

Posttraumatic GROWTH

Theory, Research, and Applications



Richard G. Tedeschi,
Jane Shakespeare-Finch,
Kanako Taku, and
Lawrence G. Calhoun

ROUTLEDGE


Posttraumatic Growth

Posttraumatic Growth reworks and overhauls the seminal 2006 *Handbook of Posttraumatic Growth*. It provides a wide range of answers to questions concerning knowledge of posttraumatic growth (PTG) theory, its synthesis and contrast with other theories and models, and its applications in diverse settings. The book starts with an overview of the history, components, and outcomes of PTG. Next, chapters review quantitative, qualitative, and cross-cultural research on PTG, including in relation to cognitive function, identity formation, cross-national and gender differences, and similarities and differences between adults and children. The final section shows readers how to facilitate optimal outcomes with PTG at the level of the individual, the group, the community, and society.

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“It has been over twenty years since the term ‘posttraumatic growth’ was coined by Richard Tedeschi and Lawrence Calhoun. In that time, these authors’ pioneering and inspirational work have helped posttraumatic growth become a flagship theme of positive psychology, one that has garnered interest from personality, social, and clinical psychologists across the world. This is a milestone book written by the leaders in the field, and it will surely set the agenda for theory, research, and practice for the next twenty years. It is a must read for all students, academics, and practitioners interested in the study of traumatic stress and how to help people overcome adversity.”

Stephen Joseph, PhD, author of *What Doesn’t Kill Us: The New Psychology of Posttraumatic Growth*

“This new book is a plentiful harvest of more than twenty years of international research and applied practice on posttraumatic growth. The two world-leading originators of the concept are joined by the two leading experts in international research on posttraumatic growth. What a stupendous work of diligence and scholarship!”

Andreas Maercker, PhD MD, chair and professor of psychology, Division of Psychopathology and Clinical Intervention, University of Zurich

“*Posttraumatic Growth* is the definitive and up to date guide on trauma and positive change written by the world’s leading researchers on the subject. The remarkable depth and global reach of the book shows just how far Richard Tedeschi and Lawrence Calhoun’s pioneering work has come in just a few decades. *Posttraumatic Growth* is required reading for anyone hoping to understand this fundamental human response to struggle.”

Jim Rendon, author of *Upside: The New Science of Post-Traumatic Growth*

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Preface

The idea that challenges and struggles can lead to positive personal or societal change, even if they leave indelible scars and permanent wounds, is not new. The hero-journey, for example, where a quest leads to hardships and suffering, but where triumph eventually is achieved, has been part of human art and literature for thousands of years. However, it was not until the term *posttraumatic growth* first appeared in print in the mid-1990s that the systematic investigation of this phenomenon began in earnest. There had, of course, been pioneers who had suggested, and even studied, this possibility of positive post-trauma transformations. However, perhaps simply because of the accident of timing, the term, *posttraumatic growth*, and the scale designed to assess the construct, encouraged clinicians and researchers to closely examine the possibility of good coming out of the struggle with something bad—of growth emerging from the struggle with highly stressful events.

No doubt aided by the emphasis on positive psychology, a term coined by Martin Seligman a few years later (1998), posttraumatic growth is now known and investigated throughout the world. Posttraumatic growth does not deny the distress associated with highly challenging experiences at the time, and at certain times after. The evidence supporting posttraumatic growth does, however, demonstrate the unique capacity for many people to learn and grow from extreme adversity.

This book is itself a reflection of how far the idea has spread: the four authors represent, in one way or another, experiences and research from four continents. The goal of this volume is to provide a comprehensive overview of *posttraumatic growth* so that those both already familiar with this area and brand new to it will find answers to questions they may have.

In order not to break up the rhythm of reading, we have not been exhaustive with our in-text citations. However, we have also tried to be thorough and comprehensive in our description of the full literature on posttraumatic growth that is currently available. We have grouped our coverage of the PTG literature according to topics, but it is clear that some studies and writings fit into more than one topic. We avoided redundancy in citing these works, so for example, the reader may need to find works on cancer in places other than the specific section on cancer.

We hope that this volume will encourage a further examination of posttraumatic growth by researchers, and an application of the concepts of posttraumatic growth more broadly in clinical work. We also hope that the material will assist organizations and individuals to engage in best practice to support staff and volunteers in times of difficulties.

We are indebted to our students and colleagues who have contributed to our work, and to the many researchers and clinicians across the world who have advanced knowledge and interest in this field. We are especially grateful to all the people who have experienced traumatic events and devoted time and effort explaining to us what their experiences have been like, and how they have been changed by the struggle.

PART **I**

Posttraumatic Growth Theory



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What Is Posttraumatic Growth?

