POSTTRAUMATIC GROWTH: CONCISE HISTORY, DEFINITIONS, AND IMPLICATIONS

Kelly was a successful practicing psychologist who had recently been awarded tenure at her university. She was chair of a certificate program on trauma, a subject for which she received national attention as a result of her work after the September 11, 2001, terrorist attacks in New York, Washington, D.C., and Pennsylvania. Her book on personality disorders had just been published. For her intellect and achievement, she was respected and admired by her colleagues, many of whom over the years had come to call her a friend. And this was merely some of the good in her professional life.

She was also the mother of six children ages 12 years to 10 months. All girls. All beautiful girls. She was the wife of, and best friend to, her husband for 16 years. She was an active member of her children's schools, her church, and her community. She coached soccer. She mentored young girls. She actively lived the healthy life that she preached, jogging regularly, even training for a marathon. She seemed to find a way to touch the lives of the people with whom she interacted with a combination of humor, wit, and grace. In a word, she was *special*.

Of course, as many of us recognize from both our professional and personal lives, the degree to which we love and are loved does

not protect us from stress or trauma. This certainly was true for Kelly and her family.

On a late June afternoon, while at a swim practice with four of her children, the skies started to darken, signaling that a tremendous thunderstorm was moving quickly into the suburb. With obvious concerns for her children's well-being, Kelly packed her children and two of their friends into her minivan to head home. They lived a mere 2.5 miles from the pool. As they made their way home, the winds intensified. The storm was later described as one of the most violent cells of thunderstorms that had been seen in that part of the country in a long while. The wind gusts were estimated to have exceeded 50 miles per hour, which apparently was strong enough to cause a giant branch from a 44-inch-wide red oak tree and the surrounding electrical wires to come crashing down on Kelly's minivan, instantly killing her and one of her children, and trapping one girl alive in the van on top of her dead friend waiting to be rescued. Witnessing the scene, a number of good Samaritans pulled all of the children out of the car, except for one daughter and her trapped friend. It was a terribly horrific scene.

As is the case with many stressful events, just as quickly as the darkness moved in, it lifted from the sky. When word started to spread about the death of such a loved woman and her daughter, that darkness began to pour into the hearts and minds of the people in Kelly's community as they were faced with the reality of such tragic, seemingly incomprehensible deaths of such a special mother, colleague, mentor, and friend, and of such a bright, promising 7-year-old girl.

At the funeral, Kelly and her daughter were laid to rest in the same coffin, her daughter positioned by a funeral home worker on her mother's chest, just as she had been placed 7 years before by a physician after her birth. That Kelly and her daughter died together for some made the death more than doubly tragic. The death of Kelly and her daughter brought more than 3,000 people

to the funeral, each one to a different degree carrying their "why" question. Why Kelly? And why her daughter? Why together? Why at that millisecond? Why on that road? Why in that way? Why now?

Why Suffering?

As clinicians we often hear the questions associated with people's suffering. Tragedy is painfully part of the human experience. If we can find any people in our lives who can serve as examples of those who have not experienced any profound stress or trauma (if any do exist), such people are indeed the outliers—for now. We all come to learn that suffering is part of our narrative as people. Some of us who are able to look beyond our inner experiences come to realize that suffering is universal.

As human beings, we can answer some of the questions that surround suffering. We can understand the psychological process of anger, the emotions that underline it, and the factors that have a correlational and causal link to committing violent acts. We can understand the scientific theories of how natural disasters like hurricanes and earthquakes occur. We can explain the physics at work in motor vehicle accidents and in tree limbs crashing to the ground. We can understand the biochemistry of the division and multiplication of cancer cells. We have voices to answer many, though certainly not all, of the how questions of tragedy. But the larger why questions of the existence of such tragic events in our world and in our personal lives are questions that are fundamentally unanswerable by all sciences—soft and hard. Suffering is one of life's ultimate questions (Crews, 1986).

Does Suffering Change Us?

It is rare to find people who have not experienced any profound stress or trauma. As we know that death is inevitable, we know that

suffering must also play a part in our human development. Thus, it behooves us to ask, "Do such dark experiences hold the possibility of changing us, and more importantly, if so, then how?" The answer to the first question is a clear and unsurprising "yes." Long before the 1980s, when Posttraumatic Stress Disorder (PTSD) became a diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* III (DSM-III; American Psychiatric Association, 1980), we have been systematically studying how stress and trauma have the ability to change us in tremendously negative ways. In every realm of our existence (physical, emotional, social), trauma possesses the ability to have a profound negative impact on the human experience. This has become apparent based on extensive ongoing study of people before, during, and after trauma. The field of psychology has dedicated a great deal of resources to examining the negative outcomes.

From such a perspective, we have been primed to an awareness of the profound negative experiences and consequences of trauma. For Kelly's family and friends this meant continuing with the mundane and the milestones of their lives without the loving support of a mother, wife, sister, educator, mentor, and friend. Because of the attention and focus on the negative aspects of extreme stress and trauma, professionals are able to respond to the negative consequences of suffering in meaningful ways when working with the profound loss experienced by families and friends such as Kelly's. Research and clinical practice has focused on decreasing negative symptoms of stress and trauma, including managing the often profound, significant distress. And thankfully so.

Trauma research that focuses on the negative impacts of trauma will and should continue. Multiple levels of loss and the associated emotional distress are important aspects in the story of suffering, and they deserve great attention. However, it is becoming increasingly evident that while such focus is part of the story of stress and trauma, it is not always the entire story. A return to a premorbid state of functioning cannot always be the goal, and for some people

it is not an accurate depiction of their healing process. With these factors in mind, increased attention has started to get counselors in the field to look beyond solely the negative consequences of stress and trauma.

