from its terminal position, thus reducing the inherently negative bias of the child's death.

This process of *framing* occurs commonly in our daily lives when we speak of a person's legacy. For example, many Christians do not view Jesus's life in a context of his thirty-three years that he was alive, but in a larger context of the positive effects that his teachings had on humanity over the past two millennia. This is exemplified when someone says, "Jesus lives in me." These individuals inherently view his life in a larger framework. One can think of many similar examples in the areas of religion, art and science, such as Gandhi, Mozart and Einstein to name a few. Fortunately, it has also been shown that this process is not dependent on a person's

religiosity or the degree to which the deceased's life makes an engaging story (Rozin & Stellar, 2009). Thus, this process can be applied to any life, regardless of religion and/or social status. Based on this evidence, I suggest that the process of framing can be effectively integrated into future positive interventions aimed at promoting growth in bereaved parents.

Retrospective re-evaluation

As discussed earlier, one of the greatest challenges a parent faces after the loss of a child is the search for meaning (Kearns, 2009). Research suggests that the perceived quality of life and happiness of the child can be increased posthumously by the process of retrospective re-evaluation. This process has been shown to be most potent when it involves aspects of life pertaining to meaning (Rozin & Stellar, 2009). This process, like framing, is not uncommon in our daily lives. For example, if you were to have a wonderful evening with your partner, only to find out at a later date she had been unfaithful, the very pleasant memory of that evening may quickly turn negative. Or for example, if you were turned down for a position with a new company but then are offered a better position with your present employer, the initial negative feelings of rejection can quickly turn to those of relief. Applying retrospective re-evaluation to a life posthumously may represent a special case of this more general process (Rozin & Stellar, 2009). In the following paragraphs, I will explain how I subconsciously employed the concepts of framing and retrospective re-evaluation while writing my son's eulogy and how this process added new meaning and happiness to my perceptions of my son's life, as well as my own.

Analysis of a Eulogy

The following paragraphs are my analysis of my son's eulogy. I wrote this shortly after his death while sitting in the room where he had passed. In this analysis, I will highlight the psychological processes and concepts discussed in this paper. I have included a full copy of Ryan's eulogy in

Appendix I.

"To everything there is a season and a time for every purpose, under heaven;
A time to plant, a time to reap;
A time to laugh, a time to weep; ...
A time to be born, a time to die."
Ecclesiastes

This was my first stage of acceptance. After reading this famous excerpt from Ecclesiastes, I realized that there is a time for everything – even a time to die. I started thinking of Ryan's life in this context as I wrote his eulogy.

> **Ryan was not on this earth long enough to lose his innocence. He was fortunate never to have been exposed to the malevolence that unfortunately exists in this world. This at times made him seem naïve, and in that sense, fortunately, he was. He was only able to see the good in people and could not understand the concept of evil. He was truly the most honorable, honest person I have ever had the privilege of knowing.**

Here I seem to be *retrospectively re-evaluating* his premature death, looking for something positive. It occurred to me that his personality made him able to see only the good in people. I *evaluated* this aspect of his personality and extracted it as a *benefit*, one I continue to try to incorporate into my own personality. This was a positive change or a benefit of his life that I chose to incorporate into my *co-destiny*.

> **My son was born with his disease so his fate was set from the moment of his conception. All we can ask from life is to find our purpose and fulfill that purpose before we die. In his short time on this earth he accomplished more than most, and more than he ever knew.**
> **Ryan, you have fulfilled your destiny.**

This was another aspect of *gaining acceptance and understanding*. Finding the purpose and meaning in my son's life knowing he fulfilled his destiny allowed me to put closure to his

life on this earth. This was important step for me to *reorganize my mental schema* that was disrupted by his untimely death. This understanding helped traverse the innate human tendency to seek closure to an event. Note that there is no detachment, but rather understanding and acceptance.

> ***A time to plant*: Early in his life he was my student. He learned from me. I planted in Ryan a love for sports, music and computers. I taught him right from wrong, and exposed him to my philosophy on life. As his disease progressed, his true character burgeoned and became apparent to me. It is my time to reap the rewards of the seeds of character I had planted in the soul of my only son**.

