Post-Traumatic Growth: A Positive Angle to Psychological Trauma

Endurance Avah Zacchaeus

Department of Psychology, Nasarawa State University, Keffi, Nigeria E-mail: avah.endyz[at]gmail.com

Abstract: Majority of the earlier clinicians and researchers focused their work with trauma survivors on negative psychological outcomes such as Post-Traumatic Stress Disorder(PTDS). However, following the emergence of positive psychology, and Post-Traumatic Growth (PTG) construct over the last two decades, there has been a paradigm shift in the field of trauma research. More attention is now being focused on positive personal changes or transformations (ie. post-traumatic growth), instead of negative consequences (eg. post-traumatic stress Disorder) experienced by victims of trauma as a result of exposure to traumatic events. Despite the important implications of this new perspective for research and clinical interventions, it seems relatively unknown in Nigeria. This paper, therefore, explores the construct of post-traumatic growth with a view to providing an impetus for systematic research, and understanding of the phenomenon in the Nigerian context.

Keywords: Posttraumatic growth, Traumatic event, positive psychology, Nigeria

1. Introduction

Most individuals at one point or the other experience at least one sudden, unexpected, and breath-taking life-threatening traumatic occurrence in their life time. (Bonano, 2005; Price, 1994). It is natural for an individual to feel traumatized when confronted with life situations that trigger extreme distress wherein the person is faced with " a whole new life" experience (Friedman, Keane & Resick, 2016). Thus, the primary focus of clinical interventions for trauma victims had been to help them to recover from the "negative" consequences, and enabling them to return to their pretrauma state of psychological functioning (Zoellner & Maercker, 2006). According to Linley and Joseph (2004), this approach to trauma response may have largely influenced and swayed earlier trauma researches towards negative trauma responses such as Post-Traumatic Stress Disorder (PTSD)(Joesph & Linley, 2004), without giving due attention to possible positive outcomes.

However, contrary to earlier views that trauma exposure would naturally lead to psychopathology (eg. PTSD), there appears to be a long tradition of viewing adversities or human sufferings in general as precursors for good things to happen. For example, the aphorisms, "every cloud has a silver lining", and "what does not kill you only makes you stronger" implying every bad situation has some good aspects are age-long metaphors for optimism and encouragement to individuals confronted with difficult situations. This cliche resonates with the common belief that advsresity can be catalyst for strenght and greater opportunities (Javawickreme, Infurna, Alajak, Blackie, Chopik, Chung, J. M., ... & Furr, 2020). Additionally, empirical studies have shown the ability of some trauma victims to survive and even experience positive changes in their psychological functioning under adverse circumstances (Mangelsdorf, Eid, & Luhmann, 2019; Joseph & Linley, 2004), suggesting that the outcome of trauma may not necessarily be absolutely negative. The positive changes experienced by individuals following highly challenging life circumstances are collectively referred to as Post-Traumatic Growth (PTG) (Tedeschi & Calhoun, 1996; 2004; 2006).

After decades of exploring the negative consequences of traumatic events, the pioneering work of Tedeschi and Calhoun (1996; 2004) opened up a new area of trauma research with a focus on potentials for positive outcomes following trauma exposure. This derives from the positive psychology perspective which aims to change the focus of research and intervention from "repairing" the negative aspects of trauma reactions to "promoting" positive transformation and well-being (Seligman & Csikzentmihalyi, 2000). Over the past two decades, there has been a growing body of literature showing a global shift in focus towards the ways in which people who encounter violence, accidents, bereavement, severe illnesses, and other traumatic events report positive transformation in their lives (eg. Powell, Rosner, Butollo, Tedeschi & Calhoun, 2013; Taku, Tedeschi & Cann, 2015; XU & Liao, 2011).

This new perspective on traumatic stress response could have important implications for preventive intervention and psychotherapy. Regrettably, since after the discovery the PTG phenomenon, and global shift in research focus, to the best of my knowledge, the construct of Post-Traumatic Growth (PTG) has remained relatively unexplored and/or unknown in many developing countries including Nigeria. Consequently, the following questions appear pertinent: What is Post-Traumatic Growth?; What are the characteristic features of Post-Traumatic Growth?; How does Post-Traumatic Growth emerge?; What is the clinical relevance of Post-Traumatic Growth?. Based on extensive literature review, this paper explores the construct of Post-Traumatic Growth in an attempt to provide answers to the aforementioned questions. The high incidence of violent crimes and criminality, diseases (eg. cancer and hypertension), economic hardship, and other traumatic events prevalent in the Nigerian context which offer the potential for an ever increasing traumatized population provides further justification for this paper.

Volume 9 Issue 10, October 2020 <u>www.ijsr.net</u> Licensed Under Creative Commons Attribution CC BY In discussing the construct of Post-Traumatic Growth (PTG), the paper is structured into five headings covering; historical background, meaning and validity, theoretical perspectives, dimensions of PTG, and clinical relevance of the construct. It concludes with a call for systematic research.