As evidenced in Kelly's community and that of others who have experienced tragedy, sometimes the pain lifts as a new light is permitted to illuminate the darkness. For example, one of the doctoral students who Kelly was mentoring before she died wrote the following:

> I had the privilege of knowing Kelly as a professor and mentor for almost six years. As a master's-level student, I enrolled in many of her classes. Then later, as a doctoral student, I became her graduate assistant. Just prior to her death she took on the role of chair of my dissertation committee. I was grateful that she had accepted the role, and it seemed to me that she was enthusiastic about the role as well. She was to help guide me in the biggest and most important educational task ever before me. I felt great ease knowing that she would be present with me through the process. I valued her passion for education, her penchant for quality research, and the way in which she was able to encourage her mentees to produce the highest quality work possible. I could not have imagined working with anyone other than Kelly.
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> When I heard of Kelly's death I was grief stricken, overwhelmed with the feeling of being alone. My mentor, my guide had left me. I was lost. With time, however, I came to understand something that I may never have come to know if I had not had to struggle to comprehend and make sense of Kelly's death. I realize now that true guides in our life never leave us, not even in death. Kelly was gone prematurely, yes. But her professional and personal qualities that I value so deeply were still alive in me.

And so while she was not present physically during my dissertation process, her spirit, her talent, and her wisdom were still very much accessible to me. Even after her death, she was my guide. My current recognition of who can guide and how a person may guide is a new understanding I hold about life. It is something I understand not only because of Kelly's presence in my life, but because I have had to come to accept her physical absence.

The story of Kelly's mentee reveals that positive changes can be experienced when a relationship is sought *with* the stress and trauma. Through these difficult and complicated situations, people are allowed or perhaps induced to cultivate certain positive aspects of themselves, others, and the world. This face of trauma is often ignored to the detriment of healing. In fact, we are less versed in the positive aspects of enduring stress and trauma because, until recently, the field has primarily focused its systematic rigor on the negative. Psychologists, counselors, social workers, and others trained in mental health professions were not primed to seek or foster growth but simply sought adaptation in clients; however, this approach began to change in the 1990s.

A History of Growth

In 1995 the term *posttraumatic growth* (PTG) was coined by clinical psychologists Richard Tedeschi and Lawrence Calhoun of the University of North Carolina Greensboro. Around that time other terms that spoke to a related process also began to emerge in the psychological literature: *stress-related growth* (Park, Cohen, & Murch, 1996), *benefit-finding* (Tennen & Affleck, 1998), and *adversarial growth* (Joseph, 2004; Linley & Joseph, 2004). There are important distinctions in the theories, definitions, conceptualizations, and measurements of each term, which will be highlighted

shortly. However, all of the terms capture the idea that value can emerge when cognitive structures undergo the reorganization that results from experiencing stress and trauma (Joseph, 2011). The development of theories of posttraumatic growth is based both on psychological theory and on research that had been taking place for many years when the terms emerged, as well as philosophical and theological underpinnings rooted in centuries-old experiences.

From a psychological perspective, the concept of posttraumatic growth has roots in several different theoretical movements (Tedeschi & Calhoun, 1995): Caplan's Crisis Theory (1961, 1964); Rogers' client-centered theory (1961, 1964); Existential Theory (Frankl, 1963; Yalom 1980); and the Positive Psychology movement. Although ideas on human growth and potential that can result from critical life stress can be seen in other movements as well, these theories appear to have the strongest connections in the field. Each theoretical movement will be explained very briefly, with references provided for deeper exploration of the theoretical roots.

Crisis Theory

Gerald Caplan (1961, 1964) developed Crisis Theory as a result of working at Massachusetts General Hospital in the 1940s with patients who had endured severe life experiences. In his research, Caplan observed that when people experienced a crisis, their normal coping mechanisms were not useful in helping them to manage distress. The lack of an ability to successfully cope with the event led a person to experience a sense of disorganization in regard to their ability to function. In an attempt to discharge inner tensions caused by a sense of disorganization, a person in distress was led to a sort of trial-by-error attempt to end the crisis in a new way (Halpern, 1973). Such trial-by-error attempts suggest that the experience of crisis may promote the realization that one's precrisis set of coping mechanisms can be expanded beyond what one may have previously

realized. Caplan's theory highlights that without crisis the need to seek new understandings about the self—namely new ways of coping—would not be identified as necessary. Seeking an expansion of coping resources comes from a place of immediate necessity when the current coping mechanisms can no longer do the job.

Existential Psychology

Posttraumatic growth is rooted in the existential movement. To fully define existential therapy is a contradiction, because it is impossible to completely capture the paradigm (Yalom, 1980). However, in general, existential psychology examines concerns that are rooted in people's existence and the dynamic conflict that arises when a person comes to confront certain realities of the human experience (Yalom, 1980). According to Yalom (1980), one of the leaders in the movement, four ultimate existential concerns result in dynamic intrapersonal conflict:

1. **Death**: Our desire to live and the nature of our finiteness
2. **Freedom**: The lack of external structure and the responsibility we have to author our own lives
3. **Isolation**: Our desire for communion and our intrinsic separateness from others
4. **Meaninglessness**: Our need for meaning in a world where it may not exist

People tend to reflect on one or more of these four ultimate concerns generally in a few situations: (a) when they are confronted with death; (b) when they have made an irreversible decision; or (c) when they experience a collapse of their meaning-making schema (Yalom, 1980). When a person gains an awareness of any of these four ultimate existential concerns, as can be the case in the wake of stress and trauma, the result is the distressing feeling of anxiety.

Depending on the severity and duration of this anxiety, it is believed that people will either move toward positive experiences of growth or negative experiences of psychopathology. Yalom's writings bring to light that, while confrontation with inner conflict can be distressing, facing one or more of the four existential concerns presents an opportunity for a person to create a new sense of meaning in life.

Victor Frankl (1963), a psychiatrist, a survivor of a Nazi concentration camp, and the founder of logotherapy, also wrote about the relationship between experiencing difficult life events and finding a sense of meaning in order to transcend what Frankl considers to be the intrinsic pain of human existence. In *Man's Search for Meaning*, he writes: "To live is to suffer, to survive is to find meaning in the suffering" (p. 11). Frankl believed that life is essentially meaningless until a person gives it meaning. Central to Frankl's argument is that a person is able to find meaning in every situation that is presented to the human experience, including those that are extremely tragic. According to Frankl (1963), meaning cannot be acquired from another person. Rather, an individual has free will and a responsibility to give life meaning in each moment; for "meaning in life differs from man to man, from moment to moment" (p. 98).