This stanza reflects on *meaning and purpose*. It speaks to my *mental schema*. My son was a reflection of myself. It speaks to the unique nature of the *parent-child bond*. He was physically part of me through my genes. I planted the seeds of my personality and saw them grow into a reflection of myself. He was and still is a part of my mental schema of myself. Again, this highlights my embracing the relationship as opposed to severing it. This counters Freud's concept of griefwork. I end by foreshadowing the reaping of *benefits*.

> ***A time to reap*: Ryan through his life; through his disease; and through his death has taught me so much about the meaning of life. I have reaped a bounty of lessons on character, handling adversity, overcoming fear and fulfilling one's purpose in life. In short, he has made me the man I am and will be the main influence on the man I will become. Life has come full circle. My student has become my teacher.**
> **Ryan, you have fulfilled your destiny.**

This stanza reflects *meaning as benefit-finding*. Here I speak to everything I learned through his life, his suffering and his death. The lessons were many – those on character handling adversity, overcoming fear and the importance of fulfilling one's *purpose* in life. I also speak to how I derived benefits from his life when he was alive and show a sense of prospecting into the future when I say, "…and will be the main influence on the man I will become." This is

my statement that I intend to *incorporate these lessons into my worldview*, thus forming a new destiny for myself that incorporates much of his personality and in so doing, forming a *co-destiny*. I talk about life coming full circle another sign of acceptance.

> ***A time to laugh*: I am fortunate that, even in hindsight I can say Ryan and I had plenty of laughs. I feel I am one of a lucky few that can look back without regrets about not spending enough time with my son. He was my best friend and I was his tutor, coach and dining partner (some may not know that Ryan really enjoyed fine dining. Karen, do you remember the Zagat tour?). And he was my football partner and we are probably the last two Raider fans left. (Well three. His cousin Jon also suffers from this affliction). In his short life and even through the last few arduous years he always maintained his ability to laugh and to make others laugh.**

This piece of *retrospective re-evaluation* made me think of the lighter side of our life together. It made me realize that one can seek and find positive emotions even in devastating emotional upheavals. Here I reflected on some of the best times we shared and the importance of making others happy even in our darkest moments. Although I cried as I read this eulogy at his grave site, I remember a brief moment of happiness as I reminisced about these times. This speaks to the fact that we are not limited to targeting the alleviation of negative emotions but we can choose to ruminate on the happier times to build on our positive emotions.

> ***A time to weep*: This is my time to weep. However, I realize that I weep for selfish reasons. I weep because I will never see Ryan on this earth again. But if I have learned anything from Ryan, it is to always to try to do the right thing no matter how hard it may be. I doubt I will get through the near future without weeping. However, I will weep knowing it's only because I loved him more than I knew it was possible to love someone. The right thing to do now is not to weep, knowing that Ryan is finally free of the limitations that this disease so insidiously placed on him.**

This stanza also speaks to *acceptance*. Here I accept that I will be sad and will miss my son. But I chose to use the derived benefits from his life to understand my feelings. I also see a growing understanding of my emotions. I realized that it was normal to show my grief by

mourning and crying. Why was I crying? It was for me, for my loss. I saw the *benefit* for my son in his death. It relieved him of his suffering. Although not inherently religious, the entire process made me more spiritual, and I gained solace in the fact that my son was free from his suffering.

> ***A time to be born*: We all have a time in history to be born. Ryan was born at this time so he could touch all of our lives in the way he did. Everybody here knew Ryan and was privileged to witness his spirit. For me he taught me many more lessons that I could possibly write down here. But I will mention a few that may be helpful for all us here today:**
>
> **Put things in perspective. Know what is really important in life and try not to get angry about the things that seem important in the moment ,but when put in perspective of one's entire life, are not so important.**
>
> **Live life to its fullest. Do the things you always wanted to do. So when we are faced with our own mortality we can say we have no regrets and that we leave this world a better place because of the life we have led.**
>
> **Be strong and lead by example. Ryan faced his disease with the courage and valor of a military hero and never complained about his lot in life. He found happiness in the smallest of things and never complained about the things that were taken away from him one by one, even to his last breath.**
>
> **And finally; the meaning of life is to lead a fulfilling life. Find your destiny and live your destiny. And you will lead a fulfilling life.**

Here I speak to the *meaning and purpose of Ryan's life*. Also, I listed specific examples of benefits in the form of lessons learned. These are the aspects that I carried forward and incorporated in my new schema or co-destiny.

