Exploring Our Grief: Mindfulness Guide for Survivors of Suicide Loss

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Exploring Our Grief: Mindfulness Guide for Survivors of Suicide Loss

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GMIND 7500: Thesis Capstone
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Dedication

The heart of this project is dedicated to anyone that has lost a loved one to suicide. I have a special dedication to my brother Gonzalo, who shares the same experiences of suicide loss as I do. To my mother, Arlene, who taught me how to embody resilience. I dedicate this to my grandparents – Ada, Francisco Gonzalo, Margarita, José Luis, and Norma – who were (and still are) my rocks. To my aunt, Adalys, for strengthening our family every day, and to my cousin-brother, José Javier, for always being there. Finally, to the most loving man, my father, Francisco Gonzalo Enrique, who died by suicide in 2004. Your light still shines upon us. Our love for you lives on.
Abstract

Suicide is one of today’s major health issues. Survivors of suicide loss (SOSL) suffer major and very peculiar adversities in their grieving process. It is important to address the needs of this population as a way to prevent suicide. In fact, it is imperative for this population to take part in activities that promote resiliency and healing after experiencing the loss of a loved one by suicide (postvention). This paper mainly argues that SOSLs are a population poised to benefit from mindfulness practices. A dearth of information exists concerning this particular population and the possible benefits of mindfulness practices for their bereavement process. A recent study on this topic suggests that contemplative practices like meditation and self-compassion can be beneficial for survivors of suicide loss (Scocco et al., 2019). Conclusion and implications for future study call for more research on this topic as there is a significant gap within the current body of research on survivors of suicide loss.
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Exploring our Grief: Mindfulness Guide for Survivors of Suicide Loss

Suicide ranks as one of the leading causes of death in the US (American Association of Suicidology, 2020). A rise in suicides in recent years, along with the outbreak of COVID-19, have highlighted the plight of those who are left behind (Moutier, 2020; Petersen, 2019; Wan, 2020). Although some empirical attention has been given to survivors of suicide loss (SOSL), there is still a dearth of information regarding this specific population. Some have highlighted the importance of reaching the needs of this particular population as a form of suicide prevention (postvention) (Bruggeman et al., 2021; Norton, 2015).

For SOSL, it is often difficult to make sense of a death by suicide of their loved one. After a suicide occurs, many believe that the deceased's pain is transferred to those left behind. Often, that pain comes with mixed and complex emotions that are difficult to explore. In the face of grief, many people, including myself, struggle with difficult emotions such as anger, guilt, shame, and confusion. Some of the challenges this population face stem from the stigma associated with suicide, leading SOSLs to internalize their grief, leading to complicated or acute grief. In the field of suicidology, mindfulness is a relatively new phenomenon, but promising findings indicate its potential benefits for the particular grief experienced by SOSLs.

I am a survivor of suicide loss, and I am also avidly interested in mental health. My father died by suicide, an event that marked me and my family very deeply. By experiencing the deaths of loved ones by both illness and suicide, I understand the particular adversities in the bereavement of SOSL. In the process of exploring my grief through mindfulness and contemplative practices, something profound changed within me. In general, I began to heal and see this experience with a new perspective while integrating daily life in a way that was healthier
and more skillful. I strongly believe that mindfulness and contemplative practices, when practiced safely, can help us heal from the painful experience of losing a loved one to suicide.

This paper investigates suicide and how it can affect the people left behind. It addresses the impact of suicide on the survivors and explores the ways in which mindfulness can aid SOSL in their grieving and healing processes. The purpose of this study is to shed light on the particular difficulties of survivors of suicide loss and develop an interactive guidebook specifically targeted to them. The main argument of this paper is that SOSL is a population poised to benefit from mindfulness and contemplative practices, as it allows them to pause, reflect, and discover meaningful growth following their particular experience of loss.

**Suicide as a Health Issue**

Suicide ranks as the 10th leading cause of death in the U.S. and the second leading cause of death for 15 to 34-year-olds (American Association of Suicidology, 2020). Over the last two decades, suicides have risen alarmingly, and data from 2018 showed the highest age-adjusted suicide rate in the U.S. since 1941 (Drapeau & McIntosh, 2020; Roger et al., 2020, p. 1093). Globally, close to a million people die each year due to suicide (Scocco et al. 2019; World Health Organization, 2019). According to the World Health Organization (WHO) (2019) suicide occurs throughout the lifespan and is a global phenomenon seen in all regions of the world (para. 1). Moreover, more than 79% of global suicides occurred in low-and middle-income countries in 2016 (WHO, 2019). Suicide is a generally preventable cause of death and has become a major global public health problem in need of attention (Clenney, 2018; CDC, 2019; Moutier, 2020; WHO 2019).

Furthermore, suicide and suicide attempt surveillance systems are poor, and few countries can provide reliable or real-time data (Moutier, 2020; WHO, 2019). With that said,
efforts to better these systems have been an ongoing conversation for quite some time (Millner, 2015; Moutier, 2020; Nock et al., 2008; WHO, 2019). Studies on suicide provide limited and problematic understandings of the issue mainly because scientists have only collected reliable data on suicide in the last century, and because the subjects of interests cannot be studied directly (Millner, 2015, p. 1). However, some significant variables have emerged from different studies on suicidal behavior such as (1) suicidal ideation, (2) suicidal plans, and (3) suicidal attempts (Beck et al. 1976; Millner, 2015). Most of the theoretical approaches in suicide focus on the risk factors and not on resilience factors that can help reduce the likelihood that an individual will likely commit suicide (Collins et al., 2016). Therefore, suicide becomes a complex issue that requires an integrated approach (WHO, 2019).

**Risk Factors of Suicide**

Suicide ideation is a complex system of symptoms and behaviors that often overlap with other issues. According to the WHO (2019) there is a significant link to suicide and mental health disorders (para. 5). However, there are many other factors at play. Suicide rates are high in vulnerable populations and people who have experienced discrimination, such as refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTQ); and prisoners (WHO, 2019, para 6). Furthermore, the CDC (2019) highlights that it is important to know that risk factors may not necessarily be direct causes, but a complex “combination individual, relationship, community, and societal factors contribute to the risk of suicide” (para. 1). The major risk factors for suicide include the following: (1) family history of suicide, (2) previous suicide attempt(s), (3) Loss (relational, social, work, or financial), and (4) unwillingness to seek help, among others (CDC, 2019, para. 2).
Given the current social climate and the COVID-19 pandemic, it is expected that the risk factors will become more complex and difficult to target (Sher, 2020; Moutier, 2020). Therefore, it is imperative to address the current social atmosphere of the COVID-19 pandemic since it presents a profound threat to mental health globally and in the U.S. Recent data suggests an alarming increase in suicide rates during and after the pandemic (Sher, 2020; Moutier, 2020). According to Sher (2020), the increase in suicides “can be attributed to fears of contracting the illness, fears of being a burden to the family, general anxiety, social isolation, and psychological distress” (p. 3-4). Furthermore, “there are several risk factors linked to the pandemic and ensuing public health measures, which suicide expert consensus views as threats that could increase population suicide risk without significant efforts to mitigate these risks” (Moutier, 2020, p. E2). Thus, in the post-COVID-19 era, the increase in suicide rates calls for a deep understanding of preventable measures and risk factors. The multifactorial nature of suicide urgently calls for tailored intervention for effective prevention strategies.

**Theoretical Perspective: Why do People Die by Suicide?**

Due to the nuanced nature of suicide, it is critically important to examine some of the proposed factors that precede and ultimately lead to the completion of a suicide. Theories on suicide help us comprehend the complexity of the phenomenon. There are many numerous theoretical perspectives on suicide but for the scope of this paper, three will be discussed. Edwin S. Schneidmans, a predominant figure in contemporary suicidology, argues that suicide is characterized by an intrinsic psychological pain or ache (Leenaars, 2010; Schneidmans, 1965). *The Psychache Theory* understands suicide as “a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution” (Schneidmans, 1985, p. 203). In Schneidmans’ suicide
model, he mainly posits that an individual is at risk of suicide when there is a conjunction of stress, personal anguish, pain (or psychache), and perturbation (Leenaars, 2010; O’Connor & Nock, 2014).

Differently, Baumeister’s (1990) theory of Suicide as Escape from Self opposes the view that suicide stems from a depressive state or a single psychological process, or that it is aggression turned inward (p. 91). Rather, this theory argues that situational causes of escapist suicide include expectations that are too high, met with a particular failure, setback, or stress (p. 90). Baumeister (1990) argues that Suicide has been associated with negative views of the self and especially with changes toward more negative views of the self, which implies recent, unfavorable attributions about the self. Further evidence suggests that suicidal people often experience unusually high standards and expectations, which make the self’s perceived failures especially acute and presumably underscore the inference that oneself, specifically, is worthless. (p. 96)

Suicide as a form of escape from self mainly exposes that the motivation for suicide seems to be the process of liberation from painful self-awareness (Baumeister, 1990; O’Connor & Nock, 2014, p. 74).

Finally, the Interpersonal Theory of Suicide (Joiner, 2007) proposes that for a person to complete suicide there have to be three main factors at play, (1) thwarted belongingness, (2) perceived burdensomeness, and (3) the capability to enact lethal self-injury (Joiner, 2007; Joiner, 2009; Stanley et al., 2010; O’Connor & Nock, 2014). The dimension of thwarted belongingness includes loneliness, alienation from or a valued group, and the absence of reciprocal care, or dimensions of perceived burdensomeness and self-hate including the belief that one is a burden to family, friends, and/or society (Joiner, 2009; Stanley et al., 2010, p. 117). Moreover, this
theory suggests that a person does not die by suicide if they do not have a willingness to do so, or some ability to enact self-harm; dimensions on this factor include a lowered fear of death and elevated physical pain tolerance (Joiner, 2009; Stanley et al., 2010).

**Survivors of Suicide Loss**

This section explores the body of research that highlights the mental health risks of survivors of suicide loss. It will also explore how the effects of suicide may lead to susceptibility to depression as well as acute psychological distress in SOSL. In addition, the analysis will cover the most recent research on treating SOSL as a preventative measure.