Seen in the two examples of existential writings is the idea that while suffering is an inevitable part of human existence, finding new meaning through confrontation with painful life events is indeed possible, and perhaps even the ultimate goal. Although death, for example, cannot be escaped, it can be confronted, and through an awareness of the confrontation, one may choose to live life differently, with new meaning and purpose not understood before facing a confrontation with death.

Rogers's Person-Centered Approach

A third figure to influence the present-day movements of post-traumatic growth is Carl Rogers, founder of the person-centered

approach to therapy. The work of Carl Rogers is based on the premise that human beings are intrinsically designed to, and motivated toward, growth. Rogers's Organismic Valuing Process Theory (1964) articulates that it is a normal, natural tendency for an individual to move toward meaning-making and growth *if* one's social environment supports a person in doing so (Joseph & Linley, 2006). Growth conceived as a basic motivation does not necessarily equate to growth experienced by all individuals. A hostile society and adverse circumstances can cause anxiety and fear, which can turn people away from maturity and the development of authentic selves. However, when a person experiences authenticity, competence, and relatedness in the social environment, a person's natural tendency to move toward growth and actualization becomes more likely (Joseph & Linley, 2006). One might say that according to Rogers, humans were designed to grow.

Positive Psychology

Major influences to the current conceptualizations of growth are rooted in positive psychology, a movement named by Martin Seligman, 1998 American Psychological Association president (Peterson, 2006). A traditional psychological frame, as opposed to the positive psychological frame, focuses on symptomology and problems. The key question asked by traditional psychology is that of, "What is going wrong?" However, in the positive psychology movement, questions center on resilience and what strengths a person has that support not only overcoming an obstacle, but also flourishing as a result. In this way, positive psychology attempts to claim a sense of balance (Maddux, 2002) by asking the often-overlooked question, "What is going right?" The positive psychological approach considers what is working by seeking to understand what cannot be understood and by accessing what cannot be accessed in the human story when *only* a symptomological approach is used. The way

questions are framed provides a limit and boundary with which to seek an answer. We will never understand what is going right and why it is going right when we only ask symptom-based questions.

One particular aspect of positive psychology that is useful when considering posttraumatic growth is the different way in which positive psychology has examined well-being. Traditional psychology often explores hedonic well-being, perhaps the more commonly understood form of well-being or happiness, which is concerned with decreasing the amount of negative affect and increasing the amount of positive affect that a person experiences. Positive psychology has brought increased focus to eudaimonic well-being. *Eudaimonia* is a Greek term that Aristotle used to describe the good life or living well. This type of well-being or happiness is focused more on increasing meaning, purpose, actualization, authenticity, and growth in an attempt to capture more closely the experience of psychological flourishing. The two different types of well-being are not on a continuum but rather are separate philosophies. It has been suggested that in order to understand posttraumatic growth and the good that it offers, hedonia can be a starting point, but the definition of well-being must be expanded to include the ideas of thinking deeply and living well (Calhoun & Tedeschi, 2006), which are more commonly associated with eudaimonia. Increased attention on eudaimonic well-being, as opposed to hedonic well-being, allows for a broader understanding of struggle and trauma that is arguably a more complete picture of the human experience (Joseph, 2011).

Present-Day Study of Growth

In the mid 1990s, the research base for posttraumatic growth was just formally building. By the mid 2000s, the empirical research base on the construct of growth was increasing. In 2005, ninety-five articles on *posttraumatic growth* were available in the Psych Info database, and an additional 33 articles appeared when the term

stress-related growth was considered (Calhoun & Tedeschi, 2006) in the search. At that time resources on posttraumatic growth were also included in the texts by Calhoun and Tedeschi: *Trauma and Transformation* (1995); *Facilitating Posttraumatic Growth: A Clinician's Guide* (1999); and *The Handbook of Posttraumatic Growth* (2006). Tedeschi and Calhoun were also joined by Park in the 1998 book *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis.*

By 2011, a query of *posttraumatic growth* produced roughly 350 articles from the Psych Info database and expanded to nearly 500 when the term *stress-related growth* was included. Several texts were also added. In 2008, Joseph and Linley wrote the book *Trauma, Recovery, and Growth: Positive Psychological Perspectives on Posttraumatic Stress.* In 2009, Park, Lechner, and Antoni edited a book geared toward understanding medical illness and growth, *Medical Illness and Positive Life Change: Can Crisis Lead to Personal Transformation?* Most recently, *Posttraumatic Growth and Culturally Competent Practice: Lessons Learned from Around the Globe* by Weiss and Berger (2010) and *What Doesn't Kill Us: The New Psychology of Posttraumatic Growth* by Joseph (2011) were added to the literature as well. However, the current literature is certainly predominantly for researchers, with some articles and chapters either specifically focused on or including clinical implications of the research, but very few works are dedicated completely to clinicians as the primary audience.

Conceptualizations and Definitions of Posttraumatic Growth

As previously mentioned, Tedeschi and Calhoun developed the phrase *posttraumatic growth* in 1995 to refer to the positive psychological changes that a person experiences as a result of enduring stress and trauma. Several other terms have also been used to refer to the same or similar constructs. Some overlap occurs between models and terms, but there are important distinctions in the definitions and models of growth as well.

Tedeschi and Calhoun's definition and conceptualization of posttraumatic growth highlights the profound nature of the stressful experience. The idea of posttraumatic growth is anchored in distress that reaches far beyond everyday stressors (Tedeschi & Calhoun, 2004), speaking instead of the forms of distress that may lead to a sort of *assumptive* transformation within the self. For the phenomena of posttraumatic growth to occur, a person must experience a significant level of disruption to their assumptive world and personal narrative (Calhoun & Tedeschi, 2006) in a way that alters a person's experience of everyday life. In a meeting of psychologists at the 2005 American Psychological Association Science Directorate conference on Positive Life Changes in the Context of Medical Illness, a group of experts gathered to flush out the differences in some of the terms related to posttraumatic growth (Park, 2009). The group identified that the term *posttraumatic growth* and the mechanism associated with it suggest a *radical* reconstruction of a person's life as a result of rebuilding assumptions that are shattered by trauma.