In order to provide a proper context for subsequent sections, the paper discusses briefly about the origin of the posttraumatic growth construct in the next section.

2. Historical Perspective To Post-Traumatic Growth (PTG)

Throughout human history a number of literature and philosophical perspectives have conveyed the idea that there can be some personal gain to be found in suffering (Frankl, 2006; Linley, 2004). Viktor Frankl's (2006) book titled, "Man's Search for Meaning" in which he describes "tragic optimism" as a human potential to turn suffering into achievement and accomplishment seems to be one inspirational contribution to outstanding positive psychological thought (Tedeschi & Calhoun, 2004; Frankl, 2006). Fankl argued, " facing a fate we cannot change, we are called upon to make the best of it by rising above ourselves and growing beyond ourselves, in a word, by changing ourselves. And this equally holds for the three components of the "tragic triad"-pain, guilt, and deathinasmuch as we may turn suffering into a human achievement and accomplishment; derive from guilt the opportunity to change for the better; and see in life's transitoriness an incentive to take responsible action" (Frankl, 2006, :137). Another notable figure who contributed to the development of the concept of growth after suffering is Abraham Maslow (1970) who noted that exposure to adversities inherently serve as precursors to selfactualization.

Flowing from the above, it may be argued that posttraumatic growth has always been experienced by many trauma survivors, but this had not been given attention in scientific discourse globally until the twentieth century when it became the focus of systematic theorizing and empirical investigation (McMillen, Smith, & Fisher, 1997). The term " posttraumatic growth" was coined in 1995 and first used by Tedeschi and Calhoun (1996) to reflect the positive psychological changes they observed (as clinical psychologists) among their patients who were coming to terms with highly stressful and challenging life events. Notably, they found that people often reported experiencing positive changes like feeling better connected to the people around them, and finding more pleasure in life since after being exposed to the traumatic events. Sustained scientific enquiry in positive growth appear to have begun in the 1980s with a few studies which reported positive changes in rape survivors, bereavement, and combat veterans (eg. Hooks, 1989; Affleck, Tennen, Croog & Levine, 1987). The construct gained more grounds in the 1990s with more systematic investigations (eg. Tedeschi & Calhoun, 1995; McMillen, Smith, & Fisher, 1997) including the pioneering work of Tedeschi and Calhoun (1996), and the emergence of psychometric scales (eg Tedeschi & Calhoun, 1996) for the measurement of the construct.

Presently, there appears to be a global shift in paradigm among trauma researchers and clinicians from the earlier perspective of viewing trauma responses or outcomes often as negative (or pathologic) to promotion of positive (or beneficial) psychological changes in the aftermath of trauma.

Next, the paper attempts to give a deeper understanding of the construct by exploring its meaning, characteristic features, and validity.

3. Meaning and Validity of Post-Traumatic Growth

The view that adversities or human sufferings have the potential of bringing about some positive outcomes in life has always been an aspect of human existence. This idea remained largely non-empirical until the 20th century when systematic focus on the possibility of individuals experiencing positive change after traumatic experiences started. Therefore, 1980s and 1990s marked the beginning of interest by researchers and clinicians in posttraumatic growth and significant increase in the number of research findings supporting the view that highly traumatic life events may create opportunities for growth (eg. Tedeschi & Calhoun, 1996; McMillen, Smith, & Fisher, 1997), as well as the emergence of theoretical models explaining the construct (eg. Janoff-Bulman, 1989; Tedeschi & Calhoun, 1996).

Before going further, it seems appropriate to give an idea about what might be meant by traumatic event and growth in the context of this paper. Traumatic events include (but not limited to) those events described in the Diagnostic and Statistical Manual of Mental Disorders (DSM) (5th Edition. DSM-V-TR [APA, 2013]) under the diagnostic features of post-traumatic stress disorder such as war, threatened or actual physical assault (eg. armed robbery, childhood abuse, physical attack), threatened or actual sexual violence (eg. sexual trafficking, rape, sexual abuse), terrorist attack, being kidnapped, tortured, severe motor accidents as well as manmade and natural disasters (APA, 2013, p.274). Individuals who witness the category of events (such as these) often involving actual or threatened death or serious injury, or a threat to the physical integrity of themselves or others may experience a wide range of extremely distressing reactions. The reactions might include intense, recurrent, involuntary, and distressing memories and dreams, flashbacks as well as intense or prolonged psychological and physiological reaction to cues that resemble the traumatic events in question. The seeming paradox is that positive growth or change may not even occur without these extremely distressing experiences. For example, research has shown that the positive change reported by individuals (trauma survivors) occur as a result of their struggle to cope with the extreme distress brought about by the traumatic event (Bonanno, 2005; Tedeschi & Calhoun, 2006). In other words, it is the devastation of loss arising from extreme adversities that act as catalysts for the emergence of positive growth after traumatic events. This is consistent with Calhoun and Tedeschi's (1998) view that the emergence of Post-Traumatic Growth (PTG) does not minimize the adverse effects of trauma, but rather, it is the presence of the negative effects of that trauma that makes growth possible.

