

THE TRANSFORMATION OF THE MEANING OF DEATH IN COMPLICATED GRIEF GROUP THERAPY FOR SURVIVORS OF SUICIDE

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Abstract: *Suicide-loss survivors are at elevated risk for complicated grief (CG), a persistent and distressing response to loss that can disrupt a person's sense of identity, relationships, and worldview. Traditional grief interventions may not fully meet the unique emotional and cognitive needs of this population, particularly in non-Western cultural contexts. This study aims to explore the therapeutic effects of a constructivist-based group therapy intervention for suicide-loss survivors, examine how meaning reconstruction is facilitated through group processes, and evaluate its cultural relevance within a Chinese context. Guided by constructivist theory and the framework of meaning reconstruction, a structured 12-session group therapy program was implemented. Data were collected from session transcripts, facilitator reflections, and participant feedback, and analyzed thematically. Preliminary findings indicate that the intervention fostered emotional expression, mutual validation, and narrative reconstruction. Participants reported experiencing reduced isolation, enhanced understanding of their grief, and greater clarity in reconstructing personal meaning following loss. These results highlight the potential of constructivist group therapy approaches in promoting adaptive grieving and offer culturally grounded implications for clinical practice and future research in grief counseling among suicide survivors.*

Keywords: *Complicated Grief, Suicide Survivors, Group Therapy, Meaning Reconstruction, Bereavement*

Introduction

Suicide, defined as the intentional termination of one's life, is responsible for nearly 700,000 deaths worldwide each year (World Health Organization, 2021). Suicidal behaviour, including suicidal ideation, suicidal planning, suicide attempt, and suicide committal, has been on the rise in tandem with the COVID-19 outbreak, due mainly to social factors, financial difficulties, and mental health issues. During the first five months of 2021, the Royal Malaysia Police (PDRM) reported a total of 468 suicide cases in Malaysia, the majority of which involved females and youth aged 15 to 18 years old (Zolkepli, 2021).

Every suicide affects 6 to 135 individuals (Cerel et., 2018), which are known as suicide survivors. Suicide survivors, including immediate and extended family and friends-acquittances, frequently experience a wide range and intensity of psychological reactions, including their own suicidal ideation (Cerel et., 2017). Suicide survivors often struggle to make sense of what occurred that may be unfamiliar and frightening because suicide deaths are typically sudden and unexpected. This study aims to focus on treating suicide survivors with reconstruction of the meaning of death in complicated grief group therapy for suicide survivors based on the main article – The Transformation of The Meaning of Death in Complicated Grief Group Therapy for Survivors of Suicide by Supiano et al. (2017) and other supporting articles.

Objectives

This grief therapy group was designed with the following objectives:

1. To establish a safe and supportive environment that fosters trust and emotional openness among participants.
2. To facilitate personal storytelling and relational sharing as a means of beginning the meaning reconstruction process.
3. To encourage group cohesion through shared experiences of loss, thereby supporting the therapeutic processing of complicated grief.

Literature Review

Complicated grief (CG) among suicide-loss survivors is increasingly recognized as a unique form of bereavement that requires tailored interventions distinct from standard grief therapies (Jordan & McIntosh, 2011; Latham & Prigerson, 2004). Traditional models, such as stage-based or task-oriented approaches, often fall short in addressing the existential and identity-related disruptions common in suicide bereavement (Neimeyer, 2001). Constructivist grief therapy, which emphasizes the reconstruction of meaning in the aftermath of loss, offers a promising alternative (Neimeyer, 2006). Within this framework, group-based interventions facilitate shared storytelling and co-construction of new meanings, allowing survivors to restore disrupted assumptive worlds (Gillies & Neimeyer, 2006).

Supiano et al. (2017) introduced a structured 12-week complicated grief group therapy model specifically for suicide survivors, grounded in constructivist theory and guided by meaning-making processes. Their findings support the therapeutic potential of narrative engagement, emotional regulation, and relational connection in CG treatment. However, existing research remains limited in several critical ways. First, most studies have been conducted in Western contexts, with few culturally responsive adaptations for collectivist societies such as China. Second, there is a lack of empirical exploration on how meaning reconstruction unfolds in group processes—especially regarding the interplay between individual narrative and collective witnessing. Third, few interventions integrate both the psychological and existential dimensions

of CG in a manner that is developmentally and contextually attuned to participants' lived experiences.

This study addresses these gaps by adapting and applying a constructivist CG group therapy model in a Chinese cultural context, with a specific focus on meaning reconstruction among suicide-loss survivors. By documenting participants' therapeutic narratives and group dynamics, this research contributes novel insights into culturally situated grief work and expands the theoretical application of meaning-making frameworks across diverse populations.

Next will be discussed in this study, the element of suicide grief, complicated grief experience by suicide survivors, and constructivist theories of meaning reconstruction in grief have been reviewed.

Elements of Suicide Grief

Existential Assumptions are Shattered

Research found that suicide loss can destroy the existential assumptions of suicide survivors, including their worldviews, roles, identities and beliefs. Suicide survivors find it difficult to trust their own judgement, the stability of the world and relationships. They try to search for answers of the suicide by asking "why" questions and rebuild a coherent story around the loss (Gutin, 2018; Shields et al., 2017).