A death by suicide can be one of the most harrowing and painful experiences for the people left behind. Schneidmans (1965) highlights that after a person has completed suicide there is a special psychological burden on the people left behind. Consequently, suicide affects a wide range of people, not only the individual concerned, but also their families, friends, and communities (Schneidmans, 1965). The purpose of this section is to shed light on the difficulties faced by survivors of suicide loss while explaining how treating this population may be viewed as a form of prevention.

Some researchers have found that for every suicide death, more than six people are significantly affected (Scocco et al. 2019; Shneidman, 1965; Pitman et al., 2016). However, recent findings have noted that the number is significantly higher; for each death by suicide, 135 people are exposed to suicide (approximately 6.9 million in America) (American Association of Suicidology, 2020; Cerel et al., 2019). According to the AAS (2020), 1 in 61 Americans in 2018 were survivors of suicide loss (approximately 5.4 million). Additionally, Feigelman et al. (2018) discovered that at least 40%-50% of Americans have been exposed to suicide, and that suicide exposure and bereavement are far more widespread than commonly thought (p. 1).
Terminology: Survivors of Suicide Loss and the Continuum of Suicide Survivorship

Some researchers have noted the misleading nature of the term *suicide survivor* (Maple et al., 2019; Cerel et al., 2014), which is “the most common term used in the North American literature identifying those bereaved by suicide” (Cerel et al., 2014, p. 592). Therefore, throughout this literature review, a more direct term (Survivor of Suicide Loss\(^1\)) will be used to refer to anyone—family members, loved ones, friends—who have lost a loved one to suicide and experience emotional, physiological, or social distress (Jackson, 2003; Levi-Belz & Gilo, 2020; Scocco et al. 2019; Shneidman, 1965). Cerel et al. (2013) refers to survivors of suicide loss as “individuals left behind to grieve, who try to understand the reasons for the death and who learn to carry on with their lives following a suicide death” (p. 413). This clarification is important because survivor of suicide loss or suicide survivor should not be mistaken for attempt survivor which is someone who has survived a suicide attempt (Jackson, 2003).

Cerel et al. (2014) proposed the Continuum of Suicide Survivorship to categorize the different levels of impact on survivors of suicide loss (p. 591). The continuum stipulates a four-dimensional range that differentiates those exposed to suicide, those affected, and those bereaved. Cerel et al. (2014) highlight that “all those who would be described as ‘affected’ by suicide would by definition have been ‘exposed,’ whereas the reverse would not be the case” (p. 594). The continuum postulates that those affected by suicide will be bereaved through either short or long-term bereavement (Cerel et al., 2014; Maple et al. 2019, p. 380). Maple et al. (2019) mention that the continuum considers that “those with closer attachments to the deceased will experience the most significant and long-lasting impact from the suicide” (p. 380). This

\(^1\) The term was coined by a pioneer non-profit organization in Sand Diego, California named Survivors of Suicide Loss. [https://www.soslsd.org/](https://www.soslsd.org/)
theoretical terminology is important because it highlights the diversity and broadness of people that are exposed, affected and bereaved by suicide.

**Unique Grief of Survivors of Suicide Loss**

The bereavement process can be one of the most challenging phases of life (Dutton & Zisook 2005; Lange, 2013). The literature on suicide underlines the particular grief in suicide survivors and demonstrate that differently from mourning a ‘conventional’ death, suicide survivors also experience distinct difficulties in the bereavement process (Jackson, 2003; Scharer & Hibberd, 2019). According to Pitman et al. (2016), suicide bereavement is the “period of grief, mourning and adjustment after a suicide death, that is experienced by family members, friends and any other contacts of the deceased affected by the loss” (p. 1). Maple et al. (2019) write that “bereavement in and of itself requires grieving the loss of an emotional attachment” (p. 380). Moreover, suicide survivors are at greater risk for experiencing certain themes in their grief such as guilt, feelings of interpersonal rejection, stigma, difficulties with accessing social support, anger, and disconnection (Feigelman, 2009; Jackson, 2003; Scharer & Hibberd, 2019; Scocco et al. 2017). Thus, suicide survivors may be uniquely at risk for suicide (compared to those grieving a death due to natural causes) and depression, anxiety disorders, posttraumatic stress disorder, and intense and prolonged grief (Dutton & Zisook, 2005; Mitchell, 2004; Scharer & Hibberd, 2019; Pitman et al. 2006).

Pitman et al. (2006) developed a cross-sectional study that explored whether or not there was an association between suicide bereavement and suicide attempt by comparing bereavement by suicide, unnatural causes, and sudden natural causes. Results showed that “adults bereaved by suicide had a higher probability of attempting suicide than those bereaved by sudden natural
causes” (p. 1). Therefore, there are significant differences between those who grieve following death by suicide and those who grieve following a natural death (Cvinar, 2005, p. 20).

**SOSL and Bereavement**

SOSLs are a susceptible population to develop complicated grief. According to Young et al. (2012), complicated grief “is a bereavement reaction in which acute grief is prolonged, causing distress and interfering with functioning” (p. 179). Bereaved individuals develop complicated grief when time has passed but they find difficulties in recovering from the loss and resuming with their own life (Mayo Clinic, 2017). Moreover, complicated grief can also have negative health effects, including suicidal ideation, among others (Nam, 2016, p. 325). Current research has highlighted the importance of acknowledging this type of grief in survivors of suicide loss. An observational study by Bellini et al. (2018) showed significant scores in survivors of suicide loss, showing that 62.8% of participants had high scores in complicated grief (p. 3). Complicated grief in SOSL should not be disregarded; it often impedes people to “get over with it,” and healing becomes challenging due to one's propensity to be constantly in sorrow and mourning.

For survivors of suicide loss, the stages of grief look somewhat different than the typical five (denial, anger, bargaining, depression, and acceptance) (Kübler-Ross & Kessler, 2009). According to Jackson (2003), the stages of grief in survivors of suicide loss are (1) shock, (2) denial, (3) guilt, (4) sadness, (5) anger, and (6) acceptance (p. 8). Guilt is one of the characteristics of reactivity in SOSL and it is also one of the biggest obstacles in the grieving process (Feigelman et al., 2009; Jackson, 2003; Scharer & Hibberd, 2019). According to Jackson (2003) it “comes from a mistaken belief that we could have, or should have, prevented the death from happening, or from regret over unreconciled aspects of the relationship” (p. 8). The
psychological burden of guilt in the face of grief can be challenging for the bereavement process of SOSL.

Another important factor is the stigma that survivors face. According to researchers, SOSL are highly stigmatized (Cvinar, 2005; Feigelman et al., 2009; Pitman et al., 2016). In fact, “stigma remains an integral part of the suicide bereavement process and has a significant influence on psychological well-being following the suicide event” (Cvinar, 2005, p. 20). Feigelman et al. (2009) explored the stigmatization of suicide survivors with open-ended questions and comparing them with people bereaved by natural causes and traumatic events. They found that the stigmatization score of suicide survivors was similar to that of traumatic death survivors (Feigelman et al., 2009, p. 597). Scocco et al. (2017) explored the relationship between psychological distress by psychopathological domains and stigma in suicide survivors (p. 39). They found that the levels of distress in SOSL correlated with levels of perceived stigma toward suicide survivors (Scocco et al., 2017, p. 39). These studies show that stigmatization has a detrimental effect on the mourning process after suicide.

**Suicide Postvention is Prevention**

According to Scocco et al. (2019), “suicide survivors have been reported to be at higher risk of developing mental health disorders, such as major depression, complicated grief, and suicidal ideation or behaviour” (p. 40). Moreover, “suicide survivors are prone to feel overwhelmed by their experience and sometimes react to emotions and painful memories by seeking to avoid them” (Scocco et al., 2019, p. 41). McMenamy (2008) also highlights that “suicide survivors may be at risk for a variety of psychological, social, and bereavement complications, including elevated rates of complicated grief and suicide has become more apparent” (p. 375).
Furthermore, other studies suggest that survivors of suicide loss may be at greater risks of developing depressive qualities such as guilt, interpersonal rejection, stigma, and difficulties with accessing social support (Scharer & Hibberd, 2019; Sveen & Walby, 2008). Similarly, Berardelli (2020) mentions that suicide survivors “are characterized by deep feelings of guilt, rejection, abandonment, anger, and shame about the death, in addition to the fear of being partly responsible for the suicide” (p. 2). A cross-sectional study by Pitman et al. (2016) found that “bereavement by suicide is a specific risk factor for suicide attempt when compared with bereavement due to sudden natural causes, whether blood-related to the deceased or not” (p. 10). Moreover, Berardelli (2020) brings the element of trauma into the suicide survivorship literature by saying that is “generally associated with traumatic experiences” (p. 2). Moreover, Jackson (2003) refers to the American Psychiatric Association in mentioning that the trauma of losing a loved one to suicide is catastrophic (p. 3). Finally, there is a growing field that argue that suicide survivors can even present suicidal ideation and behavior and are at risk for suicide themselves (Andriessen et al., 2019; Bruggeman et al., 2021; Levi-Belz & Gilo, 2020).

Since suicide survivors may be particularly at risk, understanding how to help survivors may be crucial, “not only for secondary prevention for an at-risk population but also for the primary prevention of suicide” (McMenamy, 2008, p. 376). Norton (2015) describes postvention as “activities which reduce risk and promote healing after a suicide death” (para. 1). Furthermore, comprehensive postvention should be a part of suicide prevention efforts to reduce risk and promote healing within the family and those exposed to the death (Norton, 2015, para. 7). Norton (2015) brings the idea of the “three-legged stool” which includes prevention, intervention, and postvention (para. 8). In this regard, the latter must not be overlooked, and should be an integral part of all efforts in suicide prevention (Norton, 2015, para. 8).
SOSL: A Population Poised to Benefit from Mindfulness and Contemplative Practices

Mindfulness practices have become more mainstream and adapted to different fields of study and areas of life. While there have been several attempts to incorporate mindfulness into the field of suicidology, the investigation of its effects on SOSL is largely unexplored. The following section explores how SOSL can benefit from mindfulness and contemplative practices. Later, it will delve into the research relating to mindfulness for the grieving process of SOSL.