Calhoun and Tedeschi's model of posttraumatic growth was first presented in 1995 and later revived in 2004. It is perhaps the most widely recognized and researched model of growth in the literature. The model, a development of Schaefer and Moos's (1992) model of personal growth, is integrative in that stress and coping are understood as related to personal, environmental, social, and cultural factors that influence the response that a person has to traumatic life events. According to Tedeschi & Calhoun (1995), a person's response to trauma is understood to be part of a complex system of feedback loops. The model takes into account the bidirectional relationship between a number of different factors, which include:

- Characteristics of the person
- Characteristics of the circumstances
- Management of emotional distress

- Automatic and deliberate process of rumination/cognitive engagement
- Self-disclosure
- Societal and cultural influences
- Narrative development
- Wisdom (Calhoun & Tedeschi, 2006, p. 9)

A great deal of the research base comes from either Calhoun and Tedeschi directly or other researchers examining their model.

Crystal Park developed the meaning-making model of coping, a second model that provides evidence for how growth may occur from stress or trauma. In Park's work, she uses the language *stress-related growth* rather than posttraumatic growth, allowing for a broader understanding of what types of events and amounts of distress are needed for a person to engage in a process of growth. The change associated with stress-related growth may be understood as less radical and dramatic than change captured by posttraumatic growth, and because of this stress-related growth is thought to be more common than posttraumatic growth (Park, 2009).

Park's model, a development of Lazarus and Folkman's (1987) transactional model of stress and coping, is based on the cognitive appraisals that people make during stressful events and the coping strategies that follow their appraisals (Park, 2005a). Park's model is contextual in that it focuses on the situational-based factors that direct people's choices in coping (Holahan, Moos, & Schaefer, 1996). Park argues that coping research traditionally highlights the role of problem-solving or emotion-focused coping after a stressful event has been experienced. In difficult situations, individuals attempt to analyze possible solutions or manage emotional distress. However, when a person experiences traumatic life events, coping is necessarily different in nature, demanding the acquisition of new meaning in the unsolvable or irreparable situations of trauma.

Park understands growth as that which comes from the mean-ing-making process, the search for comprehensibility and sig-nificance after a stressful life event. Meaning is found through reappraising either the stressor or one's global beliefs and goals. The meaning-making process is initiated by the distress experi-enced from a person's two conflicting belief systems: (1) the global beliefs held about the world and (2) the situational belief that has been assigned to the stressful event. In an effort to decrease the distress experienced between two conflicting belief systems, a person may come to create new global meaning. Sometimes in the search for meaning-making, a person may create meaning that is negative (e.g., believing that stress or trauma happens because he or she is a person unworthy of good). However, sometimes the new meaning created is positive, in which case growth experiences may occur.

A third model of growth following adversity is provided by Stephen Joseph (2004) and his work with Peter Linley. Joseph and Linley use the term *adversarial growth* to speak about the positive changes that a person experiences as a result of experiencing stress and trauma. The theory that drives Joseph's model is quite differ-ent in that it is an antimedical humanistic integrative approach to the idea of posttraumatic growth (Joseph, 2011). Whereas Calhoun and Tedeschi's and Park's models come from theories that are functional-descriptive, Joseph's (2004) model comes from a theory that is person-centered and based on Rogers's (1964) Organismic Value Processing Theory (Joseph & Linley, 2006). Joseph suggests, as Rogers's work did, that under a supportive so-cial environment, growth is a natural, intrinsic human motivation and tendency. Joseph's work seeks to normalize posttraumatic stress as a breakdown and disorganization of the self-structure. Through the breakdown of the self-structure and reorganization of a new self-structure that is congruent with the stressful or traumatic experience, a person moves more closely toward the

experience that Rogers (1959) defined as "fully-functioning." In the words of Joseph and Linley:

> The fully functioning person is someone who is accepting of themselves, values all aspects of themselves—their strengths and their weaknesses—is able to live fully in the present, experiences life as a process, finds purpose and meaning in life, desires authenticity in themselves, others, and societal organizations, values deep trusting relationships and is compassionate toward others, is able to receive compassion from others, and is acceptant that change is necessary and inevitable. (Joseph & Linley, 2006, p. 1044)

Based on a person's social environmental context, there are three possible ways of cognitively reorganizing a stressful and traumatic experience, and as such three separate possible outcomes. According to Joseph and Linley (2006), after experiencing stress or trauma, a person may:

1. Assimilate the information into a preexisting self-state and so return to a pretrauma level of functioning, as such leaving a person vulnerable to retraumatization
2. Accommodate the information in negative ways, which will result in experiences of psychopathology and the accompanied distress
3. Accommodate the information in positive ways, which will lead to growth experiences

In the literature, the terms *posttraumatic growth*, *stress-related growth*, and *adversarial growth*, though having different hypothesized definitions and mechanisms through which the experience is achieved, at times are used interchangeably. In fact, meta-analyses on positive changes following stress and trauma have included

studies that use all three definitions and conceptualizations (as well as others). They all certainly attempt to capture the once-neglected positive experiences that may result from a person enduring intrinsically negative experiences. From historical, research, and clinical perspectives, however, it is important to recognize both the similarities and the differences in the conceptualizations of growth following stress and trauma. Further reading of primary texts from the authors is quite useful for the clinician wishing to deeply understand the concepts of growth following stress and trauma.

Measurement of Growth

Valid and reliable measurement is a cornerstone of empirical research. By the mid- to late 1990s, several measures had been developed and were beginning to build the evidence of validity: the Changes in Outlook Questionnaire (Joseph, Williams & Yule, 1993); the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996); the Stress-Related Growth Inventory (Park, Cohen, & Murch, 1996); and the Perceived Benefits Scale (McMillen & Fisher, 1998). There is empirical support for the adequate reliability and validity of each of these measures. (For a more detailed further reading on the reliability and validity of each instrument, see Joseph and Linley, 2008, as well as the original citation for each scale.)