Family Disruption

Suicide loss commonly disrupts family dynamics in multiple ways (Gutin, 2018; Feigelman et al., 2020). This disruption may manifest through family members blaming one another for actions or inactions, difficulties in disclosing the suicide both within and outside the family, conflicting grieving styles, and challenges in meeting children's needs while simultaneously processing their own grief (Pitman et al., 2018). The grieving process varies considerably among individuals, influenced by factors such as cultural background, gender, relationship quality with the deceased, and history of previous trauma (Jordan & McIntosh, 2021).

Increased Duration and Intensity of Grief

Several factors can extend and intensify the grieving process following suicide loss (Gutin, 2018; Young et al., 2022). These include the inherently traumatic nature of the loss, variations in social support available to survivors, and difficulties in finding systems that acknowledge the unique aspects of suicide bereavement (Andriessen et al., 2019). Survivors often internalize stigmatized societal reactions, including perceptions of them as psychologically disturbed, less likeable, more blameworthy, more ashamed, and more in need of professional intervention (Peters et al., 2016). This internalization creates barriers to processing grief, thereby prolonging and intensifying both the trauma and the existential impact of suicide bereavement (Maple et al., 2019).

Complicated Grief Experience by Suicide Survivors

The majority of people who are in mourning experience despair, remorse, and even rage. These emotions will fade with time, and the person will adjust to a new environment without the deceased. However, some people, even after a long period of time, are still unable to recover from their injuries. Accepting the death and the intense separation is often reported to be difficult, especially for suicidal survivors. This is known as complicated grief (Horowitz et al., 2003), and it occurs when people struggle for more than six months to recover from painful

feelings that have a significant impact on their normal functioning. Complicated grief affects about 10% of bereaved people and is caused by a failure to transition from acute to integrated grief (Zisook & Shear, 2009). It differs from normal grief and depression in that those who experience significant distress during the initial grief period.

Suicide bereaved survivors may be negatively impacted by their reactions, including physical, social, psychological changes, and overall life satisfaction (Mitchell, & Terhorst, 2016). The persistence of complicated grief and its emotional pain may lead to other health problems such as cardiac disease, hypertension, and psychiatric complications such as major depressive disorder (MDD), generalised anxiety disorder (GAD), post-traumatic stress disorder (PTSD) and suicidality (Latham & Prigerson, 2004) over time. Individuals who experience complicated grief have poorer social relationships, higher rates of hospitalisation, poor job performance, and a lower quality of life (Ott et al., 2007). It is also important to note that adolescents whose peers died by suicide have fivefold increased risk of suicide ideation after controlling for depression (Melhem et al., 2004). Therefore, it is important to assess the suicide ideation's nature and function prior to assigning a risk level to it (Gutin, 2018).

Suicide survivors, as previously stated, are at a significant risk of developing mental health disorders and engaging in suicidal behaviour when they are unable to cope with their prolonged grief (Shear, 2015). Furthermore, the main barriers to suicide survivors seeking help are emotions of guilt and shame, high level of rejection as well as societal stigma. People around these suicide survivors may be unaware of how to assist them, making it difficult for them to get support.

A highly supportive environment is always associated with positive emotional and physical outcomes because people feel connected when they are in an environment that is similar to their own. Group work has advantages in psychosocial care because it allows people to share their similar concerns without fear of being judged. Although both interpersonal psychotherapy and complicated grief treatment improve complicated grief symptoms, the latter is significantly more effective (Shear et al., 2005). Peer support or self-help groups play an important role in assisting suicide survivors to foster more positive well-being by simultaneously providing and receiving support from peers when it comes to complicated grief group intervention. When the members of the group realise they are not alone in dealing with intense feelings of grief and loss, they will eventually work on making connections with the deceased (Hogan et al., 2002).

Constructivist Theories of Meaning Reconstruction in Grief

Suicide survivors are most likely to have their existential assumptions on worldviews, roles, identities and beliefs shattered (Gutin, 2018). Hence, when helping a client who is grieving, it is imperative for counsellors to keep abreast of the progression of grief theories over time, from traditional stage theories to more constructivist theories. This will enable the counsellor to help the client more effectively, with the most current and appropriate theory. In constructivist theory, emphasis is placed on the role played by meaning-making throughout the process of grief, instead of resolution by progressing through certain stages. In addition, constructivist theory stresses on the way individuals construct meaning about themselves and the world via relationships and narratives.

People are driven by a desire to look for meaning or purpose in their lives. After a traumatic event such as suicide of a significant other, the loss will destroy the individual's assumptive world, worldview, or belief system about the world and the self. This negative experience of

loss will trigger them to begin a cognitive process of searching for and reconstructing meaning. Hence, upon the demise of a significant other, the distress associated with the loss drives individuals in bereavement to start searching for meaning in life (Gillies & Neimeyer, 2006). According to constructivism, meaning making in grief is pivotal in linking the theories together in order to understand meaning searching in grief as a whole (Neimeyer, 2001). The theories include attachment theory, cognitive, trauma, and coping theories, Stroebe and Schut's Dual Process Model (Neimeyer, 2001).