> ***A time to die*: Ryan, your body gave out but your spirit lives on. This is your time to die. Your destiny was to teach me how to live mine. The student became the teacher. Your job is done. Go now and rest in peace removed from the limitations of you mortal body. I will see you again in the next life. I hope I can stay true to the lessons you taught me. I love you buddy.**
>
> **Ryan, you have fulfilled your destiny.**

Love you always and forever,
Your Father.

Here is my *final acceptance* of his death and the realization of the separation from the physical world and the spiritual world. I also acknowledge that his *spirit lives on in me,* and the *purpose* of his being born was to make me a better person. I acknowledge that he has lived a *good life* and that I saw *benefit* in the end of his suffering. I *reframed* both of our lives to include the spiritual world and expressed my true desire to stay true to his morals and ideals. It would be difficult for any parent to renege on a promise made to their recently deceased child. Thus, this was my way of telling him I intended to *incorporate* all I have learned from him into my own mental schema, thus *preserving his spirit* by incorporating into my own *goals and purpose* in life.

For the weeks following Ryan's death I continued to write about the importance of fulfilling one's destiny and stumbled upon the concept of a co-destiny. It was at that time I knew what I had to do. I realized that my destiny was to live my life in a way that would make my son proud. I knew to accomplish this I was to help others who had suffered the loss of their child to not only survive the ordeal of their child's death, but to grow from it. The awareness that I could add "goodness" to my son's life by doing "good" in his name motivates me to this day. Everything I do that is a result of having known and raised my son ultimately reflects back to him, adding to my perceived quality of his life. This motivates me not only to change my philosophy in life, but to act upon this philosophy. As I have discussed in the section on posttraumatic growth, changing one's behavior and attributing meaning to the traumatic event is an essential part of PTG, and action is what separates benefits from growth.

Co-destiny: The Concept

Throughout this paper I have mentioned the term co-destiny. Initially, it was a term I used to describe the process of combining my son's destiny with that of my own. However, after incorporating the knowledge I have gained from my personal bereavement process, my formal education in positive psychology, and my research of the bereavement literature, I now have a much clearer insight into the concept of co-destiny. My current view of co-destiny is that it represents a theoretically optimal psychological state of a bereaved parent when they: (a) achieve complete acceptance of their child's death through understanding the meaning and purpose of their child's life; (b) incorporate all the known benefits from their experience with the child into a comprehensible psychological narrative; (c) form a new worldview that results in a realization of their ultimate purpose or calling in life; and (d) act from intrinsic motivation in accordance with their newly formed worldview.

This definition of co-destiny contains many aspects of the contemporary concepts of successful bereavement adaption, as well as all the prerequisites of PTG. As I define it here, co-destiny involves both acceptance through meaning reconstruction (as sense-making, meaning as comprehensibility), and deriving meaning as benefit-finding (meaning as significance). In previous sections I have detailed the theoretical and empirical evidence that supports that sense-making represents a critical initial step that usually precedes benefit-finding in successful bereavement adaption, as well as how these concepts represent essential elements needed for PTG to occur. My definition implies that these processes must result in the repair and augmentation the parent's mental schema and worldview. This represents the point of healing for the bereaved parent. The last implication of my current definition of co-destiny is that once healing has occurred, it leads to intrinsically motivated action consistent with the newly formed

worldview.

In this sense, co-destiny represents the ultimate reorganization, repair and rejuvenation of the shattered worldview of the bereaved parent. Viewed in this way, co-destiny should represent the desired therapeutic goal of every bereaved parent, grief therapist or bereavement counselor who works with these parents. Co-destiny represents a cure for grief rather than the mere palliation of the symptoms of grief.