Joseph, Williams, and Yule (1993) developed the Changes in Outlook Questionnaire, a 26-item measure to assess both the positive and negative ways a stressful or traumatic event changed a person's view of life. In the measure, 11 items assess positive changes (e.g., "I value my relationships much more now"), and 15 items measure negative changes (e.g., "I don't look forward to the future anymore"). Items are measured on a 6-point Likert-type scale ranging from 1 = *Strongly agree* to 6 = *Strongly disagree*. The scale was developed using a sample of 35 adult survivors of a cruise ship accident in which an oil tanker collided with a ship carrying 400 schoolchildren and

90 teachers and other adults, causing the ship to rapidly take on water and list. Four people died in the incident: one child, one teacher, and two seamen. The authors asked two questions of the adult survivors to assess if the disaster changed their view of life for the better or for the worse, and how. The open-ended responses were then rated by five graduate psychologists. The responses that were unanimously positive or negative were then used as the preliminary measure of changes in outlook. A 10-item short form of the scale was later developed by Joseph, Linley, Shevlin, Goodfellow, and Butler (2006).

Tedeschi and Calhoun (1996) developed the Posttraumatic Growth Inventory, a 21-item measure used to assess "the extent to which survivors of traumatic events perceive personal benefits, including changes in perceptions of self, relationships with others, and philosophy of life, accruing from their attempts to cope with trauma and its aftermath" (p. 458). The scale consists of five subscales: Relating to Others; New Possibilities; Personal Strength; Spiritual Change; and Appreciation for Life. A total score and subscale scores can be calculated from the measure. Items are scored on a 6-point Likert-type scale ranging from 0 = *I did not experience this change as a result of my crisis* to 5 = *I experienced this change to a great degree as a result of my crisis*. The scale was developed by first reviewing the literature for reported positive changes after traumatic events and examined using a sample of 199 male and 405 female undergraduate students who reported to have experienced a significant negative life event in the 5 years before the study. Cann et al. (2010) developed a 10-item short form, which consists of two items from each of the aforementioned subscales.

Park et al. (1996) developed the Stress-Related Growth Scale, a 50-item self-report measure, to capture positive changes following an identified stressful event in four areas: personal resources, social relationships, life philosophy, and coping skills. Items are answered on a 3-point frequency scale: 0 = *Not at all*, 1 = *Somewhat*, and 2 = *A great deal*. Sample items include "I started a deep and meaningful

relationship with another," "I learned that I want to have some impact on the world," and "I learned better ways to express my feelings."

The Stress-Related Growth Scale was developed in a sample comprising 506 college students. Participants were asked to identify a negative stressful event that they experienced within 12 months and then to respond to 82 items referencing personal growth. A total of 32 items were deleted because of skewed responses, amounting the 50-item scale. A 15-item short form of the scale was developed by Cohen, Hettler, and Pane (1998). It consists of the 15 highest-loading items of the 50-item measure.

McMillen and Fisher (1998) developed the Perceived Benefits Scale, which measures the perceived changes in a person's life as a result of a negative life experience. The scale consists of 30 items that assess positive gain and eight items that assess negative gain. The scale includes eight subscales: enhanced self-efficacy (e.g., "This event made me a stronger person"); increased community close-ness (e.g., "Because of this event, I know my neighbors better"); increased spirituality (e.g., "Because of this event, I am more spiritual"); increased compassion (e.g., "Because of this event, I am more compassionate to those in similar situations"); increased faith in other people (e.g., "Because of this event, I realized how good people can be"); increased family closeness (e.g., "Because of this event, I am closer to the people I care about"); lifestyle changes (e.g., " As a result of this event, I live more for the moment"); and material gain (e.g., "I gained financially because of this event"). Responses range from 0 = *Not at all like my experience* to 4 = *Very much like my experience*. Scale items were developed from open-ended responses to questions on changes that occurred from an identified traumatic event in a person's life. The scale was first examined in a community sample of 289 adult spectators at a children's baseball game. No short form of the scale currently exists.

Two important notes need to be made in regard to measure-ment. First, it should be noted that all of the measures that exist to

assess growth following stress and trauma are self-report measures. This matter has led to some debate in the field as to whether the instruments can truly measure observable growth. The limitation of self-report measures such as these is that the possibility exists that what is being measured are perceived changes and not actual changes (see Chapter 2 for a more detailed review of this question). Secondly, there is empirical research to support that the various measures are correlated but not identical. With this in mind, researchers have suggested that if a measure is to be used clinically, then clinicians should consider not relying on one measure alone but rather may desire to give several measures to be certain to have a more complete understanding of a person's experience of growth following stress and trauma (Joseph & Linley, 2008).

Who Experiences Growth?

An important clinical question to consider is that of who may experience growth following stress and trauma. The simple answer to the question is that any of our clients, their family members, and friends could adapt and become wiser in the process of enduring stress and trauma. The reality is that not everyone will. Prevalence rates reported for posttraumatic growth have a large range that depends on the study. Davis, Nolen-Hoeksema, and Larson (1998) report that rates of posttraumatic growth range from 3% to 40% in a sample of bereaved individuals. Frazier, Conlon, and Glaser (2001) report a range of 20% to 80% for female sexual assault survivors. Weiss (2002) reports a rate of 98% in a sample of women with breast cancer. Harms and Talbot (2007) reported that 99% of the sample experienced posttraumatic growth at an Australian rehabilitation center where the sample of 79 patients had experienced a serious orthopedic injury 3 to 4 years prior to the study.

    Studies have cast a wide net in regard to sample participants in an attempt to better understand the generalizability of the phenomena.