Overview of Mindfulness

Mindfulness comes from the Pali word Satī, which encompasses several understandings and functions of human conduct and mind (Goldstein, 2013; Kabat-Zinn, 2005). In Buddhist traditions, Satī primarily refers to (1) present-moment awareness, (2) the practice of remembering, (3) the balancing of spiritual faculties, and (4) the protector of the mind (Goldstein, 2013).

Mindfulness has seen tremendous growth in the past decades, and it has become an available tool with prominent empirical support from the scientific community. One of the most fundamental definitions of mindfulness comes from Jon Kabat-Zinn (2005) who defines it as “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally and, as open-heartedly as possible” (p. 108). Kabat-Zinn’s definition mainly covers the essence of the practice of mindfulness. However, Feldman and Kuyken (2019) give a broader definition:

Mindfulness is an innate, universal capacity of the human mind. It is a way of being present in the moment and a fruition of understanding rather than something that we do. It helps us understand how our experience is constructed moment to moment maximizing
The capacity to be aware in the midst of unpleasant, neutral, and pleasant experiences is available to all of us human beings, and mindfulness gives us the foundation to navigate them with ease, and more importantly, compassion toward ourselves and others.

A Buddhist Perspective on Death and Grief

Buddhism emphasizes seeing with clarity and understanding our experience through the practice and internalization of the Four Noble Truths. Essentially, the Four Noble Truths acknowledges that suffering - in the broadest sense of the word - is a fact of existence and that people have to take ultimate responsibility for our suffering (Gethin, 1998, p. 69). The first truth lies in the fact that every being, one way or another, will be confronted by suffering (Gethin, 1998). In the face of grief, we can experience the first truth as “I lost someone and I am suffering. I am sad.”

The second truth is somewhat different; it requires the understanding that suffering exists, and it invites us to understand the origins of that suffering. Most of the time, these origins lie in attachment, aversion, and delusion (Gethin, 1998). Nevertheless, this truth not only requires an understanding of the origins but a willingness to take responsibility for one’s suffering. An example of getting caught up with attachment, aversion, and delusion in grief can look like this: “I lost someone dear to me, and I will be alone forever. This pain will never end. He/she/they are the only ones who can understand me.” An example of recognizing the origins of our suffering can look like this: “I am suffering because of the death of a loved one. I miss him/her/them, and it hurts.” Getting to know this truth with a skillful grasp in terms of death and loss means exploring our own attachments, aversions, and delusions toward our experience of death.
The third truth is understanding the possibility of the cessation of ‘suffering’ (Nirvāna), or experiencing it firsthand, which is the goal of the Buddhist journey. Essentially, the cessation is the annihilation of the defilements of greed, hatred, and delusion, and many understand it as a condition or as a moment of awakening. In grief, experiencing this truth may look like this: “I am suffering because of the death of a loved one, but this pain shall pass eventually. I have what it takes to get through this hardship of life.”

Finally, the fourth truth is the way leading to the cessation of suffering, which involves a non-linear practical path toward the liberation of suffering, known as the Noble Eightfold Path. The path consists of (1) right view, (2) right thought, (3) right speech, (4) right action, (5) right livelihood, (6) right effort, (7) right mindfulness, and (8) right contemplation. Essentially, it regards what we think, say, do, and feel leading to inner transformation and wisdom. The Noble Eightfold Path, also known as the Buddha’s Middle Way, helps us understand and put into practice the previous truths. It is helpful to see the grief and bereavement through the lenses of the Middle Way, because doing so can “facilitate the examination of different qualities of bonds with the deceased” (Wada & Park, 2009, p. 665). The essence of the Middle Way helps us steer clear of extremes and opens up the possibility for healing, understanding, and wisdom.

Buddhism also helps us see death through the lenses of impermanence, one of the facts of our existence. Piyadassi Thera (2006) says that “change or impermanence is the essential characteristic of all phenomenal existence. We cannot say of anything, animate or inanimate, organic or inorganic, ‘this is lasting’; for even while we are saying this, it would be undergoing change” (para. 7). Sometimes, our most primal reaction toward death is to face it with aversion or denial, but sometimes it is met with the acceptance that death is also a part of life. Moreover, Michaud (2020) contends that our attitude toward death may play an important role in our
grieving process, and that understanding impermanence is a crucial step into accepting the inevitable nature of death. Thus, with the Four Noble Truths and the Middle Way we understand our suffering, and can take active responsibility into developing flexibility of mind that can help us heal and understand that death, no matter the circumstances, is a very natural part of our human existence.

**Mindfulness for Grieving: Research on Bereavement**

Recent years have seen increasing interest in mindfulness as a tool to support grieving. Prominent figures in mindfulness for the bereaved (Cacciatore, 2012; Kumar, 2005) have argued that mindfulness and contemplative practices may benefit complicated grief in bereaved individuals. In the book *Grieving Mindfully: A Compassionate and Spiritual Guide to Coping with Loss*, Kumar (2005) explains in-depth the role of mindfulness in grieving, and how the practices can help the grieving process. He maintains that mindfulness and contemplative practices can lead to positive outcomes in healing from a loss (Kumar, 2005). Kumar (2005) interestingly mentions that both the practice of mindfulness and grieving can share some similarities, for each teaches us how to value relationships, experiences, and time in the present moment (pp. 22-23). Moreover, Kumar (2005) argues that mindfulness can be crucial in easing the profound and heightened stress of losing a loved one and help us heal and grow from our experience. Similarly, Alonso-Llácer et al. (2020) argue that Buddhist theory and mindfulness practices grant us the space to be open enough to integrate and grief more skillfully. The following section will provide more in-depth information regarding mindfulness-based interventions (MBI), the ATTEND Model, and finally how mindfulness has helped the grieving process of SOSL.
Mindfulness-based Interventions

We are beginning to see empirical support on mindfulness practices for grief, and in the clinical field, we’ve found some benefits in MBIs for bereavement. There have been many efforts to incorporate mindfulness practices for the mental suffering of human beings, such as traditional MBI’s like Jon Kabat-Zinn’s Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavioral Therapy (DBT), and Acceptance and Commitment Therapy (ACT).

Among the previously mentioned MBIs, MBSR is not commonly used to treat bereaved people, nor was it specifically designed for that. MBSR is an 8-week program developed by Dr. Jon Kabat-Zinn, initially intended to alleviate chronic pain and manage mental health (Kabat-Zinn, 2003; Noonan, 2014). Some studies, however, have recently explored MBSR for the grieving process (Roberts & Montgomery, 2016; Schellekens et al., 2020). Both studies found mindfulness tools helped participants alleviate difficult thoughts and feelings, as well as develop acceptance attitudes. Although MBSR wasn’t developed for helping the bereaved, more substantial data is showing its benefits and influence.

On the other hand, MBCT, DBT and ACT have found promising results regarding the specific population of SOSL. MBCT combines traditional cognitive therapy and mindfulness-based practices to identify a treatment method that would significantly reduce the rate of relapse and recurrence of depression (Segal et al., 2004). In the context of suicide, Williams et al. (2006) examined the effectiveness of MBCT for preventing suicidal behavior, they investigated Maria’s case, a 35-year-old mother facing tumultuous times. Maria was having ruminating thoughts, and had recently begun to feel like her life was meaningless. She felt like she was living in a black hole, and she wanted to die (Williams et al., 2006, p. 205). Maria decided to do MBCT, where
she learned to distance herself from suicidal thoughts, and MBCT helped her experience them as part of a passing mind state. (Williams et al., 2006, p. 206). MBCT can be an effective intervention for people with suicidal ideation, helping them gain tools to respond more skillfully to situations of impending crisis that have in the past led to suicidality (Williams et al., 2006, p. 209).

Williams and Silverton (2015) have found encouraging information on the use of DBT for SOSL and people with suicidal ideation. According to them, DBT “constitute[s] impressive evidence that this approach provides a major source of hope for many people with some of the most intractable social and emotional problems” (p. 17). Moreover, Linehan (1987) says that “DBT is based on a biosocial theory that views parasuicide as problem-solving behavior emitted to cope with or ameliorate psychic distress brought on by negative environmental events, self-generated dysfunctional behaviors, and individual temperamental characteristics” (p. 328).

According to Hayes et al. (2008) ACT mainly “applies acceptance and mindfulness processes, and commitment and behavior change processes, to the creation of psychological flexibility” (p. 81). A pilot study developed by Barnes et al. (2021) proposes ACT for Life, an intervention to help patients break free from patterns of suicidal crises. (p. 36). Participants reported that ACT treatment was beneficial and positive outcomes in life satisfaction, functioning, treatment engagement, and suicidal behavior (Barnes et al., 2021, p. 44). Among the previously mentioned MBIs, ACT has been the primary therapeutic approach that has shown promising results for bereavement and individuals experiencing suicidal ideation (Barnes et al. 2021; Nam, 2016).

Finally, the ATTEND Model (attunement, trust, touch, egalitarianism, nuance, and death education) is an interdisciplinary mindfulness-based approach that “offers the bereaved a unique
means through which they may fully experience their grief, eventually reconstructing new meaning and experiencing a higher likelihood of posttraumatic growth” (Cacciare & Flint, 2012, p. 65). Thieleman et al. (2014) conducted a quasi-experimental study to investigate the effectiveness of the ATTEND model with a pre-test and post-test design (p. 260). The study tested 42 parents in bereavement and reported that “36% of participants (27% of score sets) had scores that dropped below the clinical cutoff point for likely psychopathology on at least one measure” (p. 265). Although some limitations of the study are relevant, such as the need for randomized controlled trials, the study contributes promising outcomes for mindfulness-based approaches in grief as depressive, anxious, and trauma symptoms reduced significantly after participating in the ATTEND model (Thieleman et al., 2014, p. 265).