I must state clearly, having experienced the horror of the death of my only son, that a therapist should never blame or make a parent feel incompetent if they are unable to make sense or derive benefit from their child's death. It is not realistic to expect every parent to achieve the lofty goal of co-destiny; however, I do believe that every bereaved parent should be made aware of its possibility. Furthermore, I believe that the process of "striving" for co-destiny is what is clinically important. This is analogous to how devout Buddhists "strive" for nirvana, knowing that most will not obtain it. To these individuals, nirvana represents a destiny that acts to guide their actions and behaviors in life. It is the "striving" for nirvana that results in them approaching their culturally accepted concept of an ideal person. Co-destiny acts in much the same way for a bereaved parent. It may be unobtainable for many, but can act as a motivational destination, guiding the bereaved parent's actions towards gaining a final acceptance of their child's death and leading them to a better understanding of their purpose in life, resulting in increased meaning, growth and increased well-being along the way.

We can view this process of striving for co-destiny as a "positive" psychological corollary to Freud's concept of griefwork. Freud's griefwork theory suggested the importance of expressing grief and detaching emotionally from the deceased in order to recover full function (Freud, 1957). This view is supported by Bowlby's (1969) attachment theory. This classical view

of griefwork can theoretically mitigate the negative affective symptoms of grief, like emotional morphine, but may hinder the potential cure for grief, which I believe is found in PTG. Both Freud and Bowlby suggest it is better to relinquish the bond with the deceased to adapt to the attachment separation. Although this type of separation may be applicable to other forms of bereavement, as a bereaved father, and a student of bereavement theory, I believe this is realistically impossible and potentially harmful for a bereaved parent in that it would make posttraumatic growth all but impossible. I find support for this claim in the recent literature. There are a number of grief theorists and therapists who have embraced an alternative view to attachment theory, emphasizing the adaptive function of retaining bonds with the deceased rather than relinquishing them (Klass, Silverman, & Nickman, 1996). Bowlby (1980) himself was ambiguous on this topic, ultimately acknowledging that change in the bond rather than its severance was the critical goal of grief-work (Stroebe & Schut, 2005). Research has shown that higher levels of meaning-making consistently predicted better grief outcomes during a two-year bereavement period (Neimeyer, Baldwin, & Gillies, 2006). Although this same study revealed that high levels of post-loss attachment to the deceased were associated with more complicated grief (CG) symptoms, this was only true under conditions of low sense-making (Neimeyer et al., 2006). One could hypothesize from this finding that it is the lack of sense-making that is the root cause of CG symptoms. I contend it would be close to impossible for a parent to experience PTG after their child's death if they sever the relationship with the deceased child, in that PTG is a life-long process of positive action attributable to the loss of the child (Tedeschi & Calhoun, 2004).

Section IV

What does Positive Psychology have to do with it?

In this paper, I have argued that bereavement therapy needs to take a "positive turn." I contend that bereavement theorists, researchers and therapists need to move away from the illness model and move toward a well-being model. I was first introduced to this concept after reading Martin Seligman's book, *Flourish* (2011). Subsequently, I developed a more thorough understanding of this important concept through my education at the University of Pennsylvania while enrolled in the MAPP class of 2013. Although it was my son's death and the concept of positive growth after tragedy that motivated me to enroll in MAPP, as a physician, I also saw great potential in the concept of moving the practice of medicine away from the illness model to a more preventative model of promoting health and well-being. We now can see the tenets of positive psychology being applied in this way in the budding field of positive health. Additionally, we see the application of positive psychology being applied in many fields. In education, we can see it with the great work of the KIPP schools, where the focus is on building character strengths in children. In business, the field of positive organizational scholarship has moved the focus from correcting weaknesses towards a philosophy of building on a company's strengths. We even see a movement towards a positive turn in literature with the publication of the *Eudaimonic Turn* (Pawelski & Moores, 2013). In all of these fields, we see a "metaphysical shift towards the positive" offering a new perspective and a new bottom line – that of promoting well-being in our personal and professional lives. My contention is that the time is right for positive psychology to take a closer look at bereavement therapy and for grief therapists to take a closer look at positive psychology.

