

## **Post-Traumatic Growth: An Unexpected Outcome of Trauma**

**Farisha ATP**

**Chennai University**

### **Abstract**

*It is widely speculated by common brains that a trauma will have adverse and enduring impact on our mental wellness. Challenging this very idea, there arise certain instances where these traumatic incidences can have a significant positive impact in its victims rather. This mechanism of growing after trauma is defined by psychologists as post-traumatic growth. The traumatic event can be anything like a disaster, death of loved one, accidents, divorce, life threatening disease etc. Such growth usually happens with the alterations in one's own believes, attitudes and thoughts towards living and the world brought about by the particular trauma. It was not uncommon to inspect 'what is wrong in them' rather than inspecting what is right in them.*

**Keywords:** *Trauma, Mental Health, PTSD*

### **Introduction**

The concept of post-traumatic growth was originated from the studies among of trauma survivors by Dr Lawrence Calhoun and Dr Richard Tedeschi in 1995 who were psychologists at the University of North Carolina in Charlotte, USA. Tedeschi and Calhoun (2004) defined post-traumatic growth (PTG) as the experience of positive change that occurs as a result of the struggle with highly challenging life crisis. With the term crisis or challenging events, they meant those stressful events in life where the individuals resources fallen short to cope with. They found that instead of developing post-traumatic stress disorder after a catastrophic event, some people tend to grow. The post traumatic experiences were found to be profoundly different among people after the exposure to the adversities. According to them post-traumatic growth is a process as well as an outcome which consequently develops as a result of the struggle with the traumatic events. Generally, this growth followed by adversity is considered as the outcome model.

The term posttraumatic growth was first described in an article published in 1996 which described a measure to assess PTG. In 1989 before the origin of the term PTG,

they named it as perceived benefits positive aspects and the transformation of trauma. They also cited that many other researchers in the field used different terms like stress conversion, positive psychological changes, perceived benefits or construing benefits, stress related growth, flourishing, positive by-products, discovery of meaning, positive emotions, thriving and positive illusions (Tedeschi and Calhoun, 2004)

When they derived the term posttraumatic growth they stick on this term because it appears like capturing the essential of the phenomenon in real sense better than any other terms. According to them, PTG is not simply a return to the baseline where they are before, rather it is an experience of improvement that for some person is deeply profound. And moreover, a clear distinction between the concept of resilience and PTG has also been described by the authors. Usually resilience is the ability to go on with life after the adversity and hardship or to continue living a purposeful life after experiencing it. It was assumed that people who are highest on this dimension of coping capacity will be more likely to report literally little growth because people having high coping capacity are less challenged by the trauma which eventually leads to fewer struggles with trauma and less possibility for PTG (Tedeschi and Calhoun, 1995)

Tedeschi and Calhoun (2004) explained the process of post-traumatic growth by describing an extensive framework emphasizing on the role of cognitive processing. Instead of a typical negative reactions to a highly stressful events, they identified some sort of positive reactions arising in the survivors which driven them to think about a growth in the resources of individuals involved in the scene.

In their articles they reminds that theses challenging life events are not precursor of growth, rather it happens as an aftermath of a difficult stage of psychological distress experienced by them, which is of course a profoundly disturbing and intolerable to any individual. These distresses vary from individuals to individual in intensity, severity, duration and frequency of response. Furthermore, the expression of distress too differs ranging from sadness, disbelief, numbness, denial, etc. Moreover, the intrusive ruminating thoughts are too quite disturbing. It consequentially results in dysfunctions in physical health. Some are even at the risk of psychiatric disturbances. In fact, PTG occurs

concomitantly along with the efforts to adapt to these highly stressful and challenging events.

The positive effects of the struggle with the traumatic events were studied by Tedeschi and Calhoun (1995) by reviewing the transformative power mentioned in religious works of Buddhism, Christianity, Islam and Hinduism. They found that some religion believe that these sufferings are instrumental to the purpose of the God. Even though most of them are aware of this phenomenon, much study was not conducted in this area. It was from the writings of Calhoun and Tedeschi, it came into light. Meanwhile, they reviewed studies which have concurrent findings and found that the post-traumatic growth varies depending upon the different types of trauma like college student's experience of negative events, bereavement, rheumatoid arthritis, HIV infection, cancer, bone marrow transplantation, heart attacks, coping with medical problems of children, transportation accidents, house fires, sexual assaults and sexual abuse, combat, refugee experiences and being taken hostage. Such growth is an outcome or an ongoing process rather than a coping mechanism experienced by anyone facing a trauma. The experience of the individuals whose development in some areas has surpassed what was present before the struggle with crises happened. This is not simply a return to the base-line, rather it is an improvement in at least some areas in the victims life.