Volume 9 Issue 10, October 2020 www.ijsr.net

Therefore, Tedeschi and Calhoun's (2004) definition of Post-Traumatic Growth (PTG) as "positive psychological changes experienced as a result of the struggle with highly challenging life circumstances" (p.1) appear germane. Impliedly, it is the devastative experience produced by the traumatic event that helps to motivate survivors to "grow" beyond their pre-trauma level of psychological functioning following traumatic events. An important point to note is that "growth" in this context does not imply just bouncing back (or recovery) after trauma exposure, but moving beyond the pre-trauma level of psychological functioning (see Tedeschi and Calhoun, 2004).

The construct of Post-Traumatic Growth (PTG) and its veracity has been extensively explored by many researchers since after its introduction by Tedeschi and Calhoun (1996) over two decades ago. For example, the construct has been examined using various terms including benefit -finding (Helgeson, Reynolds & Tomich, 2006), thriving (Carver, 1998), stress-related growth (Weinrib, Rothrock, Johnsen & Lutgendorf, 2006), and adversarial growth (Linley & Joseph, 2003). Furthermore, literature is replete with studies of various traumatic events and adversities including sexual violence (Frazier, Conlon & Glaser, 2001), terrorism (Hobfoll, Hall, Canetti-Nisim, Galea, Johnson, R., & Palmieri, 2007), parental divorce and bereavement (Joseph & Linley, 2004), severe illness (Siegel, Schrimshaw, & Pretter, 2005), and natural disasters (Cryder, Kilmer, Tedeschi & Calhoun, 2006), for which positive growth has been shown.

The term "growth" presupposes the occurrence of something positively new (eg. new priorities, deepened sense of meaning, improved emotional connection with others, individual development) in trauma survivors' lives that signifies development beyond their previous levels of functioning resulting from coping with the traumatic event; not just recovering from the distress (Zoellner & Maercker, 2006). Available literature show that as much as 83% of survivors of various forms of traumatic events experience at least one positive change over time (McMillen, Smith, & Fisher,1997; Affleck, Tennen, Croog, & Levine, 1987; Tedeschi & Calhoun, 1996; 1999).

Interestingly, research has also suggested that the dimensions of growth or positive changes reported by trauma survivors as a result of traumatic experiences appear to significantly outweigh reports of negative psychological consequences (Quarantelli, 1983; Tedeschi & Calhoun, 1995). Thus, the topic of growth or positive change through extreme adversity has dominated more recent trauma research literature (eg. Jayawickreme & Blackie, 2014; Linley, Joseph & Goodfellow, 2008; Joseph & Butler, 2010; Tedeschi & McNally, 2011; Malhotra & Chebiyan, 2016), as against earlier studies that largely focused on negative outcomes including PTSD. Although often unnoticed, the phenomenon of posttraumatic growth appear to be a common occurrence in the life of people who experience severely stressful life events. For example, most often when individuals experience traumatic incidences such as bereavement, accidents, and sexual abuse which pose serious threat to their lives, they tend to appreciate life the more, grow in their spiritual faith, and appreciate relationships more (eg. their spouse) afterwards. For example, Jordan (see Tedeschi & Calhaum, 2004) following a battle with cancer captured some of the changes he experienced in his narration titled, 'No Such Thing as a Bad Day' in the following excerpt:

"After my first cancer. even the smallest joys in life took on a special meaning-......watching a beautiful sunset, a hug from my child, a laugh with Dorothy. That feeling has not diminished with time. After my second and third cancers, the simple joys of life are everywhere and are boundless, as I cherish my family and friends and contemplate the rest of my life..... a life I certainly do not take for granted" (Jordan, 2000, p. 216).

Also, Armstrong (see Tedeschi & Calhaum, 2004), a cancer patient had this to say about his experience: "Looking back, I wouldn't change anything. Had I not been sick,1 wouldn't have met my wife.1 don't feel unlucky to have had to go through this. I learned a lot and grew tremendously the last two years" (p.1).

The following incident quoted from the book of a German Bishop and cited in Frankl (1963, p.142) appear to further resonate positive change:

"A few years after World War II a doctor examined a Jewish woman who wore a bracelet made of baby teeth mounted in gold. " A beautiful bracelet," the doctor remarked. "Yes," the woman answered,... "this tooth here belonged to Miriam, this one to Esther, and this one to Samuel. ... ". She mentioned the names of her daughters and sons according to age. "Nine children," she added, and all of them were taken to the gas chambers." Shocked, the doctor asked: "How can you live with such a bracelet?" Quietly, the Jewish woman replied: "I am now in charge of an orphanage in Israel."