**Research on Mindfulness for Survivors of Suicide Loss**

Only a few studies have evaluated mindfulness as a method of supporting the specific grieving process of SOSL. Scocco et al. (2019) conducted a longitudinal study with sixty-one suicide survivors who participated in a mindful-self-compassion retreat. The participants completed the three instruments – (1) the Five-Facet Mindfulness Questionnaire, (2) the Profile of Mood States (POMS), and (3) the Self-Compassion Scale – and each instrument was administered 4–6 days before and after the retreat. Scocco et al. (2019) found that the participants in the Panta Rhei weekend retreats had the potential to influence levels of psychological distress, as shown by the statistically significant reduction in all subscales of the POMS, except for ‘Vigor-Activity’ (since they were at a retreat). The researchers found a significant reduction in the ‘Over-identified’ scores, suggesting that the above psychological improvements may have been mediated in part by a change in attitude towards their own way of experiencing thoughts and emotions (Scocco et al., 2019, p. 51). This study is essential because it
An experimental study by Collins et al. (2016) aimed to investigate risk factors identified in the interpersonal theory of suicide (perceived burdensomeness and thwarted belongingness) and examine their hypothesized suppressive effect on persistence in adversity in undergraduate university students (Collins et al., 2016, p. 704). Results showed that the interpersonal theory’s prediction on burdensomeness and thwarted belongingness shows consistency with causal factors underlying the desire to not persist with and give up on life (Collins et al., 2016, p. 712). If we consider postvention as prevention, this study is important because it argues that mindfulness can potentially help the risk factors of suicidal behavior.

Finally, one promising contribution comes from Wellman et al. (2020) who have developed a program to assist long-term survivors of suicide loss through a 10-module program that focuses on posttraumatic stress factors. It is a facilitator training program that teaches staff and volunteers to employ “the concepts, skills and interventions that will encourage flourishing through four components of posttraumatic growth: personal strengths, relationships, meaning and an appreciation for life, and new possibilities” (p. 2). The outcomes are not published yet, but the new program will be run in conjunction with Survivors of Suicide Loss, one of the most influential organizations for those who have lost a loved one to suicide.

**Important Notes on Trauma and Mindfulness**

Before delving deeper into the considerations for the development for the guidebook, there are several important findings within the field of mindfulness on the concept of trauma that are deserving of mention. As there is a possibility that SOSLs have experienced trauma, some
have found contemplative practices can have adverse effects to the individual’s well-being if not practiced properly (Britton, 2019; Treleaven, 2018).

Although there have been some studies that have demonstrated positive results in mindfulness as a resilient component for trauma (Hunter et al., 2018; Thompson et al., 2011), when PTSD is involved, the brain is more sensitive and functions differently. The biology and neurophysiology of trauma is beyond the scope of this paper, but it is crucial to highlight some key elements. In individuals with PTSD, there is an overactive amygdala as well as a deregulation of the brain in areas associated with emotional regulation and memory; with mindfulness the reverse happens and there is an increase in prefrontal and hippocampal activity, and a toning down the amygdala (Wolkin, 2016, para. 19). Britton (2019) also highlights that “some mindfulness-related processes have negative effects under certain conditions” (p. 2). Thus, we must take precautions whenever we employ mindfulness-based practices in trauma scenarios.

Treleaven (2018) in his book *Trauma-Sensitive Mindfulness: Practices for Safe and Transformative Healing*, introduces the importance of becoming aware of the possible adverse effects of mindfulness meditation. Both Treleaven (2018) and Britton (2019)—pioneers of trauma-informed practices in the mindfulness field—argue that it is not about being against mindfulness-based interventions in trauma recovery, but about becoming sensitive to the myriad of positive and negative outcomes it can have on the individual.

**Considerations for Guidebook: Exploring Our Grief Mindfully**

The main purpose of this project is to create a mindfulness guidebook that helps survivors of suicide loss process their grief in order to grow and heal from their experience. In developing the guidebook the previous and following research was considered. This next section outlines the
rationale behind the implementation of mindfulness for SOSL and provides further background on the elements that were considered for the guidebook.

The Three Stages of SOSL

In my experience as a SOSL, I have seen and experienced firsthand three main stages in the grieving process of SOSLs. There are the ones who are avoidant of seeking help, the ones in ‘survivor mode’, and the ones who make it out of survival mode and seek or adapt to a life of flourishing. It is crucial to know that experiencing these stages is normal; however, the extent of time in the first two, can be detrimental for one’s well-being.

Help Avoidant

This stage is mainly characterized by a deep sense of grief. People in this group have recently experienced a tragic loss through suicide and are suffering great distress and pain alongside other difficult emotions. In this stage they can also experience denial of the loss which can lead to isolation, social anxiety, emotional distress, and mental illness (temporary or continuous). Those in this stage can also face experiential avoidance (Nam, 2016), “the unwillingness to remain in contact with distressing internal experiences along with the attempts to control or avoid distressing internal experiences” (Hayes-Skelton & Eustis, 2020, p. 128). After being exposed to a recent death by suicide, it is normal to experience this stage, however, if it continues too long, it can become problematic.

Survivor Mode

When a person is in Survivor mode, they are willing to begin the healing process and have found some sort of help in coping with their loss. They may still suffer from the challenges previously mentioned in the initial stage of no help; however, they are somewhat able to cope with them. People in this stage, can feel difficulties in living a wholesome life because the
painful events of losing a loved one to suicide is always in the back of their minds. Recurrent thoughts of: ‘Is this as good as it gets?’ and ‘Is that all there is?’ may appear frequently.

**Flourishing and Growth**

Finally, flourishing is mostly a long-term stage after the loss. The term flourish comes from Seligman (2012) and it is based on positive psychology. Flourish is a new theory of psychological well-being that takes into consideration five main elements: (1) positive emotion, (2) engagement, (3) relationships, (4) meaning (purpose in life), and (5) accomplishment (PERMA) (Ackerman, 2021; Seligman, 2012). Flourish is “paying careful attention to building and maintaining the five aspects of the PERMA model” (Ackerman, 2021, para. 9). In SOSL flourishing may look like a readiness to overcome the pain of loss, and a willingness to explore and find comfort in some of the elements of the PERMA model. The main difference between ‘survivor mode’ and flourishing is that people feel like they are no longer a victim of the circumstances and are willing to transform their pain into growth.

**Post-traumatic Growth**

According to Tedeschi and Calhoun (2004), post-traumatic growth (PTG) is “the experience of positive change that occurs as a result of the struggle with highly challenging life crises” (p. 1). It refers to strong psychological responses to adversity, such as a heightened sense of functioning and purpose (Tedeschi & Calhoun, 2004; Wellman, 2020). It is characterized by five domains: (1) a deeper appreciation of life (or changed sense of priorities); (2) warmer and intimate relationships with others (greater compassion for others); (3) a greater sense of personal strength; (4) recognition of new possibilities (or paths of life); and (5) spiritual development (being connected spiritually) (Bruggeman et al., 2021; Tedeschi & Calhoun, 2004, p. 6). In addition, Bruggeman et al. (2021) mention that trauma may promote personal change by a shift
in mindset in two ways: (1) changing the notion that trauma only debilitates a person, and (2) dismantling the myth that trauma only leads to a damaged and dysfunctional life (slide 22).

Wellman et al. (2020) also state that PTG can be paradoxical as it begins with trauma, a highly negative experience, yet results in the traumatized individual gaining positive benefits resulting in transformative life changes (p. 7). Nonetheless, PTG states that there is no absence of suffering as wisdom develops, but rather there is a healthy amount of growth within the context of pain and loss (Bruggeman et al., 2021, slide 23; Jayawickreme & Blackie, 2016).

PTG is not resilience. Bruggeman et al. (2021) highlight the difference between these two concepts stating that resilience is mainly the power or ability to “bounce back” after a stressful event, whereas PTG is about moving forward and giving meaning to the present moment while developing relationships within the context of that new growth (slide 24). Hence, resilience is an element that contributes to PTG, but PTG goes further into the growth and readiness of the individual.

In the context of survivors of suicide loss, PTG presents opportunities to undergo positive transformation, essentially moving them from an initial grief response to a stage of being ready for personal growth (Wellman et al., 2020). Because not all survivors have been exposed to trauma, PTG in SOSL is not always considered. However, there may always be the possibility that SOSL are susceptible to traumatic reactions. PTG gives a comprehensive and constructive framework of work for people that want to go from survivor mode to flourishing.

**Selah Model of Grieving**

Cacciatore (2012) developed the Selah Model for Grieving and gives a comprehensive guideline on mindfulness-based approaches for the bereavement process. This section will examine Cacciatore’s (2012) model and explore how some of the mindfulness-based practices
may be adapted to the SOSL population. The Selah Model mainly recognizes two elements: the self and the other (Cacciato, 2012, p. 16). It consists of interactive guidelines with practices that help the individual go within to explore their grief (see figure 1).

**Figure 1**

*Selah Model of Grieving*

![Selah Model of Grieving Diagram](image)

*Note.* This figure was reproduced with the written permission of Cacciato (2012).

The model suggests a three-phase pathway to inhabiting grief. First one must be with grief, then one should surrender to grief, and finally one has to do with grief (Cacciato, 2012, p. 19). Each of these phases has a state, a goal, and a focus, and within each there are suggested mindfulness practices to help the individual explore their grief. According to Cacciato (2012), this model integrates clinicians and mourners and helps them find their own path of healing (p.
21). This model suggests that mindfulness practices can help to lessen the symptoms of complicated grief by focusing on presence, acceptance, and the impermanence of life.

The purpose of this interactive guidebook is to help the individual grow from ‘survivor mode’ to ‘flourishing’. It is not made for those ‘stuck in denial’, but hopefully one day will be. The guidebook is deeply inspired by the Selah Model (Cacciatore, 2012) and uses it as a guideline for exploring the grief of survivors of suicide loss.

**Conclusion**

Grief is, perhaps, one of the most profound and painful manifestations of love. SOSLs face particular hardships in the grieving process because suicide often comes as a terrible shock. For this population, navigating the process can become uniquely stressful and painful. The challenges of SOSL make them more susceptible to suicide and other mental health adversities; therefore, this paper agrees with the body of research that posits postvention as prevention. Tailored interventions for SOSL can be beneficial for reducing the risk of suicide.

Although there is a dearth of research on mindfulness practices for the grief process of survivors of suicide loss, some studies show promising results in helping this population by promoting practices that encourage hope and acceptance (Scocco et al., 2019; Wellman et al., 2020). Some of these studies suggest that mindfulness practices can be helpful for bereavement and stimulate the individual to flourish, and in some instances, develop posttraumatic growth.