According to Tedeschi and Calhoun (2004), growth doesn't actually occur as the direct consequence of trauma rather it develops consequently as an aftermath of traumatic event which is crucial factor which determines the intensity of the growth. They used the example of earthquake as a metaphor to describe the process of PTG. In the same way as the earthquake shakes and threatens the schematic structure in the same way the traumatic incident shakes the entire perspective about the life and the world. In such circumstances people think about the benefits controllability and predictability of the world. Consequently they will define the world the life the relationship in new terms. Even there may be changes in the purpose and meaning of the existence in this world. Unknowingly cognitive restructuring is happening in one self. According to them these

changes are not only the intellectual reflections, in addition the growth happens eventually because of the affective components as well. They will try to make meaning out of the trauma. The person will start to love the new life which helps them to adapt with the new life in a positive way. This is actually a positive change which supports them to get along with the negative circumstances in and around their life.

The five dimensions of post-traumatic growth are appreciation for life in general, change in the priorities, increased sense of personal strengths, and richer existential and spiritual life. A model of PTG proposed by Tedeschi and Calhoun (2004) is added below.

Figure 1: A Model of Posttraumatic Growth

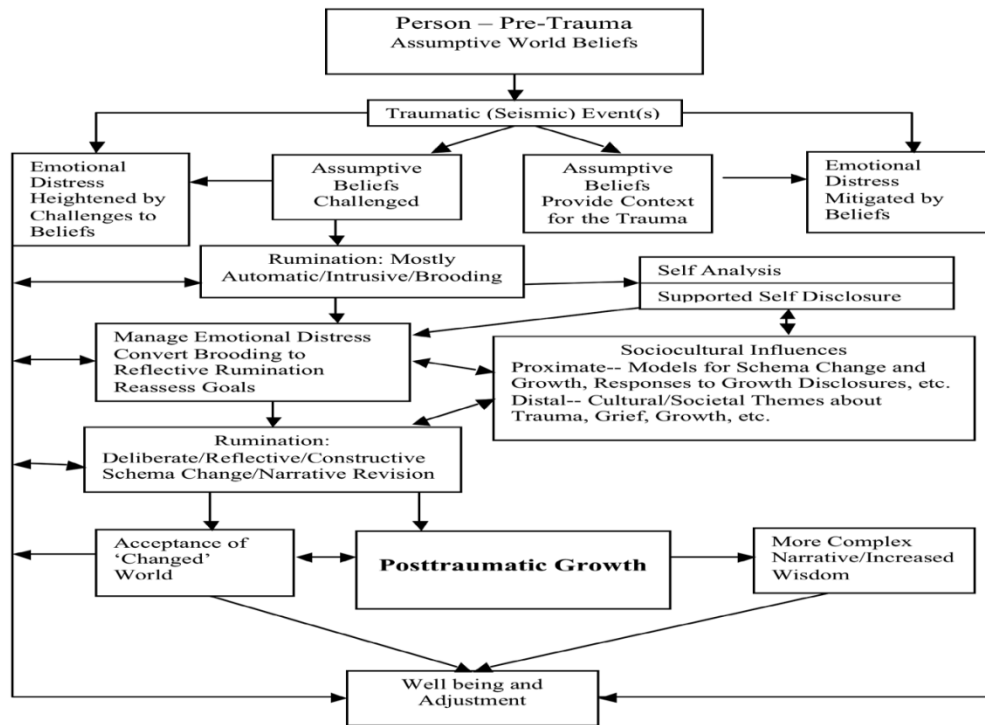


Figure 1 adapted from Tedeschi and Calhoun (2004)

From a number of studies conducted, post traumatic growth inventory has been developed by Tedeschi and Calhoun in 1996 to measure the five dimensions of PTG. The 21 items were developed out of the review conducted in response to the studies related to

highly stressful events and from the interviews with person who experienced spouse loss, physical disabilities, and other major crisis in life.