Based on the attachment theory introduced by Bowlby (1980), upon the death of a significant other, the bereaved individual goes through a process of meaning reconstruction to re-define their relationship with the deceased. Moreover, attachment styles such as insecure, avoidant, or anxious attachment formed with the caregiver during early childhood has the potential to struggle in making sense or responding to loss (Gillies & Neimeyer, 2006).

The Dual Process Model was introduced by Stroebe and Schut (2001). This model states that a bereaved individual oscillates between loss-oriented coping and restoration-oriented coping. Individuals in bereavement will have intense emotions, hence, loss-oriented coping involve coping with these intense emotions caused by separation and loss of a significant attachment figure.

Restoration-oriented coping is how individuals in bereavement try to re-construct and re-engage in their life without the attachment figure (Stroebe & Schut, 2001). Changes to spiritual identity and symbolic identity can happen as the individual in bereavement tries to re-define themselves and their attachment to the deceased (Gillies & Neimeyer, 2006).

In short, the loss of a loved one has the potential to challenge the sense of purpose and meaning of life of bereaved individuals, which will then drive them to search for meaning from the loss to reconstruct their global belief and identity. This will align their global and situational meaning, simultaneously reducing discrepancies between them (Park, 2008). On the other hand, failure will cause difficulties in the grieving process, causing the individuals to feel a sense of meaninglessness, confusion and loss, as their personal narrative fails to make sense (Neimeyer et al., 2010). Hence, the concept of meaning reconstruction while in grief includes sense-making, benefit finding, and reconstruction of identity (Supiano et al., 2017).

Methodology

Research Design

This study employs a mixed-methods design, combining qualitative and quantitative approaches to assess the efficacy of Complicated Grief Group Therapy (CGGT) in treating suicide survivors. A longitudinal, pre-post intervention design was used, allowing for the examination of participants' grief progress over time. Participants were assessed before and after the 16-session CGGT intervention, with the primary focus on the transformation of their grief experience, meaning reconstruction, and emotional resilience (Shear et al., 2005; Supiano et al., 2017).

Participant Selection

Participants were selected based on their experience of suicide bereavement and their qualification for CGGT. The inclusion criteria included:

Individuals who had lost a close family member or friend to suicide within the past 6 months to 3 years (Neimeyer, 2016).

Participants who scored 5 or higher on the Brief Grief Questionnaire (BGQ) and 30 or higher on the Inventory of Complicated Grief – Revised (ICG-R), indicating severe and prolonged grief symptoms (Prigerson et al., 1995; Shear & Essock, 2002).

Individuals aged 18-65 who were able to engage in group therapy sessions.

Exclusion criteria included

Participants with ongoing psychotic disorders, as they may require more intensive individual therapy.

Individuals with recent trauma unrelated to suicide loss that may impede their participation in the group setting.

A total of 20 participants were selected and divided into three treatment sections, ensuring a diversity of grief experiences.

Intervention: Complicated Grief Group Therapy (CGGT)

The intervention was based on the Complicated Grief Group Therapy model adapted from Shear et al. (2005), with a focus on meaning reconstruction in grief. The 16-session CGGT protocol is divided into four sections:

Getting Started (Sessions 1-3): These sessions focused on building rapport, psychoeducation about complicated grief, and establishing grief-monitoring diaries (Shear, 2015).

Core Revisiting Sequence (Sessions 4-9): These sessions used imaginal and situational revisiting exercises to help survivors reflect on their memories of the deceased and integrate them into their life narratives (Shear et al., 2005).

Midcourse Review (Session 10): This session focused on evaluating progress and revising treatment goals (Kosminsky & Jordan, 2016).

Closing Sequence (Sessions 11-16): These sessions facilitated emotional reconciliation and future planning, helping survivors to build a meaningful life without the deceased (Shear et al., 2005).

Data Collection

Data were collected from multiple sources, including:

Video Recordings: All therapy sessions were recorded for analysis. Participants' narratives were coded using the Meaning of Loss Codebook (MLC), which categorizes the meaning-making processes of grief (Gillies et al., 2013; Neimeyer, 2019).

Clinical Measures: Participants completed the Clinical Global Impressions-Severity Scale (CGI-S) and Clinical Global Impressions-Improvement Scale (CGI-I) weekly to track their progress (Guy, 1976).

Grief Diaries and Feedback Forms: Participants maintained grief diaries to monitor their emotional responses between sessions, and feedback forms were collected at the end of each session to assess immediate reactions and therapeutic gains.

Data Analysis

The primary method of data analysis was thematic analysis of the video recordings, using the Meaning of Loss Codebook (MLC) to categorize and track the evolution of grief-related meanings (Gillies et al., 2013; Neimeyer, 2001). Key meaning codes, such as “affirmation of the deceased,” “family bonds,” “memories of the deceased,” and “acceptance,” were identified and analyzed for patterns of change over time.