Another important aspect of this construct is that the phenomenon of growth may be experienced vicariously or indirectly. Studies have shown that posttraumatic growth may be experienced not only by direct victims of trauma, but also people who were indirectly (or vicariously) exposed to the suffering of others including journalists, medical personal, Aid workers, clinical psychologists, and caregivers of patients suffering from chronic illnesses (Linley, & Joseph, 2005, 2006). For example, this phenomenon was reported among people who merely watched the American September 11th terrorist attack on television (Linley, Joseph, Cooper, Harris, & Meyer, 2003).

For the sake of clarity and better understanding, it seems reasonable to distinguish post-traumatic growth from resilience. These are two related concepts that can be confusing as both constructs appear to result in positive adaptation after having experienced a highly traumatic event. Resilience has been defined as a return to the previous level of functioning after adversity (Carver, 1998), while Post-Traumatic Growth (PTG) refers to positive changes which surpasses (but not merely returning to) previous levels of functioning on some psychological dimensions (Tedeschi & Calhoun, 1996; 2004; 2006). Implicit in this important assumption is the view that for PTG to occur, an individual (trauma survivor) must first of all exhibit

Volume 9 Issue 10, October 2020 <u>www.ijsr.net</u> Licensed Under Creative Commons Attribution CC BY

resilience and return to healthy functioning before subsequently moving forward to higher level of psychological functioning (Westphal & Bonanno, 2007). The above position corresponds with Tedeschi and Calhoun's (1998) view that positive outcomes in life traumas depend on the interaction of several person variables which include resilience.

Despite criticisms (eg. Worthman, 2004; Cheng, Wong, & Tsang, 2006), overall evidence seem to lend credence to the validity of Post-Traumatic Growth (PTG;- Roden-Fireman, Robinson, Bennett, Roaten, Petrey, Powers, & Warren, 2017), which provides a new and important perspective to traumatic stress response (Linley, Joseph, & Goodfellow, 2008; Joseph, 2009). Richardson's (2002) assertion resonates this widely acknowledged view as he describes the massive empirical support for post-traumatic growth, and growing interest in positive psychology as a paradigm shift from a "reductionist problem-oriented" approach to "nurturing strengths" approach. Contrary to the old view held by clinicians and trauma researchers that adversities may often lead to negative psychological consequences, the construct of post-traumatic growth assumes the emergence of the "bright" side of life for victims of devastating emotional distress caused by traumatic events. Thus, the prospect of posttraumatic growth as overwhelmingly established by extensive research conveys optimism and hope to the entire world, particularly in view of the increasing global "siege" of terrorism, arms conflicts, and disasters under which people live.

Having provided the fundamental elements of post-traumatic growth, the next section provides an overview of the dominant theories that explain the construct.

4. Theoretical Perspectives of Post-Traumatic Growth

Theoretically, several models have been proposed to explain the construct of Post-traumatic growth. Notably, Janoff-Bulman's (1992) shattered assumptions theory which was developed before the emergence of the field provides the theoretical foundation for the Functional-descriptive Model (Tedeschi & Calhoun, 1995; 2004), and the Organismic Valuing Theory (Joseph, 2004; Joseph & Linley, 2005) of posttraumatic growth. The Biopsychosocial Evolutionary approach by Christopher (2004) also adds another view in explaining the construct. These three theoretical perspectives which appear to be the main perspectives underpinning the construct are briefly discussed below.

4.1 Functional-descriptive model

According to the Functional-descriptive model developed by Tedeschi and Calhoun (1995;2004), traumatic life events can, and often do result in positive outcomes. The process begins with an experience of a traumatic event, which if sufficiently distressing is said to intensely challenge and destroy the individual's assumptive belief and goals (schemas) resulting in extreme emotional distress. The assumptive beliefs are a set of general notions about the world (eg. that the world is predictable, controllable and benevolent) which guides people's behaviour and interpretation of life events. Traumatic events appear to challenge the validity of the aforementioned core beliefs and cause individuals (trauma survivors) to question their understanding of the world as well as their place in it. Thus, in an attempt to come to terms with the trauma and alleviate the accompanying distress, the individual automatically and unintentionally engages in ruminations about the trauma. Because the cognitive processes activated by the trauma are usually intrusive and unwanted, the individual begins to adopt various coping strategies (including self-disclosure) and solici; [t for support from other people to enable him/her manage the emotional distress and reconstruct the damaged assumptive beliefs and goals (ie schemas). Following reduction of some of the emotional distress, the automatic rumination transforms into a more purposeful and intentional reflections about how the event has changed the individual. Where the intentional thinking is generally constructive and focused on finding meaning and benefits as well as reappraisal of the traumatic event, then positive growth is said to have occurred (Tedeschi & Calhoun, 1995).