After the works of Tedeschi and Calhoun, numerous studies came in line with their findings, few of the recent studies are cited here. It was found by those researchers that there are a plethora of factors like resilience, social support, wellbeing etc which correlates with PTG.

The association between the social support and PTG was the subject of investigation of Sorensen, Rzeszutek and Gasik (2019). In particular, they authenticated the mediating role of one's resources on the aforesaid relationship. A sum of 207 arthritis patients were subjected to inquiry for this cross-sectional study and the authors came up with captivating findings that provided support rather than receiving support has a positive correlation with the growth after the trauma (PTG). Moreover, the extent of spiritual resources mediated the aforementioned association.

Another similar study was conducted among breast cancer survivors in China by Li, Qiao, Luan, Li and Wang (2019). They studied on the psychological wellbeing and family resilience among the survivors and the caregivers. The direct and the indirect relationships between the aforementioned variables have been examined by the researchers. A number of 108 breast cancer survivors and caregivers attended the cross-sectional study and found that family resilience had both direct and indirect effect on their quality of life and caregiver burden. Furthermore, the survivor's level of PTG was related positively with their quality of life which in turn related negatively with the caregiver burden. The study provided comprehensive information on how the family resilience contributed to PTG and quality of life of survivors, and the burden on the caregivers.

A qualitative work on post traumatic growth was carried out by Keagy (2019) among multiple body modified adults based on their narratives. Among the five dimensions, the mostly reflected growth was in the sense of personal strength than the new paths, appreciation, spirituality and relationships. Behavioral as well as functional

correlates of post traumatic growth succeeded by traumatic brain injury were the topic of investigation of Pais-Grit, Wong, Gould and Ponsford (2019). They found that the participants after traumatic brain injury shown a positive indicator in the care towards the family and friends and appreciation of life.

Predictors of posttraumatic growth in stroke survivors have been studied by Kelly, Morris and Shetty (2018). It was a longitudinal study which is done within 14 months after the stroke. In this study 43 stroke survivors participated and were examined two times six months apart. The researchers found that the participants experienced post traumatic growth even four to five months after the stroke which increased significantly over the next 6 months. They also found that it is more applicable to adolescents and adults when compared to children, since they have the capacity to change with the changing situations. That is changes are on the schemas that had previously in the wake of trauma. In contrast, we can also expect that younger people are more subject to post traumatic growth when compared to old because they are more open to learning and change than the old.

The role of self in PTG among patients with serious mental illness was explored through in-depth interviews by Wang, Lee and Yates (2019). They worked on the effect of intersection trauma, serious illness and PTG and found that traumatic experienced consequentially compromised the victim's self functioning, resulting in the issues such as emotional dysregulation, self distortion, relationship difficulties, meaninglessness and fear of existence, which sequel in reduced mental health. Meanwhile, patients who have been diagnosed with serious mental illness were able to achieve PTG through the transformed self developed in the course of self exploration, self acceptance, self worth and self fulfillment. The study highlighted the importance of addressing the trauma histories of mental health patients for preventing re-traumatization and to develop trauma informed programs, so that the mental health professionals can utilize the client's inner resources and strength in enhancing the PTG.

Another study which goes in line with this research was done by Kimron, Marai, Lorber and Cohen (2019). They studied on the long term effects of early life trauma on psychological, physical and physiological health among the elderly holocaust survivors. A matched comparison group study was conducted to explore the post traumatic stress symptoms, PTG and heart rate variability among the survivors and their mediating effect as well. When the participants with and without the holocaust experience have been compared, holocaust survivors were reported to be having higher level of post traumatic stress symptoms, PTG and better heart variability than the non-experienced group.

It was found that PTG varies with the type of crisis they experienced. The verification to this assumption is evident in study conducted by Tian and Solomon (2019). Post traumatic growth following miscarriage was the topic of examination done among 298 women. As the authors predicted the result took the line that moderate level of grief followed by miscarriage was associated with PTG among bereaved mothers which is mediated by meaning reconstruction and partner supportive communication.