A meta-analysis by Helgeson, Reynolds, and Tomich (2006) on post-traumatic growth in 26 studies that included 7,113 participants suggests that women are more likely to find benefits after stressful experiences. Additionally, in the same meta-analysis, a total of eight studies and 1,281 participants suggest that nonwhites are also more likely than whites to find benefits after trauma. Such findings are not to suggest that clinicians should only consider nonwhite women clients as potential candidates for growth following stress and trauma.

Turning to the nature of the stressful or traumatic event, evidence is mounting now that posttraumatic growth may be experienced by persons experiencing such diverse trauma and the extreme stress that is part and parcel of HIV/AIDS (Cadell & Sullivan, 2006); cancer (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Tomich & Helgeson, 2006); bereavement (Engelkemeyer & Marwit, 2008); physical and sexual assault (Grubaugh & Resick, 2007); physical illness (Helgeson et al., 2006); traumatic brain injury (McGrath & Linley, 2006); serious orthopedic injury (Harms & Talbot, 2007); or 9/11-type terrorist attacks (Ai, Cascio, Santangelo, & Evans-Campball, 2005). Evidence of posttraumatic growth across many different types of events makes it clear that other event characteristics may be even more important than the event itself.

For instance, it has been speculated that the individual characteristics of a person who experiences an event may be of greater concern than the type of event. Calhoun and Tedeschi (2006) suggest that experiencing growth may be linked to a person's coping abilities before the time of stress or trauma. Specifically, if a person has too few coping abilities, he or she may be too weak to experience growth. However, if one has too many coping abilities, he or she may be resistant to growth after stress and trauma.

Additionally, the level of distress that a person experiences as a result of the event has been examined as a more important factor for understanding whom may experience growth, rather than the

event type. Research has presented what appears to be a curvilinear upside-down U-shaped relationship between stress and growth, not a linear relationship (Levine, Laufer, Hamama-Raz, Stein, & Soloman, 2008). The findings suggest that growth is greater for those with moderate adjustment to stress—those who are *not resilient to*, but also not flooded by, stress. It seems that we need our assumptive worlds to be radically shaken if not shattered (Janoff-Bulman, 1992) if we are to initiate rebuilding them

Take, for example, the case of Andrew, a 53-year-old man whose father died of cancer at 87 years old. When his father was diagnosed 3 years prior, Andrew experienced a sense of great sadness. For all of his life, Andrew looked to his father as a guide and a mentor. Andrew had very fond memories of yearly fishing trips that he took with his father when Andrew was a young boy. His father, a skilled engineer, was who Andrew turned to when he struggled in high school and college math classes. When Andrew married his wife, his father gave a toast encouraging Andrew to celebrate the big moments such as weddings with all his heart, but to not take for granted the everyday moments in life; for the small moments need all of one's heart too. Andrew recollected at his father's funeral that while he may have never told his father, he held those words close to his heart on that day, and still did now.

When Andrew's first son was born, he named him after his father. When he told his father the name of his son, it was a moment that Andrew remembers brought tears to his father's eyes. Andrew recalled his father as a man who lived with great love, great compassion, and great wisdom. The death of Andrew's father brought with it great sadness for Andrew. He missed his father deeply; however, the sadness that he felt was accompanied too by an understanding of death as part of life. He had experienced several losses in his life prior to his father's death. Some of his experience, like the death of his older brother in a motor vehicle accident some 30 years prior, caused such darkness he wondered if he would ever come to see light

again in his life. In fact, his father helped Andrew to reclaim his life after the death of his brother. This same darkness was not present in Andrew's experience of the death of his father. His assumptive world was not shattered by his father's death. He felt heartbroken and empty in moments. He felt loss and sadness. Still, the death of his father was comprehensible to Andrew. Although there were the occasional moments when he felt the urge to pick up the phone and call his father, or remind himself that he wanted to tell his father something, the death of his father made sense to him.

The example of Andrew, however, can be contrasted with the example of Melissa, a 23-year-old college student who, for several reasons, was raised by her grandparents from the time she was 12 years old. When it was time to graduate high school and consider college, Melissa's grandparents encouraged her to stay local. Her grandparents liked taking care of Melissa, and Melissa admittedly liked being taken care of by her grandparents. She recalled that she had a special relationship with her grandmother, who filled a void left by her mother, who had abandoned her when she was 3 years old. The decision to stay local was easy. Melissa found a job working at a local retail store and started taking classes at a nearby college part time.

One Saturday morning, Melissa's grandmother went to the store to pick up a few groceries. When her grandmother did not come back after an hour, Melissa started to worry. She frantically drove to the grocery store in search of her grandmother. Later, Melissa would learn that while she was shopping, Melissa's grandmother started to feel unwell. She was taken to a nearby hospital by a neighbor and friend who happened to be shopping there as well. However, en route to the hospital, Melissa's grandmother experienced a heart attack and was declared dead within minutes of her arrival. There was nothing the medical community could have done to change the outcome.

Melissa struggled intensely to comprehend her grandmother's death; she could not imagine a life without her grandmother. She

remembered feeling as though the world as she knew it had crumbled before her eyes as she attempted to mourn the loss of her grandmother, and the void that she had from the loss of her mother reopened again. Melissa faced for the first time the existential question of death and faced feelings of lack of meaning and purpose in life.

These two examples of adults facing the experience of the death of a grandparent illustrate that life events are dynamic and personal. To develop a list of people who will and those who will not grow based on the event alone is unreliable. For some, the death of a loved one can shatter one's assumptive world. For others, it may not. A more important clinical question then when assessing for the possibility of growth may not be what is the event that a person experienced, but how much distress did the event cause? And what is the sociocultural context in which the event took place?

We can never remove a person from their context; therefore, a deep understanding of sociocultural influences on a person is essential. Clinicians realize that, in the end, for as universal as stress and trauma is, healing occurs at the individual level. Clinicians work with people who have experienced trauma and who may grow from those situations. The research tells us about the likelihood of the relationships that exist between trauma and growth. Clients can reflect on these relationships and offer their insights into their value. As clinicians, we must remain open so our expectations of growth do not cause clients further distress (Wortman, 2004). Likewise, clinicians must not restrict the nature of the life events that may shatter one's assumptive world and bring one face to face with the existential questions of life.