This model describes how traumatic events serves as "seismic" challenges and shatters individuals' prior goals, beliefs, and pre-trauma schema including their emotional distress management capabilities (Tedeschi & Calhoun, 1995;2004). The 'seismic' metaphor (of an earthquake) used by Tedeschi and Calhoun, and other researchers in describing the process of posttraumatic growth characterizes the suddenness and force with which the assumptive beliefs or pr-trauma schema are shattered. This theory also likens trauma victims' attempt to rebuild their shattered assumptive world while trying to come to terms with the tragic event to the rebuilding efforts people make after an earthquake. Furthermore, the intentional rumination phase of the cognitive process provides opportunity for individuals who have experienced highly stressful events to think carefully about how they want to rebuild their lives. Thus, by taking into consideration the realities of the circumstance and the knowledge that they have survived the traumatic event and associated distress, individuals may develop adaptive beliefs that are likely to lead to more resilience that enables them to deal with future life challenges effectively. By integrating the positive changes which have occurred into their life narratives, individuals become aware that they have grown in important and meaningful ways (Tedeschi & Calhoun, 1995; 1998), going forward in life. It has been suggested that while some trauma survivors would never wish to recall the circumstances surrounding the traumatic event, many of them recognize that these events changed them in positive ways (Tedeschi & Calhoun, 1995;2004).

4.2. Organismic Valuing Process (OVP) theory

This theory was derived from Joseph's (2004), Person-Centred theory which proposed that post-traumatic growth occur following a highly stressful life event, because individuals have an inherent tendency to comprehend and integrate their experiences in a meaningful way while striving towards optimal well-being. This theory was considered too narrow in scope, therefore, in order to provide a more comprehensive and sophisticated theoretical framework for explaining the growth phenomenon, the

Volume 9 Issue 10, October 2020

<u>www.ijsr.net</u> Licensed Under Creative Commons Attribution CC BY

Person-Centred theory was reviewed by Joseph and Linley (2005) to develop a new theory known as the Organismic Valuing Process (OVP) theory. Although not radically different from the former (Person-centred theory), the Organismic Valuing Process (OVP) emphasizes individuals' inherent ability to know what is important to them as well as the things that are of essence in the fulfilment of their life aspirations. The foundation of the theory is that people are intrinsically motivated to move towards growth following a traumatic experiences. Within the organismic valuing process, three possible cognitive outcomes to the psychological resolution of trauma-related difficulties are suggested (Hollon & Garber, 1988). First, that trauma experiences are 'assimilated', leading to a return to the pretrauma baseline, while at the same time leaving the person vulnerable to future re-traumatization. Second, that trauma experiences are 'accommodated' in a negative direction, leading to psychopathology and distress. Third, that trauma experiences are 'accommodated' in a positive direction, leading to growth because the person has developed his/her world- view in the light of the new traumatic information. These three possible scenarios are illustrated in the following examples: (1) If an individual assimilates the trauma-related experience into their prior beliefs about the world developing the philosophy that, "bad things happen", they can recover from the trauma, but this recovery only returns them back to their pre-trauma level of adaptation and functioning. In this instance, the individual does not grow (or benefit) psychologically from the trauma experience, and thus remain vulnerable to future stressors. (2) If the individual accommodates the trauma-related information negatively, thus developing the philosophy that, "bad things will always happen and nobody can prevent them from happening, so there is nothing good about life ", he/she may experience greater feelings of hopelessness/ helplessness, and a high likelihood to experience post-traumatic stress and /or depression (Janoff-Bulman, 1989). (3) If, however, the individual accommodates the trauma-related information positively and modifies his/her prior world views appropriately with the belief, for instance, that, " bad things happen and life itself is unpredictable, so it should be lived to the fullest", then he/she may experience psychological growth in the aftermath of trauma. This, therefore, imply that alleviation of distress does not automatically guaranty growth, but that alleviation of distress may only facilitate the emergence of growth through positive accommodation, while assimilation may lead to increased vulnerability to future re-traumatisation.

4.3. Biopsychosocial-evolutionary Theory

The Biopsychosocial-evolutionary theory developed by Christopher (2004) posits that when individuals experience trauma, as a normal response, their concepts of self, society, and nature (ie. metaschema) are shattered and reconstituted through an inherited evolutionarily mechanism which takes place simultaneously in the biological, psychological and the social domains leading to learning. Christopher in articulating the core theme of his perspective made a number of overlapping theoretical conclusions. First, that stress is a pre-rational form of bio-psychological feedback which reflects organisms' relationship with its environment. Second, the normal outcome of traumatic stress is growth, rather than pathology. Third, psychopathology is largely as a result of maladaptive or dysfunctional modulation of the stress response. Fourth, that trauma always transforms or increase individuals' biological and psychological levels of functioning. Fifth, the general biological processes governing stress response is universal, but the specific dynamics peculiar to an individual experiencing stress are always a function of his/her unique socio-cultural environment, and psychological makeup. Sixth, the biological factors underlying stable symptoms of psychopathology may change, even as the psychological symptoms remain unchanged. Seventh, that rationality is human's (evolutionarily) most sophisticated stress-reduction behavioural mechanism, and an important strategy for the restoration of trauma victim's psychological health (Christopher, 2004).