Tedeschi and Calhoun have given the same definition of *posttraumatic growth* (PTG) since coining the term in the mid-1990s, that is, **positive psychological changes experienced as a result of the struggle with traumatic or highly challenging life circumstances**. These changes occur in response to the challenge to what people assumed to be true about the lives they lived. Foundational to the concept of PTG is the constructivist perspective that people create individual versions of basic cognitive categories used to understand experience, and core beliefs about the self, their future, and their world. Personal construct theory (Kelly, 1955), schema theory (Epstein, 1990), and assumptive world models (Janoff-Bulman, 1992) provide ways to understand the PTG process in this constructivist tradition. In addition, the PTG concept has benefited from the broad existentialist tradition in philosophy and psychology, which provided a perspective on the problem of suffering and general life philosophies that guide meaning ascribed to events and initiatives taken (Frankl, 1963; Nietzsche, 1889/1990). We begin here with a careful consideration of the meaning of the term PTG, because its meaning is crucial in theory development and in how we choose to measure this construct. We will consider what we mean by *trauma*, *posttraumatic*, and *growth*.

There is disagreement about the definition of trauma (e.g., Weathers & Keane, 2007). Some of the reasons for this stem from the Criterion A definitions provided in the DSM-III and DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 1980, 1994), which include both a situational (i.e., nature of the event) and a response requirement for a diagnosis of posttraumatic stress disorder (PTSD). The former manual describes an event that is “generally outside the range of usual human experience” that would “evoke significant symptoms of distress in most people” (APA, 1980, p. 236). The later edition extended this definition to anyone who

experienced, witnessed, or was confronted with an event . . . that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others . . . [that in adults was responded to with] intense fear, helplessness or horror.

(APA, 1994, pp. 427–428)

Controversies have not diminished with the DSM-5 (APA, 2013; Wakefield, 2016). Trauma, when discussed in the classification systems devoted to psychiatric disorders (DSM; ICD), is currently defined in relation to events and to the presence of symptoms of PTSD.

However, our focus on growth led to a broader definition of what constitutes a traumatic event. As Calhoun and Tedeschi said (2004, p. 100), “it is not the event itself that defines trauma, but its effect on schemas, exposing them to reconstruction.” In this book we will use the terms trauma, crisis, and major stressor, as well as related terms, as essentially synonymous expressions to describe circumstances that significantly challenge or invalidate important components of the individual’s assumptive world (Calhoun & Tedeschi, 2006). From this perspective, to be considered traumatic events do not necessarily have to be life-threatening or narrowly defined as a cause for PTSD symptoms. We focus on both subjective and objective qualities when defining trauma, unlike the DSM-5, in which assessment of subjective responses following a traumatic event are no longer required when diagnosing PTSD. In addition, DSM-5 defines trauma as an aversive event involving actual or threatened death that must be violent or accidental, whereas we define trauma as a highly stressful and challenging *life-altering* event. It is not possible to determine in advance what events will be traumatic and which will set in motion substantial personal changes. This is why researchers may find no differences between DSM-defined traumatic events and others in terms of PTG outcomes (e.g., Silverstein, Lee, Witte, & Weathers, 2017). When Shakespeare-Finch and Armstrong (2010) examined PTG and symptoms of PTSD in people who had experienced (1) sexual abuse, (2) serious motor vehicle accidents, and (3) people who had been bereaved, all participants viewed their experiences as traumatic, even, for example, when their experience of bereavement was not violent or accidental. Tedeschi and Calhoun (2004b) reviewed PTG in the context of a variety of events, including HIV infection, cancer, and combat. The definition of what constitutes a traumatic event may change over time and may be different across cultures, which is another reason to take an extended view when defining an event as traumatic for a particular person. In some ways, whether or not an event is traumatic is in the eye of the beholder.

It is important to distinguish what constitutes a traumatic event from daily stressors or minor hassles. We are interested in how people change “in the aftermath of events that are undesirable in the extreme” (Tedeschi, Park, & Calhoun, 1998, p. 3)—events that are likely to cause fundamental and transformative changes. Our perspective is on traumatic events that are “seismic” (Calhoun & Tedeschi, 1999). Just as earthquakes can shake or shatter the foundations of buildings, some events are so psychologically seismic that they will seriously challenge or shatter an individual’s assumptive world. The event needs to be significant enough to challenge

the basic assumptions about one’s future and how to move toward that future, and therefore produce massive anxiety and psychic pain that is difficult to manage. Inherent in these traumatic experiences are losses such as the loss of loved ones, of cherished roles or capabilities, or of fundamental, accepted ways of understanding life.