I credit much of my recovery to the awareness of the possibility of growth after trauma

and to the awareness that positive and negative emotions represent two separate and distinct emotional spectrums that can be affected independent of one another. For far too long, classical psychology has all but ignored the positive emotional spectrum. Freud thought that the absence of anxiety and depression would lead to happiness. However, it was Seligman who taught us through his research on learned helplessness, and through his forty years of clinical experience, that this is not necessarily true. Seligman states that as a therapist, even when he was successful at alleviating all detectable traces of anxiety and depression, he would not necessarily end up with a happy patient, but rather an empty patient (Seligman, 2011). The classical psychological approach to parental bereavement has made great strides in classifying and studying ways to alleviate the negative affective symptoms of bereaved parents. And as one who has suffered the deep, heart-wrenching sorrow and depression of losing a teenage child, I would gladly surrender all my worldly possessions to achieve this goal if that was the best potential outcome. But this approach at best would palliate the symptoms and allow someone to function again. However, I believe it does not promote growth and increased well-being. Removing the disabling conditions of life is not the same as building the enabling conditions of life. If we want to increase well-being, we must clearly try to minimize misery; but in addition, we must also attempt to add positive emotion, meaning, accomplishment, and positive relationships to our lives. Given the recent advancements in positive psychology and bereavement research, and through my own experience, I now know that so much more is possible. You can grow and become a better, more complete, more empathetic and altruistic person as a result of this type of trauma.

Seligman (2011) contends that although a substantial number of people show intense depression and anxiety after extreme adversity, in the long run, many grow and arrive at a higher level of psychological functioning than before their adversity. In one questionnaire, 1700 people

admitted to having experienced a traumatic event from a list of the fifteen worst things that can happen in a person's life. This list included events such as torture, grave illness, death of a child, rape and imprisonment (Seligman, 2011). These respondents were also asked to complete a survey to measure well-being. Paradoxically, individuals who had experienced one awful event scored higher on the well-being assessment than the participants who had none. Furthermore, individuals who'd been through two awful events scored higher than individuals who had one, and individuals who had three scored higher on the well-being assessment than those who had two (Seligman, 2011). This data suggests that the more severe the trauma, the higher the potential for posttraumatic growth. To bolster this claim, research has shown that 61.1 percent of imprisoned airmen tortured for years by the North Vietnamese said that they had benefited psychologically from their ordeal. Moreover, it was found that the more severe their treatment, the greater their posttraumatic growth (Seligman, 2011). Clearly, the positive psychology literature supports the contention that traumatic experience can lead to growth and increased well-being. This is not to say that we should ever prescribe or wish tragedy on someone to promote growth or well-being. It does imply, however, that when and if tragedy strikes, one should not waste such an emotionally expensive opportunity to grow.

I see a positive turn occurring in the current bereavement literature, particularly as it pertains to bereaved parents. Current research in this area is now emphasizing and discovering the salutary effects of meaning reconstruction and the role it plays in bereavement adaption. I fervently believe that incorporating the theories of positive psychology into the scientific research of the parental bereavement process will sharpen this "positive turn." I contend that this positive turn will lead to new therapeutically beneficial interventions that will not only mitigate the symptoms of grief, but also will promote growth and therefore increase individual life-long

well-being, potentially curing the grief. This will help parents not only survive the death of their child, but also to flourish from their experience with their child.