It is possible to survive a suicide loss, even though it might feel impossible. My goal with this guidebook is to help people acknowledge their painful experiences of loss and help them see that they are not the victims of circumstances. We indeed can grow from help avoidant to *survivor mode* to *flourishing*. As a survivor of suicide loss myself, I have found mindfulness to be incredibly helpful and beneficial. Practicing mindfulness helps us live in the present moment,
and teaches us to face the adversities of life, our suffering, and grief without avoiding the inevitable process of death. Mindfulness is particularly helpful for SOSLs because it allows us to locate hope, meaning, and purpose within us when we feel like there is none.
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EXPLORING OUR GRIEF:
MINDFULNESS GUIDE FOR SURVIVORS OF SUICIDE LOSS

By: Elaine Y. Ramos Rodríguez
This guidebook offers mindfulness-based guidance for the particular healing process of survivors of suicide loss (SOSL). It follows the Selah Model of Grieving (Cacciatoire, 2012) and contains three parts. It is primarily designed for people who have lost a loved one to suicide, have gone or are going through therapeutic support for their grief, and have made the conscious decision to explore their experience of loss. We will utilize some secular mindfulness tools with Buddhist influences to help SOSLs understand their emotions and explore their mental tendencies regarding grief. I include some of the practices that have helped me personally, and I also refer to personal reflections that have helped me explore my experience of suicide loss. My goal for this guidebook is to help SOSLs develop the tools to grow from their experience. I hope that this guidebook helps SOSLs understand the nuances of grief and encourages them to develop healthy practices and attitudes to face the difficulties of grief.
“ALLOW YOURSELF TO GRIEVE. WE ALL GRIEVE IN OUR OWN TIME IN OUR OWN WAY.”
— SALLY ANN GANZER

IS THIS GUIDEBOOK FOR ME?

This guidebook is not for everyone. It is not recommended for those who have recently lost a loved one to suicide or those who have recently experienced suicidal thoughts. If this is the case, I strongly encourage you to seek help and not continue with the guidebook. It is recommended that you use this guidebook when you feel ready to explore your grief, perhaps 12 months after your loss, depending on your circumstances.

If you decide to keep reading, please consult a healthcare professional if you have any concerns at any stage during your reading.

**Important disclaimer:** I am not a mental health professional. All the information you will find in this guidebook should not be considered or used as a substitute for therapy, medical diagnosis, or treatment.
How to Use This Guidebook

My best advice on using this guidebook: take your time and listen to yourself. We intuitively know what is best for ourselves. If you have any doubts, take it as slow as you possibly can. Maybe following the practices once a week or once a month. Ultimately, you hold the best answer on how to go on this journey.

If you decide to keep reading, I presume that you are ready to delve deeper into your experience. You may do the practices in the order you prefer; however, I recommend finishing all practices from Part I before going to Parts II and III. I also recommend having both a printed copy so you can write freely when asked to do so and a digital version so you can access the links of the guided meditations.
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* = guided meditations only available in the digital version
I contend that not everybody is deserving to hear our story and that we ought to convey this information only when the time is right. Nonetheless, there is something truly powerful and cathartic about telling our story. The inner work I’ve done through therapy, mindfulness, and meditation has helped me get to this point. Right now feels like a good time to share it with you.

This is the story of my father. He was a loving father, a beloved son, and a supportive brother. We remember him as an intelligent man, a lover of the Earth, and an advocate for human rights and social justice. A compassionate and kind man who made my brother and I share our gratitude whenever we could buy something new. This extraordinary man died by suicide on Father’s Day 2004.

His story is also my story. I was fairly young when it all happened but old enough to remember everything. I remember it all. The time before my father’s death, the time after, and the most painful of memories, the difference between the two periods. He hanged himself, and my brother, my grandmother, and I were the ones that found him. This traumatic experience led me to dark places that I wished I never went. For a long time, I experienced what I can only describe as a deep, never-ending void of darkness and pain, accompanied by anger, guilt, and indifference.

Today, I feel immensely proud of the inner work I have gone through to find meaning, purpose, and growth amidst all the trauma. I have come to understand that mental illness is truly a disease, just like cancer or the flu. The difference lies in that the former is less treated, more stigmatized, and we never know if it is terminal or not. This guidebook gathers many of the practices I have adopted throughout my years of healing. My deepest hope is that you can find comfort and learn something new about yourself throughout this journey.
If you are familiar with the mindfulness world, it’s lovely to have you back. If you’re not, please give it a chance. You may think it’s cheesy, and it may feel lame at first, but this is mostly because we are not used to embracing that part of our humanity. Mindfulness is all about getting in sync with our human nature and embracing all it entails. I assure you; the cheesy stuff works!

I want to begin by saying that I am sorry that you are here, and my heart hurts for you. I am also glad that you courageously chose to embark on this journey of self-exploration amidst all the pain you are experiencing. Reminding ourselves that the worst part is behind us is a helpful step we can take right at this moment. By recognizing this, there is an opportunity for us to utilize grief as a teacher and take an active role in healing instead of allowing it to consume us from within. I invite you to take a few seconds to breathe in and out after reading each of the following phrases:

May I find comfort and light in the darkness.
May I find peace in pause.
May I grow from this experience
May I keep walking the path.
May I flourish in wisdom.

THE USES OF SORROW BY MARY OLIVER

(IN MY SLEEP I DREAMED THIS POEM)

SOMEONE I LOVED ONCE GAVE ME A BOX FULL OF DARKNESS.

IT TOOK ME YEARS TO UNDERSTAND THAT THIS, TOO, WAS A GIFT.
Objectives

- Understand mindfulness
- Explore the four foundations of mindfulness
- Reflect upon our experience

What do you think mindfulness is?
Write a word or a phrase.

__________________________________________
__________________________________________
__________________________________________
Throughout this guidebook, we will explore our inner world through mindfulness and contemplative practices. One of the goals of mindfulness is to train the mind to develop the abilities to skillfully navigate the full spectrum of human experience; all that is pleasant, unpleasant, and neutral. Exploring our grief mindfully means searching within ourselves with the intention to grow, to love and accept what is, what was, and what will be. This is definitely easier said than done; that is why throughout this guidebook, you will have some practices that help you be in the present, then be with the past, and lastly, be with your future. There is no stipulated time frame for this, and we all most likely go back and forth because, let’s face it, some days are better than others. On difficult days, mindfulness is most useful, helping us stay mentally balanced through the rollercoaster of grief, helping us stay in the present, and helping us accept and let go, even if it means doing it all over again.

“A person never truly gets ‘over’ a suicide loss. You get through it. Day by day. Sometimes it’s moment by moment.”

— Holly Kohler
Although I define mindfulness more in-depth in the research component of this project, it is important to bring it up again. One of my favorites definitions of mindfulness is:

“THE AWARENESS THAT ARISES THROUGH INTENTIONALLY ATTENDING IN AN OPEN, ACCEPTING, AND DISCERNING WAY TO WHATEVER IS ARISING IN THE PRESENT MOMENT” (SHAPIRO, 2009, p. 556).

Mindfulness practices are sometimes emphasized due to their practicality and ability to lead to insight, understanding, and wisdom about our inner phenomena. They are inherently helpful because understanding our human nature is the key to all forms of human healing, and mindfulness can be a practical and useful tool for this investigation (Olenzki, 2010, p. 15).

Cultivating mindfulness helps us see with more clarity our habits and tendencies of mind; understanding these processes will help us attend to our suffering, grief, and pain more skillfully. Establishing mindfulness becomes essential in the process of becoming mentally healthy as it helps us develop the qualities of mind that are necessary to overcome and endure pain and suffering.
It is possible to cultivate such qualities through the four foundations of mindfulness. These foundations suggest a methodical and integrated system to develop qualities of mind that assist us in attending to our experience in the present moment (Soma Thera, 1998). It teaches us to observe internal and external phenomena to help us build understanding and resilience of mind to overcome distress and suffering (Feldman & Kuyken, 2019; Olendzki, 2020a; Soma Thera, 1998). The four foundations of mindfulness are:

1. **Mindfulness of the Body**
2. **Mindfulness of Feeling Tone**
3. **Mindfulness of Mental States and Mood**
4. **Mindfulness of Our Experience of the World**
Establishing attention in the present moment often requires cultivating awareness of the body. It refers to the contemplation of the body, including noticing the breath and body postures, reflections of our relationship with our body, the body scan practice, and any other exercise that invites inhabiting the body mindfully.

Mindfulness of the feeling tone

With this process, we observe our senses to provide a texture, a direct tone of pleasant, neutral, or unpleasant experiences (Feldman & Kuyken, 2019; Olendzki, 2020a). Establishing mindfulness of feeling tone can help us see pleasant, neutral, and unpleasant experiences and respond with awareness instead of reactivity (Feldman & Kuyken, 2019; Olendzki, 2010). Some contemplative practices used to support awareness of feeling tones relate to opening up to environmental stimuli with a focus on their impact on our bodily sensations.
Mindfulness of mind relates to becoming aware of the full spectrum of emotions and mental states (Olendzki, 2020a). With this awareness, we are able to notice qualities of mind in the present moment, gaining a deeper insight into what makes us suffer. The suggested practice for the development of mindfulness of mind is sitting meditation with focused attention or open monitoring.

Mindfulness of mental states and moods

The practice of the previous foundations helps us see the world with more clarity, and that in itself becomes a practice. Our practice can act as a mediator to help us make better sense of our reality. It teaches us to disengage and disidentify with all experiences, helping us not to favor or oppose all that feels pleasant, unpleasant, or neutral (Olendzki, 2016a, p. 99). Becoming mindful of our experience equals to being aware of all that causes us pain and suffering, joy and pleasure, and everything in between. When we pay close attention to our attitudes toward our experiences, we strengthen our capacity to flourish.
For a long time, my father's suicide was a taboo topic in our family. This led me to suppress my pain and emotions, resulting in being constantly angry, impulsive, indecisive, and aloof. I overidentified with these qualities and, more often than not, used the sore excuse of "that's just the way I am." It wasn't until I had no other option than to look within that I started to accept that my father died by suicide. It's fair to say that it wasn't easy to acknowledge.