(Tedeschi et al., 1998, p. 2)

Finally, we need to carefully consider what we mean by a traumatic, stressful, or challenging *event*. In many cases, people experience life-changing circumstances that are not easily described in terms of a single event. Some circumstances may occur over a period of time and include many events; this is usually the case with the aftermath of a traumatic event. In combat, it may not be a single battle that is the catalyst for change, but an entire deployment into a combat zone. A natural disaster may include a variety of specific components, including the disaster itself, finding help in the immediate aftermath, and what is sometimes a long process of rebuilding physically and psychologically. The terminal illness of a loved one may extend over days or months and include many interactions with that person and with others. Later we will consider the question of PTG for people who live in families or communities where traumatic events are an everyday fact of life. In such cases it can be difficult to identify a single traumatic event, or what is post-traumatic, and the degree to which there may be challenges to ways of thinking.

What Is “Posttraumatic”?

The construct of PTG is focused on changes in people *after* an event rather than their responses during an event. In addition, posttraumatic growth does not focus on changes in the immediate aftermath of the event, when people may be reacting without any careful consideration, but almost instinctively. Instead, PTG is focused on longer-term changes that come about after more careful reflection. Post-trauma is usually an extended time period, from days to years, where people develop new ways of thinking, feeling, and behaving, because the events they have experienced do not permit a return to baseline functioning. This is a crucial way that PTG is also distinguished from “resilience,” a return to baseline or resistance to trauma, and “recovery,” which has similar connotations.

What Is “Growth”?

One important feature of PTG is that the change is transformative. It involves positive changes in cognitive and emotional life that are likely to have behavioral implications; the changes can be profound and may be truly transformative (Tedeschi & Calhoun, 1995). Since 1995, research has provided evidence of positive changes in all of these domains: cognitive (Calhoun, Cann, Tedeschi, & McMillan, 2000), emotional (Park, Aldwin, Fenster, & Snyder, 2008), and behavioral (Shakespeare-Finch & Enders, 2008; Shakespeare-Finch & Barrington, 2012).

Personal development, change, increasing maturity, and growth are normative and occur throughout various developmental periods. This type of change is not PTG (Tedeschi & Calhoun, 2012). The changes characteristic of PTG may be similar to those seen in normative development, or may occur in the context of normative development as well as trauma. How the changes occur defines the difference. PTG occurs as a result of a *struggle* with the aftermath of a major life crisis. The struggle that leads to PTG is not usually at first a struggle to grow or change, but rather to survive or cope. The growth tends to be unplanned and unexpected, although we will discuss later that it may be facilitated by certain interventions.

The term “growth” rather than “benefits” is used in referring to PTG. In their earlier work in the 1980s and early 1990s, Tedeschi and Calhoun described the reports of growth in trauma survivors as “perceived benefits.” However, they came to appreciate that this term might indicate that reports of growth might be untrustworthy, and that the changes might be beneficial without representing growth or transformation. Although there are different degrees of personal growth that can be seen in the aftermath of trauma, and there are different trajectories of PTG, we also prefer the term “growth” because the changes people report are experienced by them as indicating positive, transformative development.

The terms “perceived benefits” and “benefit-finding” are most often seen in the literature that examines physical health and illness (e.g., Antoni et al., 2001), and these perceived benefits are sometimes described as equivalent to PTG. However, they include changes such as improved health behaviors (e.g., stopping tobacco use), which for most people are beneficial but not experienced as personally transformative. In the health-related benefits literature, we might see true PTG or other less transformational change.

Some pathways may involve profound changes in perspectives on living that will promote changes in health and social behavior that yield better health outcomes. Others may involve changed life perspectives that reduce stress responses and have effects on immune system functioning. Other pathways to better health outcomes might proceed from more specific changes in health or social behavior that yield health benefits, without more general personal transformation.

(Aspinwall & Tedeschi, 2010, p. 7)

Changes analogous to PTG have also been investigated in the context of changes that occur in the aftermath of positive events, as well as those resulting from self-initiated challenging experiences. For example, Suedfeld, Kjærgaard, and Leon reported on the personal changes that occur in the aftermath of space travel (Suedfeld, Legkaia, & Brcic, 2010), solo circumnavigations by sailing (Kjærgaard, Leon, & Venables, 2015), and arctic exploration (Kjærgaard, Leon, Venables, & Fink, 2013). These scholars used the concept of PTG and found that persons who choose to endure such challenging environments can be changed in ways that are very much like those changes reported by people who are forced to endure traumatic events. These findings suggest that changes analogous to PTG can happen in people who have not been exposed to events defined as traumatic. However, by definition, PTG is a result of processes initiated by a significant challenge to a person’s assumptive world—a challenge to their core beliefs.

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