Three Images of Trauma and Growth

In working with clients, over time, some clinicians may start to become aware of growth experiences. This book is geared toward

the client's seedlings of awareness. To this end, three images may be useful for a therapist to hold when working with clients.

The first image that is important for the therapist to hold is that of the wreckage associated with stress and trauma. In this era of technological advances, people are bombarded with photos, videos, and instant messages that often provide real-time views of natural disasters and human violence, and there have been many: the massive destruction of the tornadoes that swept across the Midwestern United States in April 2011 killing 346 people; the devastation of the Haitian earthquake of January 2010 that left many still living in tent cities more than a year later; the 2008 tsunami that wiped away cities and generations of families in Japan; and the terrorist attacks of September 11, 2001, in New York, Washington, D.C., and Pennsylvania. Common to all of these examples are the images of scattered debris representing the only remnants of homes, offices, and shopping areas, and the many faces distorted by anguish and grief. In each instance, there was a "before" and now there is an "after."

These remnants are negative, violent, destructive, and dark. They hold within them tragic individual life narratives. The splintered wood was not merely a house, but a home. It may have contained the space of Christmas mornings, first steps, and lazy Sunday afternoons. There may have been a favorite chair, book, or stuffed animal that beckoned daily attention. The wreckage claimed mothers, fathers, sisters, brothers, wives, husbands, neighbors, children, colleagues, and friends. It claimed familiarity, predictability, and the definitive sense of knowing how the world operates. Holding such an image in general—and, when working with a client, holding their intrinsically negative image—is important. This is what clients first seek: for someone else to hold this image to decrease the isolation of holding it themselves.

Important in the study of the area of posttraumatic growth is the understanding that trauma must inherently be understood as negative. Trauma and suffering are not to be glorified or sugar-coated.

As the research literature has found, trauma has profoundly negative impacts on an individual, community, and global level. On the individual level, extreme stress and trauma may result in profound experiences of distress. The *DSM-IV-TR*'s (APA, 2000) definition of Posttraumatic Stress Disorder identifies three areas characteristic of traumatic responses: (1) intrusive recollection—reexperiencing the traumatic events through thoughts and flashbacks; (2) avoidance/ numbing; and (3) hyperarousal. The experience of posttraumatic stress can be understood to range from mild to severe based on individual reactions. One need not meet the disorder criteria to still experience distress for which one seeks counseling.

First and foremost, clients seek therapy to help manage their distress with the hopes of full alleviation. They do not come seeking definitions of posttraumatic growth. There are several essential elements to treating trauma including:

- Desensitization
- Creating a narrative that makes sense of the incidents or at least makes them understandable in some way
- Recreating a sense of safety
- Recreating a worldview that encompasses what happened as well as a functional life post trauma (Calhoun & Tedeschi, 1999, p. 53)

Clinicians who wish to understand the clinical implications of the research of posttraumatic growth would be remiss if they attempted to take growth out of the context of suffering. To understand growth, clinicians must first understand and be able to hold an image of suffering.

With a full realization of suffering, the second image presented that a therapist must hold is the image of growth that a client will not hold at first (and some not at all). Growth is an image of one *reaching upward*. Many have experienced this sensation of

elevation, which is often attached to a striving toward something. It is a singularly human feature that represents movement, has a cadence, and is at the essence of being alive. We have seen images of rising—Olympic medalists making their way to the awards stand, mountain climbers approaching summits, and astronauts steering a space shuttle toward the far reaches of the galaxy. Images of reaching upward are filled with promise and hope; they capture the triumph in a life narrative. It is not the therapist's job or goal to supply such an image. It is the therapist's job to be open to a belief that such an image may start to become real for a client. And when it does, it is the therapist's job to honor that image as a part of the client.

The final and most relevant image that is important for therapists to hold is that of *the potential relationship between the destruction and reaching upward, between the darkness and the light*. It is only because of the wreckage left by the destruction of trauma that people have before them a place to climb and in the climbing they may come to gain a new vantage point, thereby helping them to obtain a new perspective. The world has not changed, but their sadness and woundedness changes their experience of life. This paradoxical relationship is at the heart of posttraumatic growth. For therapists to be able to work with growth, they must understand the complex relationship between darkness and light. If complexity is not valued in the relationship, then platitudes may be sought or expressed with no benefit whatsoever to the client.

The paradox of posttraumatic growth is not about merely having a positive reframe of the trauma (Neimeyer, 2001), which would be akin to putting a bandage on a gaping wound, but a deliberate exploration and willingness to reexamine life within this new context—including the traumatic event. Throughout the process of gaining self-insight, there must be a way to hold the negative event. In time and with great patience, there must be a way to draw out that which is positive so healing can begin. This does not mean that a dark, angry sky should be naively painted a happy blue, but

instead that the depths of clouds and the breakthrough of the occasional sunbeam change those who look at it.

Clinicians must work with the cognitive debris that is the result of stress and trauma. Clients may be able to go through the outward motions of operating in this "after" and become stuck, whereas others may shut down completely and hide themselves away and yet others will embrace the journey. For any movement to occur, previously held assumptions of how their life stories were supposed to be written, no matter how they started or what came before, must be reevaluated.

When a situational traumatic experience occurs, assumptions about the world as meaningful, benevolent, and good are obliterated (Janoff-Bulman, 1992). Thus a cognitive frame must be introduced so the experiences can once again be processed. New beliefs about how the world works must be hypothesized, tested, and used. A new normal must be the anchor from which to operate going forward. To ignore this basic premise would mean continued distress. In some way, we need to reclaim such assumptions, but we must hold them in more complex ways.

Conclusions

In his 1932 book, *Night Flight,* Antoine de Saint-Exupery wrote, "Even our misfortunes are part of our belongings." Saint-Exupery's words speak to the reality that a person may hold both painful and joyful experiences in an integrated way as part of the human existence. To this end, we as clinicians need to study growth. We need to be aware of growth. We need to know what growth looks like. But we must also be very careful not to *need* growth in our clients. If we need it, we risk harming not only the process but also the person. Buddhist psychology tells us that a beneficial stance to take is one of acceptance: in other words, prizing people for whom and what they are while calling them to be all they can be.