Quantitative data from the CGI-S and CGI-I scales were analyzed to assess changes in symptom severity and improvement across the 16 sessions. Descriptive statistics and paired t-tests were used to evaluate the statistical significance of any observed changes in grief symptoms (Guy, 1976).

Ethical Considerations

Informed consent was obtained from all participants prior to the study, and confidentiality was maintained throughout. Participants were assured that their involvement in the study was voluntary, and they could withdraw at any time without penalty. All data were stored in a secure, encrypted location in compliance with data protection regulations. Ethical approval was obtained from the relevant institutional review board.

Complicated Grief Group Therapy

In the main article reviewed, the therapy used to treat the client was Complicated Grief Group Therapy. In this chapter, we will discuss therapeutic goals, theoretical framework, the process of complicated grief group therapy, complicated grief group therapy sessions (CGGT), and intervention.

Therapeutic Goal

- According to Neimeyer's (2001) Meaning Reconstruction Theory, there are seven core goals when working with grief:
- Assisting the bereaved to reconstruct meaning both in their current life and in the death of their significant other
- Developing ongoing emotional attachments to the deceased that are positive and healing
- Identifying explicit and implicit meanings in client narratives
- Encouraging integration of new meanings into the bereaved's reconstructed life
- Facilitating meaning construction on both personal and interpersonal levels
- Exploring meaning within personal and cultural contexts
- Utilizing narrative approaches to help individuals retell their life stories after loss

In the context of this research, the Complicated Grief Group Therapy sessions aim to help participants form an integrated memory of the deceased. This process involves accepting the finality of death, developing realistic and acceptable memories of the lost loved one, and building capacity to envision and pursue a meaningful future without the physical presence of the deceased (Supiano et al., 2017; Shear et al., 2016).

Theoretical Framework of Meaning Reconstruction

The way an individual faces loss is determined by their personal story—an intimate, timeless narrative uniquely experienced by that person (Stuhr, 2021). Reconstruction of meaning after loss or death is inherently subjective, as grieving patterns vary widely between individuals. Consequently, group counselors must recognize that each participant brings their own unique grief experience to the group setting; there is no prescribed manner of grieving nor a standardized timeline for processing loss (Neimeyer, 2019).

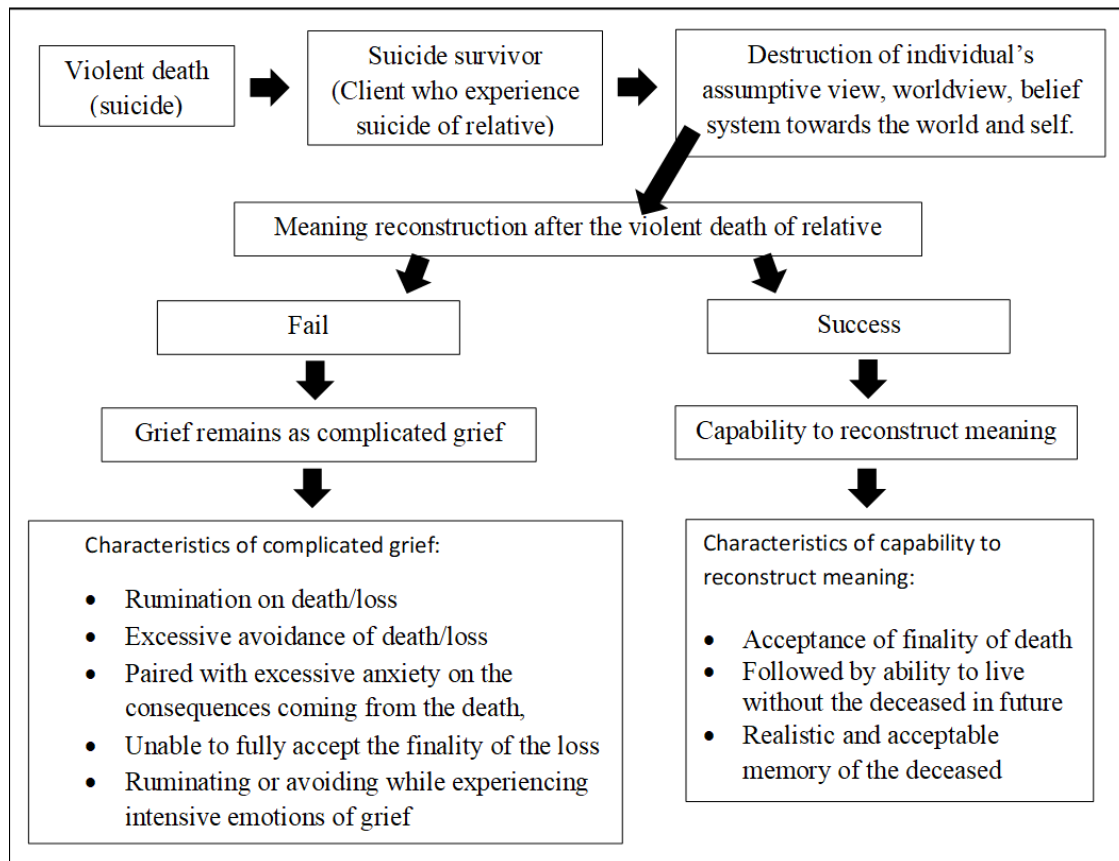


Figure 1: A Treatment Process Analysis Using the Meaning of Loss Codebook

The figure1 table is constructed based on the Transformation of The Meaning of Death in Complicated Grief Group Therapy for Survivors of Suicide.