Till this point we were discussing about our own crisis affected the PTG. But there are some conditions in our life when an individual grows after the crisis experienced by the beloved ones. For example one such circumstance is when parents experience PTG when their children are severely ill. It was a longitudinal study by Rodriguez-Rey and Alonso-Tapia (2018) where they studied the degree of parent's PTG after a child's hospitalization in Pediatric Intensive Care Unit, and the role of emotions, resilience, the perceived severity of child's condition and the stress. The parent's stress, resilience and perceived severity of the child's condition were assessed in the first 48hours after their child's discharge from PICU. Six months later after the discharge they were assessed again and reported to have a moderate PTG. They reported that PTG was effected by the resilience indirectly and hence psychological interventions capable of enhancing parental PTG after their child's critical condition should focus on boosting the positive emotions and the resilience.

Similarly, PTG of mothers with premature school aged children was studied by Cook and Wilson (2018). A qualitative study with 9 mothers whose children were born

prior to 28 weeks and right now with 4-6 years were conducted. The findings of the study revealed that the parents experience a state of anxiety due to the concern regarding caring the child and the isolation they experienced because of the fear of infection. The researchers found that the women's vulnerability and the resilience are more apparent after the birth of a premature infant.

Such indirect sources of PTG experience was extensively studied by a group of researchers (Prioleau et al, 2018) after the East Japan earthquake in 2011. The authors explored the medical student's reactions to disaster and the subsequent effect on their motivation and PTG as they are the group who are involved in the post disaster emergency during that particular time. The results indicated that being exposed to stressful disaster circumstances created possibilities for positive personal growth and reinforcement among medical students for their professional development.

As post traumatic growth was found as a self help outcome of crisis, researchers began to focus on the psychological interventions to improve PTG. Many researchers carried out studies to identify the effectiveness of different mode of psychotherapies to facilitate PTG, and few of them are quoted here. Hamidian, Rezaee, Shakiba and Navidian (2019) conducted study to identify the effectiveness of cognitive emotional training in facilitating PTG among the women diagnosed with breast cancer in the Middle East. Around 85 cancer patients participated in the quasi experimental study where the experimental group received 5 sessions of the therapy. The study concluded with the findings that cognitive behavioral intervention had significant positive impact on PTG among breast cancer patients.

Likewise, Warmoth, et al (2019) examined the benefits of psychosocial intervention on PTG among breast cancer survivors in China. The authors inspected whether the Joy Luck Academy, a psychosocial intervention in which both information and peer support was provided is associated with positive adjustment among study participants. This study among 39 survivors found that there is an improvement in the positive affect, and there is a significant positive change in the appreciation for life. The



intervention in general helped them to have a positive change after the recovery from the symptoms where they reported enhancement in psychological health.

Hyun, Bae and Ha (2018) tried a quite different approach to enhance PTG. A positive psychological intervention - forgiveness writing therapy was allowed to practice among the survivors of sexual abuse and examined its effectiveness among victims. The study emphasized on the factors like shame, depressive symptoms and PTG. Four writing sessions of forgiveness therapy was given for the experimental group during which they wrote about self forgiveness and situational forgiveness for around thirty minutes. The comparative findings of the control group and experimental group revealed that the forgiveness therapy reduced shame and depression, where as it increased PTG among the sexual abuse victims.

These empirical evidences reveal that benefitting from the adversity is literally a boon to the mankind depending upon how we perceive the catastrophic event. Post-traumatic growth is an unexpected result and even unconscious change in the survivors which they don't anticipate during the sufferings. Sometimes even the crisis experienced by others too develops this growth, which is somewhat like a passive smoking, sequel in a positive outcome. Hence, as some religion insists crisis or negative circumstances can be perceived as something which benefit us in some or the other ways, hoping for the best to happen in our life.

## **REFERENCES**

1. Cook, C & Wilson, C. (2018). Ambiguous loss and post-traumatic growth: Experiences of mothers whose school-aged children were born extremely prematurely. *Journal of clinical nursing*. Retrieved from <http://onlinelibrary.wiley.com/resolve/doi?DOI=10.1111/jocn.14319>
2. Hamidian, P., Rezaee, N., Shakiba, M & Navidian, A (2019). The effect of cognitive emotional training on post traumatic growth in women with breast cancer in Middle East. *Journal of clinical psychology in medical settings*. Retrieved from <https://link.springer.com/article/10.1007/s10880-018-9561>

z?Utm\_source=researcher\_app&utm\_medium=referral&utm\_campaign=MKEF\_USG\_Researcher\_inbound