Furthermore, the Biopsychosocial-evolutionary theory suggests that the difference between the outcome of the normal day-to-day stress responses and the pathological stress responses seems to be determined by three categories of factors which are capable of converting stress into positive adaptation and development (or growth): First, the individual's (trauma victim) biological health status and ability to make use of available resources to deal with the stressful event. Second, adequacy of the trauma victim's cognitive ability to organize and interpret trauma-related information as well as the capacity to transform stress and anxiety into learning, meaning, and adaptive behaviour. Third, the complexity, responsiveness, and flexibility of the social relationships available to the trauma victim during the traumatic event which helps to facilitate the reduction of strength of stress arousal. According to this theory, the extent to which these three factors determine individuals' stress response and outcomes, in turn, depends on the functioning of the neural networks (ie. cognitive schema) and the endocrine system (regulating emotions) (Chrisopher, 2004).

Conclusively, it may be argued that the biopsychosocialevolutionary perspective's core assumptions that traumatic stress can result to growth, and that psychopathological outcomes may be due to maladaptive modulation of the stress response mechanism seems to align with the main thrusts of the Functional descriptive, and Person-Centred models of post-traumatic growth (Linley & Joseph, 2004).

The next section briefly describes how the phenomenon of growth is experienced following exposure to traumatic events.

5. The Dimensions of Posttraumatic Growth

It is common knowledge that after trauma, individuals seem to feel a sense of greater strength and reasoning as well as increased capability to deal with future adverse circumstances. Most often, such positive changes occur unnoticed by trauma survivors or are hardly attributed to the traumatic events experienced. However, researchers and clinicians (eg. Tedeschi & Calhoun, 1996; 2004) have proposed that post-traumatic growth may occur in five human dimensions namely, personal strength, change in priorities, improved relationships, change in philosophy, and

Volume 9 Issue 10, October 2020 www.ijsr.net

spiritual development (Tedeschi, 1999). Based on available literature, the five dimensions of post-traumatic growth can be summarised or described as follows:

5.1 Personal Strength

After being confronted with trauma, individuals feel an increased sense of personal strength, increased confidence, improved self awareness, increased openness, improved sense of empathy, better creativity and maturity, greater humility, and more capable of dealing with future challenges (Tedeschi & Calhoun, 1995). Survivors may develop improved views of themselves with greater sense of personal resiliency and strength. Research has shown that trauma experience leads to greater appreciation of life and better understanding that certain events in the course of life can neither be predicted nor controlled (Tedeschi & Calhoun, 2004).

5.2 Changed Priorities

Lindstrom, Cann, Calhoun, and Tedeschi (2013) suggest that as a result of the traumatic event, individuals experience cognitive reconstruction which facilitates better appreciation of life and consequent change in priorities. As a result of the change in life priorities, the trauma survivor may adopt a healthier and better lifestyle, be more careful in the choice of friends, and even change his/her entirely life goals. In some life threatening circumstances, the trauma survivor, believing that she/he had been spared and granted "a second chance", might even decide to learn new skills and change occupation (Sank, 1979). According to Joseph and Linley (2006), the trauma experience may motivate a renewed appreciation of life, whereby the individual begins to enjoy the simple things of life he/she never counted as important before the trauma.

5.3 Improved Relationship

As a result of the trauma experience, individuals may become more emotionally connected within their social networks and experience greater intimacy with family members, friends, neighbours, and even strangers after surviving traumatic events (see Tedeschi & Calhoun, 1996, 2004). Following a traumatic event, the survivors try to understand the event and cope with the associated distress and begins to look to relations and friends for support. In the process, they tend to enjoy stronger, warmer, and more intimate interpersonal relationships (see Sawyer, Ayers, & Field, 2010), and a renewed sense of compassion especially for other people experiencing extreme stressful life circumstances (Tedeschi & Calhoun, 1996, 2004). Survivors of traumatic events experiencing growth are likely to report that their relationship with others within the social network has enhanced in some ways. For example, after a traumatic experience, individuals may value their friends and family members more, and feel greater sense of altruism towards other people.