Co-destiny: A Theoretical Framework for an Intervention

The first and foremost goal of an intervention of this type must be to do no harm. Therefore, as I propose the theoretical framework of the co-destiny intervention, I must state clearly that not everybody will achieve growth after a tragedy. Awareness is the fundamental building block of this proposed framework. As such, parents must be made aware from the start that growth after trauma depends on one's innate pre-loss levels of resiliency (optimism) (Davis & Nolen-Hoeksema, 2009); however, they should be made aware of the research in resiliency training that is being conducted for the United States Army via the Master Resiliency Training (MRT) program at the University of Pennsylvania. The MRT is a program aimed at building resiliency in our troops in a way to prevent PTSD and to move soldiers towards PTG. Parents also need to be made aware that humans have a genetic set point for happiness. It has been found that approximately 50% of our happiness is genetically set, and approximately 10% can be attributed in differences in life circumstances and situations (Lyubomirsky, 2007). Parents who possess genetically low set points for optimism, resiliency and happiness may find it extremely difficult to grow after trauma. Fortunately, these facts inherently imply that 40% of happiness is under the control of the individual to change. It is imperative that parents are not made to feel inadequate or incompetent in any way if they simply cannot seem to make sense and/or derive benefits from their child's life or subsequent death. The participation in such an intervention must be voluntary and be made available to parents who choose to participate, and they should not be made to feel it is wrong not to attempt it. However, I believe that all bereaved parents should be made aware of the possibility for growth after trauma and should be encouraged to

attempt to foster growth through whatever means they feel most comfortable with and those means that best suit their individual personalities.

My proposed framework is just that. A framework that allows the elements needed for PTG to be integrated in a manner that lends itself to the construction of interventions aimed at promoting growth in bereaved parents for both clinical and research purposes. The framework is composed of four phases: a *pre-intervention assessment phase*; an *awareness phase*; a *therapeutic writing phase*; and a *post-intervention assessment phase*. These phases may be reordered to meet the specific clinical or research goals of specific interventions.

The pre-intervention assessment phase: This phase of the framework is included to achieve both clinical and research objectives. This would include the evaluation of the participant's pre-interventions assessments on one or more psychometric measures. Given my bias towards growth and well-being, I would choose scales to measure PTG, well-being, optimism and resiliency from any of the widely available validated scales. However, I envision scales to measure complicated grief and normative grief would be of great value as well. Choosing the specific scale(s) would be a decision made by individual researchers during the design of a specific intervention. As I am proposing a theoretical framework, I will not suggest any specific scale or psychometric property to be assessed, but rather only suggest that validated scales should be used in the pre-intervention assessment phase to obtain baseline levels of the chosen psychometric property or properties.

The awareness phase: As mentioned, awareness is at the heart of this theoretical framework, and I will discuss the essential elements of awareness of the co-destiny framework. A bereaved parent should be made aware of the concept of posttraumatic growth and the body of evidence that suggests that emotional trauma has been associated with long-term growth and

increased well-being. When soldiers were interviewed, more than 90% were aware of post-traumatic stress disorder (PTSD), but fewer than 10% were aware of the concept of PTG (Seligman, 2011). If one is not aware of this concept, they may confuse their early normal grief symptoms as pathological and be unaware that there is light at the end of the tunnel. They may get stuck in a downward spiral of despair and hopelessness. Knowledge of PTG gives hope and can motivate an individual to climb out of their early grief.

Parents must be made aware of the concept that a good life is not necessarily a pleasant life. I am sure that most people, independent of their religious beliefs, would agree that Mother Theresa and Gandhi led good lives, but few if any would suggest that their lives were physically pleasant or filled with giddy happiness. Consequently, I surmise that most would also admit they led meaningful lives. It is the meaning that was the major component of their well-being, not pleasure.

Parents must be made aware that they have the ability to focus their attention in any direction they choose. If parents get stuck in a cycle of rumination on the death of their child, this sets them up for a negative downward spiral and all the negative emotional and physical sequelae associated with such emotional spirals (Fredrickson, 2009). Victor Frankl (1963) has demonstrated that no matter how dire the circumstances may be, an individual always maintains the ability to focus their attention on what they choose. In this way we should encourage parents to avoid the natural tendency to focus on the negative events surrounding their child's death (the terminal event) and towards the good that came from their child's existence. They should be encouraged to ruminate (meditate) on these positive events in an attempt to derive meaning in the form of sense-making and benefit-finding.