Meaning reconstruction theory, a constructivist model (Supiano et al., 2017), serves as a navigational framework for helping suicide survivors work through their grief (Flesner & Flesner, 2013). This theoretical framework explains that complicated grief in suicide survivors stems from difficulties in making and reconstructing meaning after the violent death of close friends and family members (Malkinson et al., 2021). When meaning reconstruction fails, survivors may exhibit patterns of rumination about the death, excessive avoidance of topics related to the loss, heightened anxiety about the consequences of the death, and inability to fully accept the finality of the loss—all while experiencing intense grief emotions (Thompson & Neimeyer, 2014).

Conversely, suicide survivors who successfully reconstruct meaning demonstrate acceptance of the loss, awareness of personal growth resulting from their grief experience, and ability to restructure their personal identity in the aftermath of loss (Lichtenthal & Breitbart, 2015). This

process of meaning-making allows survivors to integrate the loss into their life narrative while maintaining a sense of connection to the deceased in a healthy, transformed relationship (Milman et al., 2020).

Pre-session of Complicated Grief Group Therapy

Selection of Potential Clients

In selecting group counselling clients, the client is given a Brief Grief Questionnaire (BGQ, Shear & Essock, 2002) and Inventory of Complicated Grief – Revised (ICG-R; Prigerson et al., 1995). To qualify for selection, the client has to score 5 or greater in the BGQ's score, and 30 or greater in the ICG-R's score.

Confidentiality

Clients will be invited to a conference room equipped with microphones and a video camera. The counselor will explain the confidentiality protocols and request informed consent signatures. The consent form will detail privacy protections, the 16-session treatment structure, and the recording of sessions for analytical, educational, and research purposes (Resnik & Jones, 2020). During counseling sessions, the research investigator and assistant will observe from a video control room, conducting real-time coding using Studiocode© software.

Participants will complete the Clinical Global Impressions-Severity Scale (CGI-S) and Clinical Global Impressions-Improvement Scale (CGI-I) (Guy, 1976) weekly to track their progress throughout the treatment. All video recordings and collected data will be stored in a secure, encrypted location in compliance with data protection regulations to safeguard client confidentiality (Supiano et al., 2017; Martin & Begley, 2022).

Sessions will be facilitated by certified mental health professionals with a minimum of two years of psychotherapy experience in group work (Holm et al., 2019). Co-facilitators holding Psychiatric or Mental Health Doctorate in Nursing Practice credentials will provide additional support during the sessions (Supiano et al., 2017; Wainrib & Bloch, 2021).

After thorough explanation of confidentiality matters, clients maintain complete autonomy regarding participation. Throughout the treatment process, clients are encouraged to engage honestly with their grieving process without feeling obligated to continue solely for research purposes (Thompson & Neimeyer, 2018). Should any client wish to withdraw, they may do so at any point without penalty or prejudice (American Psychological Association, 2023).

Sixteen Sessions of Complicated Grief Group Therapy (CGGT)

This research adapts Dr. Katherine Shear's individual complicated grief therapy framework (Supiano et al., 2017). The treatment extends over 16 weeks with sessions lasting approximately 2 hours each. While Supiano and colleagues (2017) did not detail the specific structure of the 16 sessions in their research on transformation of meaning in death among suicide survivors, the following description draws from Dr. Shear's Complicated Grief Therapy Manual (2015).

The 16-session protocol is organized into four distinct sections, designed to release the natural grieving process from the constraints of complicated thoughts, feelings, and behaviors that characterize complicated grief after losing a loved one (Shear, 2015; Kosminsky & Jordan, 2016).

Section One: Getting Started (Sessions 1-3)

The initial section focuses on establishing foundations through history taking, psychoeducation about complicated grief and its treatment, and involving support systems (Shear, 2015). Session 1 prioritizes building therapeutic rapport, gathering information about the client's life history, relationship with the deceased, circumstances of death, and grief experiences (Worden, 2018). Clients are introduced to interval planning and grief monitoring diaries, which they complete without judging their grief intensity (Shear, 2015; Neimeyer & Harris, 2021).

Session 2 continues relationship-building while providing psychoeducation about attachment loss, grief, and mourning. The therapist explains complicated grief, outlines the treatment plan, and facilitates goal-setting (Shear, 2015; Malkinson, 2019). In Session 3, a significant other joins to provide additional perspective and support, while the therapist helps build the client's support network to foster connections with the living. Each session concludes with a review of the previous week's interval plans and preparation for the coming week (Stroebe & Schut, 2020).