5.4 Change in Philosophy

Tedeschi and Calhaun (1996;2004) opined that individuals who experience trauma exposure are more likely to become

cognitively engaged with fundamental existential questions about death and the purpose of life as well as greater understanding of the meaning and purpose of life. They further suggest that the process of cognitive engagement entails questioning of pre-trauma beliefs and greater appreciation of existential or spiritual issues by trauma survivors leading to feelings of vulnerability and mortality. For example, questions such as, "why do such events happen?", "what is the essence of life and existence?", "why should I continue to struggle?", which pre-occupy the mind of trauma survivors tend to create a deeper level of awareness, and a more meaningful and satisfying life philosophy. (Joseph & Linley, 2006; Tedeschi & Calhoun, 2004).

5.5 Spiritual Development

Due to exposure to traumatic event and extreme adversities, individuals may experience improvement in religious beliefs and sense of growth with respect to their religious commitment or spiritual life. This might increase after the traumatic event and further strengthen the individual's coping mechanism, as they discover new avenues for life (Lindstrom et al., 2013; Calhoun & Tedeschi, 2001). Research has shown that individuals try to explain their traumatic experiences and provide answers to the "why" philosophical questions through religion, in the absence of concrete reasons (see Tedeschi & Calhoun, 2004). Thus, trauma survivors may experience some enhancement of their religious/spiritual beliefs including increased frequency of prayers, gratitude to God, and strengthening of faith, and creation of a new philosophy of life leading to the emergence of potentials and opportunities (positive changes) that never existed prior to the traumatic event (see Tedeschi & Calhoun, 1996, 2004; Pargament, Desai & McConnell, 2006).

Regarding the dimension of post-traumatic growth, there seems to exist a convergence in the view that an individual does not necessarily need to experience positive changes in all the five domains to confirm that growth has actually occurred (Malhotra & Chebiyan, 2016). For example, research findings suggest that occurrence of positive change in at least one or two out of the five domains may suffice to confirm presence of growth (eg. Calhoun & Tedeschi, 2001; Tedeschi, 1999; Tedeschi & Calhoun, 1996). Additionally, Tedeschi and Calhoun (2004) have posited that the presence of growth does not necessarily put an end to emotional distress, thus suggesting that both growth and distress coexist or are experienced simultaneously following traumatic events.

Having highlighted some of the ways the post-traumatic growth phenomenon may be experienced, it seems appropriate to consider its clinical utility. The next section of this paper, therefore, deals with the clinical relevance of the construct of post-traumatic growth.

6. Clinical Relevance of the Post-Traumatic Growth Construct

In view of the existing overwhelming empirical evidence, the relevance of the concept of post-traumatic growth in

Volume 9 Issue 10, October 2020 www.ijsr.net

clinical interventions may not be doubted. Studies conducted to ascertain whether the principles of growth might be useful in therapeutic interventions seem to show encouraging results. For example, Stanton, Danoff-Burg, Sworowski, Collins, Branstetter, Rodriguez-Hanley, Kirk and Austenfeld (2002) in a study assigned breast cancer patients to two groups; one of the groups was made to write about the facts of their cancer experience, while the other wrote about their positive thoughts and feelings regarding the experience. Three months later, it was found that those who wrote about positive experiences had significantly fewer medical appointments for cancer-related diseases, than those who were asked to write about the facts of the cancer experience. This appear to suggest that the group of cancer patients who wrote about positive experiences had experienced growth which, arguably translated to low morbidity (positive health outcomes) reflected in fewer medical appointments. This is consistent with another study which showed a link between positive change and lower levels of depression, anxiety, and posttraumatic stress, six months after traumatic life experiences (Linley, Joseph, & Goodfellow, 2008).

According to Joseph (2009), it is easy for clinicians working from the perspective of psychopathology to inadvertently overlook or even discourage growth in clients with trauma stress. More often than not, trauma victims (eg. victims of bereavement, accidents, terminal illnesses) are advised by relatives, friends and even professionals to "see the positives" or "concentrate on the good things" whenever they talked about negative aspects of the traumatic event. Such advice may not be helpful because it tends to encourage denial of suffering which may jeopardize the emergence of growth and positive adjustment (see Zoellner and Maercker, 2006; Tedeschi & Calhoun, 2004). Therefore, a good understanding and skilful application of the principles of growth which allows clients to find their own specific meanings and interpretations, (rather than mere positive thinking) may be appropriate.

The concept of Post-Traumatic Growth introduces a new perspective into psychotherapy, as it imbues the clinicians with a broader understanding of the impact of traumatic events not solely as a negative posttraumatic responses, but as potential precursors to positive growth which can be nurtured through relevant psychological interventions (Calhoun & Tedeschi, 2001). Based on the theoretical fundamentals and principle underlying the concept of posttraumatic growth, clinicians can promote growth for trauma victims by integrating relevant training elements into psychotherapy. Tedeschi and McNally (2011), for example suggest that such interventions may facilitate growth for trauma victims in a number of ways. First, it may enable them find ways to be altruistic and value the learning that had occurred in the aftermath of the trauma as well as the opportunities it has created in their life. Second, making them accept growth without guilt is beneficial to both the trauma survivors and others. Third, assists trauma survivors to adopt the ancient Greek and Roman concept (suggested by Tedeschi and McNally) which views the hero as 'an ordinary' person who experiences 'an extraordinary' event, survives it, and returns to the everyday world to express an important truth about life.