I lived most of my life fearful, paralyzed, and apathetic. When I was introduced to mindfulness and meditation, I started to have a better relationship with myself. I learned to not identify with my thoughts and disengage from them when necessary. I learned to pause and reflect when overwhelmed, and I learned to be, surrender, and do amid all the shadowing pain. It does not mean that the pain goes away (truth is, it doesn't), but I have learned to live with it, embrace it even, and learn from it. I firmly believe I have not yet learned all the lessons from my particular experience of losing my father to suicide. But today, I feel I am enjoying and learning to love the journey. It is essential to mention that it is not an easy journey, and mindfulness is not intended to cure-all. For me, mindfulness has been the missing link in my journey of healing and growth; it is a way of living that soothes and helps me get by, and it is a practice that allows me to explore the pain to grow from it.

**VULNERABLE MOMENT:** ONE TIME, I TALKED ABOUT IT WITH MY THERAPIST, AND A HARROWING MEMORY CAME TO THE SURFACE. THE DAY AFTER MY FATHER'S DEATH, MY GRANDPARENTS TOLD ME TO GO ABOUT MY DAY LIKE I USUALLY WOULD, SO MY BROTHER AND I WENT DOWNSTAIRS TO MEET WITH OUR FRIENDS AT SUMMER CAMP. EVERYBODY ALREADY KNEW WHAT HAD HAPPENED, AND I WAS GREETED WITH MANY SYMPATHIES. HOWEVER, THE ONLY COMMENT I REMEMBER FROM THAT DAY IS FROM A GIRL THAT SAID, “YOUR FATHER WON'T MAKE IT TO HEAVEN BECAUSE HE KILLED HIMSELF.” NOT A DAY WENT BY WHERE I DIDN'T THINK OF THOSE WORDS; AS A GIRL WHO GREW UP CATHOLIC, THOSE WERE HARD TO SWALLOW.

Expect to read more vulnerable moments throughout the guidebook.
PART II
BEING WITH GRIEF

Objectives
- Pause
- Attunement
- Solitude
- Self-awareness
- Self-compassion
- Emotional transparency

List of practices
- Guided meditations
- Journaling and Freewriting
- Bibliotherapy
- Connecting with Nature
- Paint your own mandala

“THE ‘TON OF BRICKS’ THAT ARE THRUST UPON YOUR SHOULDERS BY A LOVED ONES’ SUICIDE NEVER GOES AWAY. BUT YOU DO GET STRONGER SHOULDERS.”
— FRANK KAUFMAN
ON MEDITATION

INTRODUCTION

It is common for the word mindfulness to be used interchangeably with meditation, but we must know that they are not the same thing. Mindfulness is more like an umbrella term (Van Dam et al., 2018), and meditation may fall into it as a formal practice that helps us develop our awareness of body, mind, and environment (Behan, 2020). Meditation can be understood as a mental training practice (Brefczynski-Lewis et al., 2007; Tang et al., 2015). Here is a helpful definition:

THE TERM ‘MEDITATION’ REFERS TO A BROAD VARIETY OF PRACTICES, RANGING FROM TECHNIQUES DESIGNED TO PROMOTE RELAXATION TO EXERCISES PERFORMED WITH A MORE FAR-REACHING GOAL SUCH AS A HEIGHTENED SENSE OF WELL-BEING (DAVIDSON & LUTZ, 2008).

WHY MEDITATE?

There are many reasons to meditate, but here are only a few to consider (Smith et al., 2018):

- Increases neuroplasticity
- Increases resilience to stress
- Increases compassion
- Improves mental health

“Neuroplasticity is a term that is used to describe the brain changes that occur in response to experience. There are many different mechanisms of neuroplasticity ranging from the growth of new connections to the creation of new neurons.” (Davidson & Lutz, 2008)
HOW TO MEDITATE:

- Start in a comfortable posture (whatever that means to you).
  - Options: sitting, standing, walking, or lying down.
- Find a position that helps you remain alert and relaxed at the same time—encountering the perfect threshold of relaxation and effort.
  - Relaxing the muscles of your face
  - Relaxing the shoulders
  - Lengthening the spine and neck
  - Tucking the chin slightly
- Keep your gaze low or eyes closed.
- Modify according to your needs.
  - Move or change posture if you need to and/or feel any pain.
  - You may open your eyes and keep your sight towards a relaxing point of reference.

Important note: Take care of yourself first. For some, meditation can feel comfortable and natural. For others, it takes more time to get used to. Meditation can bring a range of experiences for us; therefore, it is essential to stop if it becomes burdensome. You are your best teacher. Listen to yourself and act accordingly.
PRACTICE: GUIDED MEDITATIONS

BREATHING MEDITATION

BODY SCAN

SELF-COMPASSION

These are links, press on the title of the meditation to listen.
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INTRODUCTION:

Journaling has proven to show many positive benefits in well-being. It is a reflective method that can help us understand and navigate our thoughts and emotions more skillfully. Dr. James Pennebaker, a pioneer in expressive writing, mentions that journaling can be helpful to people with trauma or suffering from intense grief (Kochenderfer, 2018).

BENEFITS:

Here are some benefits (Purcell, 2006):

- Helps you clarify your thoughts and feelings.
- Helps you know yourself better.
- Reduces stress.
- Helps you solve problems more effectively.
- Helps you resolve disagreements with others.
**HOW TO JOURNAL:**

- Find a nice notebook, one that you like and gives you joy. (This is optional, you can always use pen and paper).
- Remember that journaling will be most effective if you do it daily for about 15 to 20 minutes.
- Begin by writing anything. If you’re given a prompt, you may go on and write about it. If you don’t feel like it, choose a word from the prompt and reflect upon it.
- Don't stop writing. Even when nothing comes up, write "nothing comes up," eventually something will.
- Forget about spelling and punctuation. This is just for you!

**MATERIALS:**

- Pen and paper

**INSTRUCTIONS:**

- Print the prompts given, or write the prompts in your notebook.
- Find a comfortable place and sitting position.
- Take a few breaths before starting.
- Write what’s on your mind without putting the pen down. Empty your thoughts without judgment.
- Optional: put a timer of 15–20 minutes (be flexible, it can be more or less).
DAY 1 OF 7:

Today I am missing...
DAY 2 OF 7:

I've been feeling...
DAY 3 OF 7:

I feel most connected to my loved one when...
DAY 4 OF 7:

Some of my grief triggers are...
I could use more of...

I could use less of...
DAY 6 OF 7:

A comforting memory of my loved one is...
DAY 7:

To be more compassionate towards myself, I am willing to try...
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PRACTICE: FREEWriting

HOW TO FREEWRITE:

- It is similar to journaling, but this time instead of prompts, you have some questions to reflect upon.
- You may also free-write without the questions.
- The goal is to empty your thoughts without judgment.
- Don't stop writing. Even when nothing comes up, write "nothing comes up," eventually something will.
- Forget about spelling and punctuation. This is just for you!

MATERIALS:

- Pen and paper

INSTRUCTIONS:

- Optional: Print pages 32-34 or use your notebook.
- Find a comfortable place and sitting position.
- Take a few breaths before starting.
- Write what's on your mind without putting the pen down.
- Optional: put a timer of 15–20 minutes (be flexible, it can be more or less).
Free-writing for me has been very healing and crucial for my journey. Below you will find two questions to reflect upon that have been very useful and have helped me disidentify with my thoughts and think of them as just thoughts (which is what they are). These reflections also helped me take better decisions and own my responsibilities.

At first, you may or may not agree with the questions, notice what comes up and write without judgment. Feel free to go back to them whenever you want or need. I still reflect upon them from time to time.

“WHEN I SAY LIFE DOESN’T HAPPEN TO YOU, IT HAPPENS FOR YOU, I REALLY DON’T KNOW IF THAT’S TRUE. I’M JUST MAKING A CONSCIOUS CHOICE TO PERCEIVE CHALLENGES AS SOMETHING BENEFICIAL SO THAT I CAN DEAL WITH THEM IN THE MOST PRODUCTIVE WAY.”
— JIM CARREY
How is the worst thing that happened to me, the best thing that happened to me?

Date:__________________
How is my well-being my responsibility?
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INTRODUCTION:

Bibliotherapy refers to using literature for therapeutic and healing purposes (Jackson, 2016). It’s proven to be beneficial for interpersonal relationships and managing anger, stress, and depression (Lindberg, 2020). It is especially helpful for grief as it provides a sense of insight toward others’ stories, potentially helping you identify and sympathize with others. At the end of the day, it helps you see that you are not alone!

MATERIALS:

- Optional: Books of preference
- Pen and paper

INSTRUCTIONS:

- Find a comfortable place and sitting position and take a few breaths before starting.
- Mindfully read the given literature.
- Reflect upon it, and write about it.
- Be kind to yourself and the writer(s).
- Optional: You can also practice this with a chapter of your favorite book.
Personally, reading has been very cathartic. I include some of the most impactful pieces I've encountered. However, please know that you can follow the same reflections with your desired written words! We all have different tastes, so I encourage you to find something easy to read and reflect upon it. It can be anything!

**Personal Note on Bibliotherapy**

**One book I would highly recommend is this one:**

*Beyond Surviving: A Compilation of Stories from Survivors of Suicide Loss*  
Edited by Jerri Klock Morel  
All proceeds go to benefit Survivors of Suicide Loss San Diego, A Nonprofit Organization

“ONE OF THE JOYS OF READING IS THE ABILITY TO PLUG INTO THE SHARED WISDOM OF MANKIND.” — ISHMAEL REED
PRACTICE: BIBLIOTHERAPY

CONSIDER THESE QUESTIONS AS YOU REFLECT:

- Can you relate to the survivors? If so, how is it similar? If not, how is it different?

- What feelings are coming to the surface right now?

- What would you tell this person?
"As survivors, we can never be the same, but we can find healing and eventual relief, especially if we can share our hurt with others who understand." — Mike Turner
"Sometimes I bring your name up—just to keep you alive, as others look at me nodding, not knowing what to say. I'm not as the others, who have not had this pain. In one instant, the others and I are separated and understanding comfort, I cannot gain. Each of us who lost you, unique sorrow, known only to them—how they will face tomorrow?"

— Christine Bruneau
"In order for people to be less afraid, there have to be changes in the very basics of suicide and depression. Take the shame out of it. There is no shame in feeling bad. The shame should be on the side of people who, in this day and age, are not educated enough to understand that depression is an illness, not a weakness; and certainly not a sin against God." — Julie Wilson
"I spent many months and perhaps years trying to rework my reality in my mind— trying to find answers to questions that had no answers —as though the answer would somehow change the outcome. The 'if only's' and 'why's' were with me all the time."