Section Two: Core Revisiting Sequence (Sessions 4-9)

The second section aims to revitalize natural healing processes through imaginal revisiting, situational revisiting, memory forms, and three full core revisiting sessions (Shear, 2015; Thompson & Neimeyer, 2014). These exercises strengthen the survivor's capacity to reflect on the death and integrate it into their life narrative and that of the deceased. The structured procedures enhance connection to the deceased while promoting continued reflection, ultimately helping survivors release their natural grieving process from the constraints of complicated grief reactions (Lichtenthal et al., 2019).

Section Three: Midcourse Review (Session 10)

This pivotal session takes stock of progress and plans the closing sequence (Shear, 2015). Typically, work continues on the primary complicated grief-related loss, though alternatives include addressing secondary losses, interpersonal disputes, or role transitions using brief Interpersonal Therapy approaches (Hall, 2022). The therapist revisits and revises the treatment formula developed in Session 2 and evaluates progress toward resolving grief complications and facilitating natural adaptation processes (Shear, 2015; MacKinnon et al., 2016).

Section Four: Closing Sequence (Sessions 11-16)

The final section comprises personalized sessions (11-15) and termination (16), focusing on consolidating gains and addressing unresolved issues (Shear, 2015; Boelen & Smid, 2017). Therapists facilitate discussions about treatment termination, track progress, and explore future plans. Final memories questionnaires and imaginal conversations are completed during this phase. Situational revisiting and goal work often continue and may become the primary focus of remaining sessions. Additional imaginal revisiting and reflection on the death's circumstances and consequences may extend into this closing sequence (Harris & Winokuer, 2021).

Throughout the therapy, researchers analyze Meaning Loss Codes (MLC) from recorded sessions to track changes in survivors' voiced statements from the beginning of therapy (Gillies et al., 2013; Milman et al., 2020). By monitoring the most frequently endorsed meaning codes, researchers can document transformations in perception, such as when memories of time spent with the deceased evolve from unpleasant to pleasant recollections.

Intervention

The intervention used in this study derives from Shear et al.'s (2005) Complicated Grief therapy model for individual psychotherapy, designed to alleviate loss-related distress and promote healthy connections to the deceased. The structured protocol comprises multiple therapeutic components distributed across the treatment timeline (Lichtenthal & Breitbart, 2015).

The intervention includes four sessions of "retelling of death story," eleven sessions of "working on personal goal and grief goals," one session of "imaginal conversation with the deceased," two sessions of "sharing pictures and memorabilia," and five sessions of "recollection of the deceased using structured memory questionnaires" (Supiano et al., 2017; Jordan & Litz, 2022). To enhance social support, participants are encouraged to invite a supportive individual to accompany them during two group therapy sessions (Kosminsky, 2020).

The CGGT approach focuses on three core therapeutic domains: addressing the client's attachment and relationship to the deceased, facilitating present-day reinterpretation of shared life memories and the death event itself, and developing strategic plans for creating a meaningful life without the physical presence of the deceased (Supiano et al., 2017; Malkinson, 2019). This integrative framework acknowledges both the continuing bonds with the deceased and the necessity of adaptation to the reality of the loss (Klass & Steffen, 2018).

Retelling Death Story

According to Neimeyer (2016), suicide survivors typically find contexts to narrate their loved one's death story, but often omit the most painful details. These painful aspects remain as "silent stories" buried in their thoughts and nightmares, seldom shared with others.

The process of retelling aims to help survivors integrate the death narrative with a compassionate witness present, ultimately enabling them to recount the story with reduced avoidant coping, decreased emotional reactivity, and enhanced meaning-making throughout therapy (Neimeyer, 2016; Rynearson & Salloum, 2018).

Restorative retelling requires establishing a safe environment for survivors to share the death story details. Initially, survivors are invited to share their experience within a secure context, such as discussing how spiritual resources supported them through their predicament (Neimeyer, 2016; Jordan & McIntosh, 2022). Subsequently, the counselor guides survivors through a step-by-step recounting of their loved one's death. In this research protocol, the retelling occurs twice (Neimeyer, 2016). During the first retelling, the counselor helps modulate emotions and facilitates greater narrative detail; during the second retelling, survivors demonstrate increased emotional mastery over the painful experience (Supiano et al., 2017; Cacciatore & DeFrain, 2021).

Working on Personal Goals and Grief Goals

The original research by Shear and colleagues (2005) structured complicated grief treatment into introductory, middle, and termination phases. The introductory phase includes psychoeducation about normal versus complicated grief and explanation of the dual-process model of adaptive coping, which addresses both loss adjustment and rebuilding a satisfying life. This model suggests that grief proceeds optimally when attention alternates between loss-oriented and restoration-oriented activities (Shear et al., 2005; Stroebe & Schut, 2021).

Beyond discussing the loss, the introductory phase incorporates focus on personal life goals. The middle phase alternates between pursuing personal goals and processing the loss, while the termination phase concentrates on progress review, future planning, and addressing feelings about treatment conclusion (Shear et al., 2005; Lund et al., 2019).