Parents must be made aware that they can frame their child's life in a larger context and

can remove death as the perceived terminal event of their child's existence. They should be made to realize that they can retrospectively re-evaluate events in their child's life to derive new meaning and thus add quality to their child's life posthumously. Rozin and Stellar (2009) have shown that this is not an uncommon event in our daily lives. People commonly view many religious icons, sports legends and political figures in terms of their legacy and the effect that these figures had on society and culture long after their deaths.

Parents must be made aware that they can choose to maintain a relationship with their child after their child's death and incorporate the essence of the child into their own mental schema or worldview. This will tend to act as an intrinsically motivating force toward action that is congruent with their newly formed worldview.

Parents should be made aware that relationships are stored as psychological narratives that are components of their worldview. Furthermore, they should be aware that writing about events in the child's life has been shown to be the most effective way to reconstruct meaning to form new and improved worldviews that are both comprehensible and meaningful to the parent.

Finally, they must be made aware that they have the ability to form a positive co-destiny with their child. They should be made to realize that this is a life-long process that can be undertaken at anytime after the child's death. Although the process can be difficult and emotionally draining, it has the potential to produce many rewards in the form of acceptance, growth and increased well-being.

The therapeutic writing phase: This phase would guide the parents through a series of carefully crafted writing assignments. Initially, these assignments should be aimed at deriving meaning as sense-making, as this has been shown to be a critical first step in positive bereavement adaption. I propose parents be encouraged to write in a free-form, cathartic manner.

They should be given a choice as to whether or not they would want to expose their writing to a therapist, counselor or investigator, or for it to remain anonymous. New technology such as LIWC can allow a parent's writing to remain anonymous while still providing parents, therapists or researchers the ability to obtain feedback or evidence of any progress towards growth and meaning. Subsequently, the parent would then be encouraged and guided through a writing process that promotes meaning as benefit-finding in much the same manner.

This process should be designed to be iterative. With each iteration through the writing phase, feedback would be given to the parent to allow the parent, therapist or researcher to examine any change (positive or negative) in the level of acceptance, meaning and purpose gained from the process. If the parent finds the process helpful, they would be encouraged to iterate through the writing phase again. This grading and scoring process may need to be delayed in that the process of writing about highly emotionally traumatic events can lead to an immediate increase in sadness and other negative emotions. Research has shown that the benefit from writing about such events may be delayed by as much as two weeks.

The post-test assessments phase: At the completion of the intervention, the participant would be encouraged to take the post-test assessments and to compare them to the pre-intervention assessments. This would be of value to the parent to assess if the process was helpful individually, as well as for researchers to study an intervention's effect on groups or populations. Based on these results, questions and techniques within an intervention could be revised to refine and improve the efficacy of the intervention. This revision could take the form of different guiding assignments, scoring techniques, and manner of feedback. This is an important feature of the framework. An intervention must allow for continuous assessment, refinement and improvement of the process.

My intention is not to propose that this be a model for a single intervention. Studying the effects of such an intervention on even one psychometric property would entail a significant investment in time, money and resources. Rather, my intention is to encourage researchers in the area of bereavement therapy and positive psychology to utilize this framework to construct future interventions aimed at studying the effect of meaning reconstruction on the parental bereavement process.

Conclusion

In conclusion, I hope I have presented sufficient compelling theoretical and empirical evidence to stimulate the continued migration of bereavement research and therapy towards positive psychology. It is my contention that by completing its positive turn, bereavement research will move toward a model that not only aims to mitigate the negative affective symptoms associated with parental grief, but also offers the hope of cure for parental grief through growth and increased well-being. I have also presented my thoughts on a new concept of co-destiny, both as a concept as a conceptual therapeutic goal of bereavement therapy, and as a conceptual framework that can be utilized in the construction of clinical as well as research-oriented interventions within this bereaved population. This paper also represents an example of how therapeutic writing utilizing the techniques described within this paper, along with the concept of co-destiny, can be effective at promoting acceptance, growth and increased well-being in a parent that has suffered the seismic loss of a young child. For this paper represents just another phase of my continuing life-long journey of posttraumatic growth attributed to my experience of my son Ryan's life and his subsequent struggle with the disease that ultimately claimed his life. I am truly comforted by the knowledge that any good that comes from this paper, even if it helps just one bereaved parent survive and grow from their experience, will

ultimately feedback to improve the quality of my son's life posthumously. I know that my life would not have taken this course if it were not for my son's life. Ryan, this work, as is my entire life, is dedicated to you.