Although this is a psychologically framed book, it is noteworthy to state that psychologists did not invent the idea of new growth becoming possible after trauma that might never have evidenced itself if the serious stressor had never occurred. The idea is rooted in the narrative of the human experience. What psychological researchers have done is to define the experience, and they have been (and currently are) measuring the experience in order to increase knowledge and move closer to a fuller understanding around the idea. They have been and are attempting to answer the who, what, where, when, and why of growth. Naming the phenomena and answering the aforementioned questions does not make the experience any more or less real, but it can better inform us about the intricacies of the relationship between the trauma experience and its impact on mental health and flourishing. None of this study is focused on negating the negative impact of trauma. Trauma is intrinsically negative. To take the conversation out of the context of suffering would do a great disservice to the client and to the conversation at hand. However, to not include growth in clinicians' conversations of suffering is a disservice as well.

There is a long way to go in this area of research. In some ways, when examined from a comparative standpoint to the database of information that exists on the negative experiences of trauma, we are only at the beginning. On the other hand, there exists almost 20 years of research in the specific area of posttraumatic growth and even more in the areas where posttraumatic growth is rooted. So while an argument has been made of the premature nature of the expansion in clinical work on posttraumatic growth, so too an argument exists that the experience has been happening for as long as therapy has existed and in theology before that.

Psychology invented the term, not the phenomena. People are talking about growth and taking the movement to a new place. The relief of symptoms is part of what clients seek. Yet what each person comes to understand is that the posttrauma world is a

one-way ticket, and there are no returns to the previous way of life. We cannot move backward. Cognitive slides backward do not move people back to a pretrauma world. Only when the earnest desire to reclaim a pretrauma life is abandoned is there hope for a new life.

When we fall, do we get up? And if we get up, do we get to an up experience that is cognitively and emotionally different than where we were before we and our physical and assumptive worlds fell down? And within this sense of newness is there anything positive? Or is it merely negative or neutral? These are fundamental questions of the work of stress and growth.

Posttraumatic growth advocates do not presume in any way that new and different experiences, understandings, or perspectives are always positive, but sometimes pieces of them are. Accordingly, the study of posttraumatic growth is not a comparison of pre- and post-lives in the sense that one is better or worse. Instead, it is the study of coming to terms and accepting what is different and about questioning the piece or pieces that are different and determining if they have intrinsically positive qualities that are worthy of being honored for what they are. When these qualities are honored, amazing results become truly possible. Such honoring may begin when we as clinicians and caregivers learn to offer our clients a culture that believes in the possibility of growth.

A Quote to Remember

When the individual is able to engage in disclosures that contain themes of growth, when the growth themes are part of the narratives and idioms of the proximate culture's narrative and idioms related to posttraumatic response, and when disclosures are met with accepting or affirming responses from significant others, then growth is more likely to be experienced. (Tedeschi & Calhoun, 2006, p. 14)

Clinical Cornerstones of the Chapter

- As clinicians we hear many "why" questions associated with people's suffering. This is an understandable part of the initial process of coming to terms with dramatic disruptive posttraumatic growth, the impact on one's worldview. However, in order for people to experience posttraumatic growth, the search for a reason needs to be abandoned in favor of using that energy to explore new ways of viewing themselves and the world given the occurrence of the trauma.
- The concept of posttraumatic growth is rooted in theological and philosophical traditions, so there is much to be gained by reading Frankl, Yalom, and other existentialists, as well as the writings of contemporary atheistic (Buddhist) and theistic (Jewish, Christian, Hindu) writings on suffering and compassion.
- A paradoxical relationship is at the heart of posttraumatic growth. The ability to understand the paradox is an essential element to understanding the definition of posttraumatic growth.
- Posttraumatic growth does not occur by simply seeking and finding a positive reframe of trauma (Neimeyer, 2001). Instead, one must be able to find a way to honor an event as negative while being open to those signs that might indicate the client is enduring the stress in new ways or even growing in previously unforeseen ways.
- Recognize that clients, family members, and their friends can experience growth from a traumatic experience; however, not everyone does and nor should be expected to by the clinician.
- The type of the event alone is not an indicator of who will and who will not grow. The process is individual and dynamic. Thus, it is more profitable for the clinician to know how much distress the event *caused the client* instead of the nature of the event.
- If clinicians have an expectation of growth in their clients, then they may cause only further distress to the client

(Wortman, 2004). Consequently, the delicate balance requires being open to potential new growth (instead of framing it only as denial or avoidance) while not pacing the sessions too fast or providing feedback that indicates to clients they are failures if they don't experience posttraumatic growth. For some, a successful therapeutic experience will be a return to a premorbid phase of functioning; for others, new insight and wisdom will occur. Counselors who are familiar with posttraumatic growth are better able to guide both types of clients.

Selected References

Calhoun, L., & Tedeschi, R. (Eds.). (2006). *Handbook on posttraumatic growth: Research and practice*. Mahwah, NJ: Erlbaum.
   This text was edited by the researchers who coined the term *posttraumatic growth*. The book provides an overview of the research and related implications for practice relative to posttraumatic growth up to the year 2006.

Janoff-Bulman, R. (1992). *Shattered assumptions*. New York, NY: Free Press.
   Foundational reading on psychological trauma that highlights how a person's global assumptions of meaning, benevolence, and worth may be shattered by traumatic events, and the need individuals have to rebuild fundamental global assumptions that reclaim such themes.

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   A chapter overview of the relationship between coping, stress, and growth, which highlights foundational work that

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Joseph, S. (2011). *What doesn't kill us: The new psychology of posttraumatic growth*. New York, NY: Basic Books.

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Joseph, S., & Linley, P. (2008). *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress*. Hoboken, NJ: Wiley.

An edited work that provides a comprehensive look at various aspects of relationships between trauma and growth.