Imaginal Conversation with the Deceased

CGGT employs imaginal conversation with the deceased as a cornerstone intervention for resolving unresolved issues in prolonged grief disorder. This approach facilitates direct work on the relationship between survivors and their deceased loved ones (Shear et al., 2005; Kosminsky & Jordan, 2016).

One effective technique is the empty chair method, where survivors place an item symbolizing the deceased in an empty chair facing them. Survivors express their feelings and longings toward the deceased using present tense (Shear et al., 2005; Greenberg & Malcolm, 2020). Subsequently, positions are reversed, with survivors responding from the deceased's perspective. The counselor facilitates a profound and authentic dialogue between positions. Research indicates this approach effectively addresses unfinished business with the deceased (Paivio & Pascual-Leone, 2018).

Sharing Pictures and Memorabilia

During the two sessions dedicated to sharing pictures and memorabilia, survivors bring favorite photographs and personal items of the deceased to share memories with the group (Shear, 2015; Thompson, 2017). These tangible connections help survivors engage with the real person rather than an idealized version (Shear, 2015; Klass & Steffen, 2018).

Participants may share both positive and negative memories, as the purpose is to cultivate comfort when memories naturally emerge (Shear, 2015; Rubin, 2019). This practice supports the integration of the deceased into the survivor's ongoing life narrative in a more balanced way.

Recollection of the Deceased Using Structured Memory Questionnaires

Shear and colleagues (2015) emphasize positive memories, as research data indicate these should accumulate throughout treatment. During structured memory questionnaire sessions, survivors complete instruments focusing primarily on positive memories while still acknowledging negative aspects of their relationship with the deceased (Shear et al., 2005; Lichtenthal & Breitbart, 2020).

The questionnaires serve to build and maintain a sense of healthy connectedness to the deceased as part of the continuing bonds framework (Shear, 2015; Klass et al., 2021). This structured recollection helps transform the acute pain of grief into a more integrated, meaningful relationship with the deceased that can be carried forward.

Adapting The Meaning of Loss Codebook (MLC)

In 2013, Gillies, Neimeyer, and Milman developed The Meaning of Loss Codebook (MLC) to systematically analyze meanings constructed during bereavement. This comprehensive system encompasses 30 distinct categories and has demonstrated excellent reliability in capturing both positive and negative meaning-making themes (Gillies et al., 2013; Neimeyer, 2019).

The MLC serves multiple valuable functions in bereavement research and practice. It contributes significantly to process-outcome studies of grief therapy, enables analysis of naturally occurring written bereavement narratives, and facilitates clinical assessment of meaning-making in both supportive and professional intervention contexts (Gillies et al., 2013; Lichtenthal et al., 2019). The codebook allows researchers to track meaning reconstruction processes as they unfold over time, providing insight into how the bereaved integrate their loss experiences into their ongoing life narratives (Milman et al., 2020).

In this study, the MLC framework was applied to analyze participant language in video recordings of therapy sessions. Each meaning code was assigned a positive, neutral, or negative subcode, enabling researchers to identify and track meaning transformation throughout the therapeutic process (Holland et al., 2021). This adaptation of the MLC methodology allowed for more nuanced temporal analysis of how participants' meaning-making evolved across the course of treatment, providing valuable insights into the mechanisms of therapeutic change in complicated grief therapy for suicide survivors (Supiano & Luptak, 2018).

Result

In this study, participants were divided into three treatment sections to explore the therapeutic effects of Clinical Grief Group Therapy (CGGT) following suicide loss. During the first two retellings of the death story, several key meaning codes from the Meaning of Loss Codebook (MLC) were identified. Among these, “affirmation of the deceased” was positively expressed by nearly all participants, followed by “family bonds,” also expressed in a positive tone. “Memories of the deceased” were frequently mentioned, often tied to painful recollections of the suicide and its antecedents. Other meaning codes included both positively and negatively expressed themes such as “spirituality,” “valuing relationships,” and “coping with the death.” Some participants voiced complex emotions such as “guilt,” “shock” (often articulated in the present tense), and a sense of being “released from suffering.” Notably, two individuals linked the suicide to prior experiences of abuse.

In the second section, which involved an imaginal conversation and a third retelling of the death story, there was evidence of emotional and cognitive shifts. Positive expressions of “affirmation of the deceased,” “family bonds,” and “spirituality” persisted, while negatively experienced “physical symptoms” continued to be reported. New meaning codes such as “acceptance” and “greater perspective” emerged, reflecting participants’ growing capacity to process and reframe their grief. The expression of “memories of the deceased” began to shift from negative to positive, indicating movement toward memory integration. Additionally, the tense used to describe “shock” changed from present to past, and an increase in intrusive thoughts and dreams was reported during this phase—an expected phenomenon in trauma processing (Neimeyer, 2001).