3. Hyun, M., Bae, S & Ha, N. (2018). The effect of forgiveness writing therapy on post-traumatic growth in survivors of sexual abuse. *Sexual and relationship therapy*. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/14681994.2017.1327712?Af=R>
4. Keagy, C.D.(2019). A qualitative examination of post traumatic growth in multiply body modified adults. *Deviant behavior*. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/01639625.2019.1574479?Af=R>
5. Kelly, G., Morris, R & Shetty, H. (2018). Predictors of post-traumatic growth in stroke survivors. *Disability and rehabilitation*. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/09638288.2017.1363300?Af=R>
6. Kimron, L. G., Marai,I., Lorber, A & Cohen, M. (2019). The long term effect of Early life trauma on psychological physical and physiological health among elderly the study of holocaust survivors age and mental health. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/13607863.2018.1523880?Af=R>
7. Li, Y., Qiao, Y., Luan, X., Li, S & Wang, K. (2019). Family resilience and psychological well being among Chinese breast cancer survivors and their caregiver. *European journal of Cancer care*. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/ecc.12984?Af=R>
8. Pais-Grit, C., Wong, D., Gould, K. R & Ponsford, J. (2019).Behavioural and functional correlates of post-traumatic growth following traumatic brain injury. *Neuropsychological rehabilitation*. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/09602011.2019.1569536?Af=R>
9. Prioleau, P. G., Katz, C. L., Takeguchi, Y., Anderson, D. S., Yabe, H., Sekine, H., Yanagisawa, R. T., Maeda, M & Taku, K. (2018). Medical student reaction to disaster after the 2011 great East Japan earthquake motivation and posttraumatic growth. *Psychiatric quarterly*. Retrieved from <https://link.springer.com/article/10.1007/s11126->

- 01896018?Utm\_source=researcher\_app&utm\_medium=referral&utm\_campaign=MKEF\_USG\_Researcher\_inbound
10. Rodriguez-Rey, R & Alonso-Tapia, J. (2018). Predicting cross traumatic growth in mothers and fathers of critically ill children allowance to the study. *Journal of clinical psychology in medical settings*. Retrived from [https://link.springer.com/article/10.1007/s10880-018-9594-3?Utm\\_source=researcher\\_app&utm\\_medium=referral&utm\\_campaign=MKEF\\_USG\\_Researcher\\_inbound](https://link.springer.com/article/10.1007/s10880-018-9594-3?Utm_source=researcher_app&utm_medium=referral&utm_campaign=MKEF_USG_Researcher_inbound)
  11. Sorensen, J., Rzeszutek, M & Gasik, R. (2019). Social support and post-traumatic growth among a sample of Arthritis patient's analysis in light of conservation of resources theory. *Current Psychology*. Retrieved from [https://link.springer.com/article/10.1007/s12144-019-0131-9?Utm\\_source=researcher\\_app&utm\\_medium=referral&utm\\_campaign=MKEF\\_USG\\_Researcher\\_inbound](https://link.springer.com/article/10.1007/s12144-019-0131-9?Utm_source=researcher_app&utm_medium=referral&utm_campaign=MKEF_USG_Researcher_inbound)
  12. Tedeschi, R. G & Calhoun, L. G (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Inquiry*,15 (1), 1-18
  13. Tedeschi, R. G & Calhoun, L. G. (1995). *Trauma and transformation: growing in the aftermath of suffering*. Thousand Oaks, CA: sage
  14. Tedeschi, R. G & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of traumatic stress*. 9, 455-471
  15. Tian, X & Solomon, H. (2019). Grief and post traumatic growth following miscarriage the role of meaning reconstruction and partner support in communication. *Death studies*. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/07481187.2018.1539051?Af=R>
  16. Wang, X., Lee, M. Y & Yates, N. (2019). From past trauma to post traumatic growth the role of self in participants with serious mental illness. *Social work in mental health*. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/15332985.2018.1517401?Af=R>
  17. Warmoth, K., Yeung, N. C. Y., Xie, J., Feng, H., Loh, A., Young, L & Lu, Q. (2019). Benefits of a Psychosocial Intervention on Positive Affect.