— Linda Hunt
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After flowing-on for a hundred thousand ages, she evolved in this Buddha-era among gods and men in a poor family in Savatthi. Her name was Gotami-tissa, but because her body was very skinny she was called 'Skinny Gotami.' When she went to her husband's family, she was scorned [and called] 'daughter of a poor family.'

Then she gave birth to a son, and with the arrival of the son she was treated with respect. But that son, running back and forth and running all around, while playing met his end. Because of this, sorrow-to-the-point-of-madness arose in her. She thought: "Before I was one who received only scorn, but starting from the time of the birth of my son I gained honor. These [relatives] will now try to take my son, in order to expose him outside [in the charnel ground]."

Under the influence of her sorrow-to-the-point-of-madness, she took the dead corpse on her hip and wandered in the city from the door of one house to another [pleading]: "Give medicine to me for my son!" People reviled her, [saying] "What good is medicine?" She did not grasp what they were saying.

And then a certain wise man, thinking "This woman has had her mind deranged by sorrow for her son; the ten-powered [Buddha] will know the medicine for her," said: "Mother, having approached the fully awakened one, ask about medicine for your son."

If you prefer to watch a short video of this story click here. (Olendzki, 2016b)
She went to the vihara at the time of the teaching of dhamma and said, "Blessed One, give medicine to me for my son!" The master, seeing her situation, said, "Go, having entered the city, into whatever house has never before experienced any death, and take from them a mustard seed."

"Very well, Sir." [she replied], and glad of mind she entered the city and came to the first house: "The master has called for a mustard seed in order to make medicine for my son. If this house has never before experienced any death, give me a mustard seed." "Who is able to count how many have died here?" "Then keep it. What use is that mustard seed to me?" And going to a second and a third house, her madness left her and her right mind was established — thanks to the power of the Buddha.

She thought, "This is the way it will be in the entire city. By means of the Blessed One's compassion for my welfare, this will be what is seen." And having gained a sense of spiritual urgency from that, she went out and covered her son in the charnel ground.

She uttered this verse: It's not just a truth for one village or town, Nor is it a truth for a single family. But for every world settled by gods [and men] This indeed is what is true — impermanence.

And so saying, she went into the presence of the master. Then the master said to her, "Have you obtained, Gotami, the mustard seed?" "Finished, sir, is the matter of the mustard seed" she said. "You have indeed restored me."

If you prefer to watch a short video of this story click here. (Olendzki, 2016b)
And the master then uttered this verse:

A person with a mind that clings,
Deranged, to sons or possessions, Is swept away by death that comes —
Like mighty flood to sleeping town.

At the conclusion of this verse, confirmed in the fruit of stream-entry, she asked the master [for permission] to go forth [into the homeless life]. The master allowed her to go forth. She gave homage to the master by bowing three times, went to join the community of nuns, and having gone forth, received her ordination.

It was not long before, through the doing of deeds with careful attention, she caused her insight to grow... and she became an arahant.

If you prefer to watch a short video of this story click here. (Olendzki, 2016b)
REFLECT:

- What feelings are coming to the surface after reading Kisa Gotami's story?

- What does the word 'impermanence' evoke in you?

- Write about what you take from this story.
What feelings are coming to the surface after reading this particular piece

Choose a word that struck you, and reflect upon it. How do you understand the meaning?

Write about what you take from this story.
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PRACTICE: CONNECTING WITH NATURE

INTRODUCTION:
Nature has the power to affect human health in multiple ways. In fact, connecting with nature can be very healing. Some even say that walking in nature may help us restore our psychological distress (Hartig et al., 2011). Others have said that the benefits extend more and that not only helps us improve our psychological health but also our physical health and our cognitive performance (Keniger, 2013).

MATERIALS:

• Pen and paper

INSTRUCTIONS:

• Print the prompts/quotes given, or write the prompts/quotes in your notebook.
• Go on a walk in nature and follow the instructions
• After the walk, find a comfortable place and sitting position, preferably still in nature.
• Take a few breaths before writing, and reflect and free-write with the given prompts.
Walking in nature has become a habit, and now I even consider it a reward after completing work or an assignment. As someone who used to be very sedentary, walking especially has been immensely helpful. Now, nature has also become my sacred space, somewhere I can practice my meditations and do some reflections. If trees could talk, we would have lovely conversations about pain, growth, and letting go.

“I added a short version of my favorite practices from Mark Coleman’s book ‘Awake in the Wild’. If you want to delve deeper into connecting with nature, I recommend this book.”

“NATURE HAS THE POWER TO TRANSFORM AND AWAKEN US.” — MARK COLEMAN
MEDITATION: CULTIVATING LOVINGKINDNESS

On your walk let yourself be called to something. Anything. Allow yourself to become drawn in. Let fascination take over. Notice what you like, what is attractive and intriguing about whatever you have chosen. Take time to become absorbed in all the little details you see, feel, hear, smell, and touch. Experience it with all your senses. Pay attention to your body, and heart while doing this, and notice what you feel (Coleman, 2010, p. 12).

REFLECTION:

“REMEMBERING ALSO THAT YOU ARE PART OF NATURE, SEND THIS WISHES OF LOVINGKINDNESS TO YOURSELF, TO YOUR BODY, HEART, AND MIND - THAT YOU TOO MAY BE SAFE, HEALTHY, AND HAPPY, AND LIVE WITH EASE. THE MORE WE TRULY WISH AND FEEL THAT FOR OURSELVES THE MORE OUR HEART NATURALLY EXTENDS TO OTHERS.” (COLEMAN, 2010, P. 13).
MEDITATION: TAKING A SENSORY BREAK

Find a place by a body of water to sit. Close your eyes and listen to the movements of the water, without thinking about the origin of the sound. Notice if you can feel the sound vibrations in your ear, or the resonance of the water's sounds vibrating in your body. Now try to facilitate the same awareness with your sight. Let your vision expand. Now soften your gaze with a quality of receiving more than focusing on searching. Let your body relax and feel the sense of peace that comes when you don't fixate your vision (Coleman, 2010, p. 71).

REFLECTION:
“MEDITATION IS A PRACTICE, AND JUST AS EVERY MOMENT IN LIFE IS UNIQUE, EVERY MOMENT OF MEDITATION IS ALSO UNIQUE.” (COLEMAN, 2010, P. 73).
Practice: Connecting with Nature

Meditation: Finding the Infinite in the Finite

Wherever you are, take some time to look at the green, jagged leaves and sense how each leaf is singular and unique. Choose one leaf to study, look at its shape, texture, various colors, smell, and sounds. Reflect on the truth that this leaf is not just connected to the leaves in the tree through the nutrients that flow. It is also connected to all the leaves of the forest, where centuries' worth of leaves catalyzed sunlight, then fallen and nourished the soil. See how the infinite is expressed in it (Coleman, 2010, p. 81).

Reflection:
"The life force that animates this leaf, that allows it to be, is the same fire that breathes life into your body, heart, and lungs." (Coleman, 2010, p. 81).
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### How am I feeling today?

**Notes**

**Productivity Level**

- Very happy
- Neutral
- Not great

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**INTRODUCTION:**
Coloring, in general, is a simple and relaxing activity that almost anyone can do. Some have found that painting mandalas specifically can reduce anxiety and be soothing and relaxing (Curry & Kasser, 2005). Additionally, painting mandalas can improve our awareness and attention and allow them to explore their creative side (Wong, 2020).

**MATERIALS:**
- Color pencils, crayons, or markers.

**INSTRUCTIONS:**
- Print your favorite mandala (see pages 58–64)
- Find a comfortable place and sitting position
- Silently look at the mandala before starting coloring
- Optional: Choose 4 to 5 colors that match your feelings right now. Otherwise, choose any available.
- Start coloring. If possible, try to color without distractions (i.e., watching TV, listening to music, etc.)
This practice is also a very special one to me. It doesn't need much introduction. However, I will tell you this: trust your creativity.

I will leave below some of my own mandalas for reference. I think this is something everyone can enjoy!
PRACTICE: PAINT YOUR MANDALA

“TO LIVE IN HEARTS LEFT BEHIND IS NOT TO DIE.” — THOMAS CAMPBELL
"AT THE BLUENESS OF THE SKIES AND IN THE WARMTH OF SUMMER, WE REMEMBER THEM."
— SYLVAN KAMENS & RABBI JACK REIMER
“WALK ON, WALK ON WITH HOPE IN YOUR HEART AND YOU’LL NEVER WALK ALONE.”
— RODGERS AND HAMMERSTEIN
“WHEN WE HAVE JOY WE CRAVE TO SHARE; WE REMEMBER THEM.”
— SYLVAN KAMENS & RABBI JACK RIEMER
“WHAT WE ONCE ENJOYED AND DEEPLY LOVED WE CAN NEVER LOSE, FOR ALL THAT WE LOVE DEEPLY BECOMES PART OF US.” — HELEN KELLER
“THE SONG IS ENDED, BUT THE MELODY LINGERS ON.”
— IRVING BERLIN
“Give the sorrow words; the grief that does not speak knits up the o'er wrought heart and bids it break.” — William Shakespeare
### CHECK-IN

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- Very happy
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PART III
SURRENDERING GRIEF

Objectives
- Reflect
- Trust
- Resilience
- Approaching grief
- Honoring emotional self
- Heightened awareness

List of practices
- Guided meditations
- Writing my story
- Ritualizing
- Letters to the death
- Letters to the living

“CONTINUE TO LIVE YOUR LIFE, KNOW THAT IT’S OK TO SMILE AGAIN. DON’T EVER BE ASHAMED OR LET ANYONE MAKE YOU FEEL ASHAMED.”
— Jackie Burson
PRACTICE: GUIDED MEDITATIONS

SURRENDERING MEDITATION

GROUNDING IN NATURE

RESILIENCE MEDITATION

These are links, press on the title of the meditation to listen.
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INTRODUCTION:
Let me begin by telling you that writing or telling our story is not easy, but it is a big step in our grieving process. This practice requires a lot from us. We must take the time to “be” with painful emotions and try to work with them as they arise. This is not ideal, but it is crucial. One common notion is that people do not "get over" major losses; rather, they become woven into our daily lives and affect us in many ways. We rewrite the story to assimilate the loss (Dyer, 2001). Some say that recovery from loss begins with telling our story (Dyer, 2001). This is crucial for our journey, and it helps us understand our new role in a world forever changed (Cacciatore, 2012; Dyer, 2001).