In the final section, focused on the last retelling and memory work, “valuing relationships” became the most commonly endorsed code, especially among those who had close bonds with the deceased. Expressions of “affirmation of the deceased” and “family bonds” remained strong, while “acceptance” and “greater perspective” were consistently reported, indicating emotional reconciliation. Participants increasingly shared positive memories, often reconnecting them to earlier, happier life events. While some neutral and negatively valenced memories remained—particularly those directly related to the suicide—the overall tone had become more balanced. Negative affects such as “anger,” “depression,” and “physical symptoms” were still present, though expressions of “regret” and “guilt” had largely become

neutral. “Shock” was mostly referenced in the past tense, though one participant expressed “lingering disbelief.”

By the final sessions, intrusive thoughts and dreams were no longer commonly reported. A noteworthy development was the emergence of “compassion,” both toward self and the deceased, as well as the theme of “forgiveness”—a code not originally in the MLC. Forgiveness was directed toward multiple targets, including the deceased, self, family members, institutional systems, and spiritual beliefs. This aligns with the therapeutic goal of CGGT: to facilitate the development of an integrated memory of the deceased. Such integration allows survivors to accept the finality of death, envision a future without the deceased, and maintain a realistic and meaningful connection to the lost person (Neimeyer et al., 2006; Supiano et al., 2017). These integrated memories were evident in the final narrative exercises and corresponded with reduced guilt and regret, enhanced emotional regulation, and increased expressions of self-compassion and forgiveness.

Discussion

The Meaning of Loss Codebook (MLC) provided a structured framework to analyze participants’ narratives during Complicated Grief Group Therapy (CGGT), enabling researchers to trace the healing trajectory of participants over time. One of its most significant contributions lies in its capacity to map the shift from negative to positive meaning-making, reveal how individuals and groups constructed and reconstructed grief-related experiences, and illuminate critical turning points in therapy. It also highlighted the dynamic role of group interaction in facilitating shared meaning-making in a secure, accepting environment.

Change Over the Treatment Course

One of the study's central findings was the transformation of participants’ memories of the deceased. Over the course of therapy, individuals developed a clearer understanding of the role of mental illness in the suicide, reduced self-blame, and gradually shifted their focus to cherished and more satisfying memories. As treatment progressed, participants increasingly expressed acceptance of the death, with descriptions of “shock” moving from present to past tense and personal roles (e.g., as a parent, sibling, or child) being positively reasserted.

A significant transformation was also observed in emotional processing: participants moved from intense guilt and shame to expressions of regret and, eventually, toward acceptance. The emergence of forgiveness—though not originally part of the MLC—proved to be a key component in this shift. Therapeutic exercises such as repeated storytelling, imaginal dialogue, and memory work were instrumental in fostering these integrated and adaptive narratives. However, it is worth noting that not all participants experienced full emotional resolution. A small subgroup continued to report symptoms of anxiety, depression, and somatic distress, suggesting that grief trajectories vary and some individuals may require extended support beyond CGGT.

Theoretical Implications

This study reinforces meaning reconstruction theory (Neimeyer, 2001) as a useful framework for understanding both normal and complicated grief processes. The core components of this approach—narrative reconstruction, identity realignment, and the development of integrated memory—were all evident in the therapeutic progress observed. While this study did not emphasize certain features of Complicated Grief Therapy (CGT), such as structured goal-

setting or behavioral activation, it clearly illustrates how CGGT fosters meaning-making and transformation among suicide-bereaved individuals.

Furthermore, the findings support the broader application of the Complicated Grief (CG) framework over newer diagnostic categories like Prolonged Grief Disorder (PGD), which may capture functional impairment but often overlook the nuanced meaning-based work needed for genuine psychological integration. As such, the MLC also offers a way to distinguish between core and peripheral elements in grief treatment, offering therapists a tool to tailor interventions based on observed patterns of meaning reconstruction.

Study Strengths and Limitations

A notable strength of this study is the depth of qualitative data obtained from 96 hours of video recordings, providing rich material for longitudinal analysis. This level of detail allowed for a nuanced understanding of therapeutic change within the group process. However, the small and specific sample—comprised exclusively of individuals seeking treatment for suicide-related grief—limits the generalizability of the findings. Moreover, the study's results may not reflect the experience of those who are unwilling or unable to engage in group therapy, and further research is needed to test the applicability of CGGT in other forms of bereavement.

Future Research

Current and future directions for research include the adaptation of CGGT for other populations, such as dementia caregivers, to assess how grief experiences and meaning reconstruction differ across contexts. Further investigation is also warranted into the theme of forgiveness, which emerged spontaneously in this study and varied widely in expression. Understanding how forgiveness—whether of the deceased, oneself, institutions, or spiritual entities—functions in the grief process could significantly enhance therapeutic practice. Additionally, future studies may focus on identifying the minimum effective components of CGGT, which could lead to shorter, more accessible interventions.

Conclusion

This study demonstrates the value of the MLC as both a research tool and a clinical guide. By revealing key moments of change and the transformation of meaning over time, the MLC enables practitioners to track therapeutic progress and fine-tune interventions accordingly. The findings also affirm the effectiveness of CGGT in helping suicide survivors reframe their grief, develop integrated memories, and move toward acceptance and emotional resilience. These insights have broad implications for clinical care, including support groups, individual counseling, and the treatment of complicated grief.

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