Appendix I

"To everything there is a season and a time for every purpose, under heaven;
A time to plant, a time to reap;
A time to laugh, a time to weep; ...
A time to be born, a time to die."
Ecclesiastes

Ryan was not on this earth long enough to lose his innocence. He was fortunate never to have been exposed to the malevolence that unfortunately exists in this world. This at times made him seem naïve, and in that sense, fortunately, he was. He was only able to see the good in people and could not understand the concept of evil. He was truly the most honorable, honest person I have ever had the privilege of knowing.

My son was born with his disease so his fate was set from the moment of his conception. All we can ask from life is to find our purpose and fulfill that purpose before we die. In his short time on this earth he accomplished more than most, and more than he ever knew.
Ryan, you have fulfilled your destiny.

A time to plant: Early in his life he was my student. He learned from me. I planted in Ryan a love for sports, music and computers. I taught him right from wrong, and exposed him to my philosophy on life. As his disease progressed, his true character burgeoned and became apparent to me. It is my time to reap the rewards of the seeds of character I had planted in the soul of my only son.

A time to reap: Ryan through his life; through his disease; and through his death has taught me so much about the meaning of life. I have reaped a bounty of lessons on character, handling adversity, overcoming fear and fulfilling one's purpose in life. In short, he has made me the man I am and will be the main influence on the man I will become. Life has come full circle. My student has become my teacher.
Ryan, you have fulfilled your destiny.

A time to laugh: I am fortunate that, even in hindsight I can say Ryan and I had plenty of laughs. I feel I am one of a lucky few that can look back without regrets about not spending enough time with my son. He was my best friend and I was his tutor, coach and dining partner (some may not know that Ryan really enjoyed fine dining. Karen, do you remember the Zagat tour?). And he was my football partner and we are probably the last two Raider fans left. (Well three. His cousin Jon also suffers from this affliction). In his short life and even through the last few arduous years he always maintained his ability to laugh and to make others laugh.

A time to weep: This is my time to weep. However, I realize that I weep for selfish reasons. I weep because I will never see Ryan on this earth again. But if I have learned anything from

Ryan, it is to always to try to do the right thing no matter how hard it may be. I doubt I will get through the near future without weeping. However, I will weep knowing it's only because I loved him more than I knew it was possible to love someone. The right thing to do now is not to weep, knowing that Ryan is finally free of the limitations that this disease so insidiously placed on him.

A time to be born: We all have a time in history to be born. Ryan was born at this time so he could touch all of our lives in the way he did. Everybody here knew Ryan and was privileged to witness his spirit. For me he taught me many more lessons that I could possibly write down here. But I will mention a few that may be helpful for all us here to day:

Put things in perspective. Know what is really important in life and try not to get angry about the things that seem important in the moment ,but when put in perspective of ones entire life, are not so important.

Live life to its fullest. Do the things you always wanted to do. So when we are faced with our own mortality we can say we have no regrets and that we leave this world a better place because of the life we have led.

Be strong and lead by example. Ryan faced his disease with the courage and valor of a military hero and never complained about his lot in life. He found happiness in the smallest of things and never complained about the things that were taken away from him one by one, even to his last breath.

And Finally; The meaning of life is to lead a fulfilling life. Find your destiny and live your destiny. And you will lead a fulfilling life.

A time to die: Ryan, your body gave out but your spirit lives on. This is your time to die. Your destiny was to teach me how to live mine. The student became the teacher. Your job is done. Go now and rest in peach removed from the limitations of you mortal body. I will see you again in the next life. I hope I can stay true to the lessons you taught me. I love you buddy.

Ryan, you have fulfilled your destiny.

Love you always and forever,
Your Father.

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