MATERIALS:
- Pen and paper

INSTRUCTIONS:
- Print page 71, or write in your notebook.
- Take a few breaths before starting.
- Find a comfortable place and sitting position.
- Start writing your story.
- Try to be aware of the emotions that arise. If you need to stop to take a breath, do so.
- Remember to listen to yourself. All you are feeling is valid.
- Repeat this practice whenever you want.
This would be a vulnerable moment, as I have never told this to anyone except my therapist. After the trauma of my father’s death, I was fearful of opening doors. Every time I encountered myself having to open a door, I immediately thought that I would find my father again. This went on for longer than I would have preferred. As I started writing my story, the fear started to fade. I can’t remember how many times I wrote the story, but it was immensely helpful in my healing journey.

“TELLING THE STORY CAN PROVIDE THE OPPORTUNITY TO GAIN A DEEPER UNDERSTANDING OF ONE’S EXPERIENCES AND ONESELF.”

— KIRSTI A. DYER
THIS IS MY STORY:
# Check-In

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### Productivity Level

- **Very happy**
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INTRODUCTION:
You can think of ritualizing as the act of incorporating valued activity(ies) into your daily life to connect with your humanity. Ritualizing is very subjective, and it can look very different for each person. You can literally do anything and do it with a wholesome intention, and it can become your ritual. It is all about practices of connecting with what you already have: the habits and traditions already in your bones that can deepen your experience of meaning, reflection, sanctuary, and joy (ter Kuile, 2020).

MATERIALS:
- Willingness
- Pen and paper

INSTRUCTIONS:
- Reflect on the prompts given
- Take the actions that suit your needs
- Journal or free-write about your experience with ritualizing
- Repeat as much as you want.
Ritualizing has been another important practice. In general, it has helped me recognize what I value in life and has helped me connect with those activities on a spiritual level. Some of my non-negotiables are:

- Walking in nature
- Drinking my coffee mindfully
- Sitting meditation
- Many more!

“THE HUMAN SOUL CAN ALWAYS USE A NEW TRADITION. SOMETIMES WE REQUIRE THEM.”

— PAT CONROY
DAILY ACTIVITIES:

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MARK THE ACTIVITIES THAT YOU ENJOY. IF YOU DON’T ENJOY ANY, WRITE SOME ACTIVITIES THAT YOU WOULD LIKE TO INCORPORATE INTO YOUR DAILY ROUTINE:
PRACTICE: RITUALIZING

CHOOSE AN ACTIVITY TO REFLECT UPON

Activity: ________________________________

HOW AND WHEN CAN YOU INCORPORATE THIS ACTIVITY AS A RITUAL?

HOW CAN YOU MAKE THIS ACTIVITY MORE ENJOYABLE?

HOW CAN YOU CONNECT WITH THIS ACTIVITY MORE SPIRITUALLY?
# CHECK-IN

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INTRODUCTION:

Allowing ourselves to address the deceased may be a difficult task. However, writing letters to the death allows us to express ourselves without judgment freely. It also helps us explore and reflect on death without being influenced by others’ perspectives and points of view (Kay, 2019). The act of writing in itself can be very cathartic. This is a practice that you also do multiple times, as it helps you release emotions and disengage with harmful thoughts.

MATERIALS:

- Pen and paper

INSTRUCTIONS:

- Print your favorite prompt or write it in your notebook.
- Take a few breaths before starting.
- Find a comfortable place and sitting position.
- Start writing.
- Try to be aware of the emotions that arise. If you need to stop to take a breath, do so.
- Remember to be honest, reflective, and accepting.
- Repeat this practice whenever you want.
Writing a letter to my father was probably one of the most difficult tasks for me, and if I’m honest, it still is. I struggled a long time with ‘why.’ Why did my father die by suicide? Why did this happen to me? Why my father? Why not another person? Why die? Why live? These thoughts haunted me constantly. It was recently that I surrendered to all of this. I may never have the answer, and that’s OK. I chose to have him in my memories and cherish the time I had with him. One thing I will never question is my love for him.

“LOVE DOESN’T DIE WITH DEATH. LOVE IS LIKE LIQUID; WHEN IT POURS OUT, IT SEEPS INTO OTHERS’ LIVES. LOVE CHANGES FORM AND SHAPE. LOVE GETS INTO EVERYTHING. DEATH DOESN’T CONQUER ALL; LOVE DOES. LOVE WINS EVERY SINGLE TIME. LOVE WINS BY LASTING THROUGH DEATH. LOVE WINS BY LOVING MORE, LOVING AGAIN, LOVING WITHOUT FEAR.”
— KATE O’NEILL
LOOKING BACK NOW...
SOMETIMES I THINK ABOUT...
I AM SO ANGRY THAT...
I AM SO GRATEFUL THAT...
I WANT YOU TO KNOW...
WHAT I LEARNED FROM YOU IS...
DATE:

DEAR ____________________,
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## How am I feeling today?

**Notes**

**Productivity Level**

- Very happy
- Neutral
- Not great

- 0%
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- 100%
INTRODUCTION:

Writing letters can be quite healing. It helps us express what we want to say without confronting the person(s) involved in complex or challenging situations. Not that confrontation is wrong, but writing about how we feel first helps us get attuned to our emotions and often see things that are not evident at first sight. Sometimes, writing to the living allows us to forgive, ask for forgiveness, express our gratitude, and be more compassionate and empathetic to ourselves and others.

MATERIALS:

- Pen and paper

INSTRUCTIONS:

- Print your favorite prompt or write it in your notebook.
- Take a few breaths before starting.
- Find a comfortable place and sitting position.
- Start writing.
- Try to be aware of the emotions that arise. If you need to stop to take a breath, do so.
- Remember to be honest, reflective, and accepting.
- Repeat this practice whenever you want.
This might be another vulnerable moment. After my father’s death, I had a strained relationship with my mother. I resented her, and I was always angry at her without reason. The therapist suggested I write a letter to my mom, so I did. I did not give the letters to my mom because they were never intended for her. It was a way to cope with my feelings. I realized I have to own my feelings and emotions, as they are my responsibility, not hers. It was recently that I discovered the power of words. My relationship with my mother is improving each day.

“IT WAS THROUGH WORDS I FOUND YOU. THROUGH WORDS, I REACH YOU. AND THROUGH WORDS, I BEG TO KEEP YOU CLOSE.”

— CAROLINE GEORGE
LETTER OF GRATITUDE:

- DESCRIBE YOUR RELATIONSHIP WITH THE PERSON.
- TELL THEM WHAT QUALITIES YOU ADMIRE.
- TELL THEM HOW MUCH THEY MEAN TO YOU.
LETTER OF FORGIVENESS:

- DESCRIBE YOUR RELATIONSHIP WITH THE PERSON.
- THINK ABOUT THE SITUATION(S) FROM BOTH PERSPECTIVES.
- ASK FOR FORGIVENESS OR EXPRESS YOUR FORGIVENESS.
LETTER OF COMPASSION:

- WRITE ABOUT WHAT YOU HAVE LEARNED FROM THE PERSON.
- EXPRESS HOW YOU HAVE GROWN FROM THE SITUATION(S).
- WRITE ABOUT WHAT THE OTHER PERSONA MIGHT HAVE LEARNED FROM YOU.
- ANYTHING ELSE YOU WANT TO ADD, BUT EXPRESS COMPASSION.
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DEAR ________________,


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CHECK-IN

M T W T F S S
PART IV

DOING WITH GRIEF

Objectives

- Meaning
- Seeing others’ suffering
- Greater cause
- Posttraumatic growth

List of practices

- Guided meditations
- Gratitude Journal
- Other recommendations

“YOU WILL SURVIVE, AND YOU WILL FIND PURPOSE IN THE CHAOS. MOVING ON DOESN’T MEAN LETTING GO.”

— MARY VANHAUTE
EMBRACING SILENCE

LOVINGKINDNESS IN TIMES OF GRIEF

EXPLORE SOME MINDFUL APPLICATIONS:

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Date: ____________________________
Introduction:
Many studies support integrating gratitude in your daily life (McCanlies et al., 2018; McCullough, 2002). The benefits of gratitude span many areas of life. Some say that gratitude can show (1) emotional benefits, (2) social benefits, (3) personality benefits, (4) career benefits, and (5) health benefits (Ackerman, 2020). Other studies have also supported that gratitude can be a protective element in suicidal ideation (Krysinska et al., 2015). Gratitude helps us appreciate all the good and positive things we have in our lives. Intentionally practicing gratitude helps us avoid ruminating and getting stuck on the negatives.

Materials:
- Pen and paper

Instructions:
- Print the prompts given, or write them in your notebook.
- Take a few breaths before starting.
- Find a comfortable place and sitting position.
- Start reflecting and feel gratitude in your body.
- Repeat this practice whenever you want.
Name three people you are grateful for. Picture them, and write about something you admire in them.
Name three things you are grateful for. Explain why these things are important to you.
What about today makes you feel grateful?

Date:__________________
Date:____________________

What aspect of nature are you grateful for?
Express your gratitude.
Describe a challenge you overcome that you are grateful for.

Date:__________________
Describe a relational situation when you felt grateful instantaneously. How did you feel?
Express gratitude to yourself. Your mind, your senses, your body, your feelings, etc. Anything about yourself you are grateful for.
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My purpose here is to inspire you to help others. When we take care of ourselves, we also take care of others. This time, I call upon you to share your story, use your gifts to influence others, and share your knowledge and compassion. Remember to go back to any practice when you need to. Grief is non-linear, and sometimes at times, we need more support.

Here I leave you with some next steps you can take:

1. Explore Radical Change
2. Seek Kindness and Give Kindness
3. Offer Social Support in Your Community
4. Support Other Groups That Are Doing Change
5. Community Service & Volunteerism
6. Inspire Others (Whatever That Means To You)
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May you find comfort and light in the darkness.
May you find peace in pause.
May you keep walking the path.
May you grow from this experience.
May you flourish in wisdom.