While it is not within the scope of this paper to conduct a detailed review of the clinical application of the concept of post-traumatic growth, it seems imperative to stress that the ideas and principles can be integrated into clinical interventions in the management of clients who are affected by traumatic events to achieve positive growth, rather than achieving mere recovery.

7. Conclusion

Various human societies or cultures tend to propose their own social construction and ways of providing explanations for the experience (and/or meaning) of suffering. Many a times, psychological consequences of extreme adversities are given meanings that tend to promote an "illness" ideology. For example, when faced with extreme difficulties and sufferings people (including clinicians) tend to construct their experiences in psychopathological terms such as posttraumatic stress disorder (PTSD). However, the field of positive psychology has provided a new forum for discussion about how the experience of traumatic events might lead to positive outcomes. Extremely difficult events are all too common in people's lives, but as it now seems, the effects of these events are not necessarily negative and may even include improved sense of self. This new perspective (i.e. Posttraumatic growth) which looks at alternative traumatic experience and promotes the idea of growth rather than the widely thought to be "obvious" posttraumatic stress disorder(PTSD), presents a positive psychological perspective to traumatic stress response. Therefore, it is hoped that this paper will serve as an impetus for systematic research aimed at deepening understanding and clinical application of the concept of posttraumatic growth in Nigeria.

References

- [1] Affleck, G., Tennen, H., Croog, S., & Levine, S. (1987). Causal attributions, perceived benefits, and morbidity after a heart attack: An 8-year study. *Journal of Consulting and Clinical Psychology*, 55, 29-35.
- [2] American Psychiatric Association (2013). *Diagnostic* and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
- [3] Bonanno, G.A. (2005). Clarifying and extending the construct of adult resilience. *American Psychologist*, 60, 265–267.
- [4] Bowker, J. (1970). *Problems of suffering in religions of the world*. New York: Cambridge University Press.
- [5] Calhoun, L. G., & Tedeschi, R. G. (2001). Posttraumatic growth: The positive lessons of loss. In R. A. Neimeyer (Ed.), *Meaning reconstruction & the experience of loss* (pp. 157- 172). Washington, DC: American Psychological Association.
- [6] Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues*, 54,245-266.
- [7] Cheng, C., Wong, W., & Tsang, K.W. (2006). Perceptions of benefits and costs during SARS outbreak: An 18-month prospective study. *Journal of Consulting and Clinical Psychology*, 74, 870–879.

Volume 9 Issue 10, October 2020

<u>www.ijsr.net</u>

- [8] Christopher, M. (2004). A broader view of trauma: A biopsychosocial-evolutionary view of the role of the traumatic stress response in the emergence of pathology and/or growth. *Clinical Psychology Review*, 24(1), 75-98. doi:10.1016/j.cpr.2003.12.003
- [9] Cryder, C. H., Kilmer, R. P., Tedeschi, R. G., & Calhoun, L. G. (2006). An exploratory study of posttraumatic growth in children following a natural disaster. *American Journal of Orthopsychiatry*, 76, 65-69.
- [10] Frankl, V. (2006). *Man's search for meaning*. Boston: Beacon Press.
- [11] Frankl, V.E. (1963). *Man's search for meaning—An introduction to logotherapy*. New York: Washington Square Press.
- [12] Frazier, P., Conlon, A., & Glaser, T. (2001). Positive and negative life changes following sexual assault. *Journal of Consulting and Clinical Psychology*, 69, 1048-1055.
- [13] Friedman, M. J., Keane, T. M., & Resick, P. A.(2016). *Handbook of PTSD: Science and practice*. (2nd ed.). New York, NY: The Guilford Press.
- [14] Helgeson, V. A., Reynolds, K. A., & Tomich, P.L. (2006). A meta-analytic review of benefit -finding and growth. *Journal of Consulting and Clinical Psychology*, 74, 797-816.
- [15] Hobfoll, S. E., Hall, B. J., Canetti-Nisim, D., Galea, S., Johnson, R. J., & Palmieri, P. A. (2007). Refining our understanding of traumatic growth in the face of terrorism: Moving from meaning cognition to doing what is meaningful. *Applied Psychology: An International Review*, 56, 345-366.
- [16] Hollon, S. D., & Garber, J. (1988). Cognitive therapy. In L. Y. Abramson (Ed.). Social cognition and clinical psychology: A synthesis (pp. 204–253). New York: Guilford Press.
- [17] Hooks, B. (1989). *Talking back: Thinking feminist, thinking black*. Boston, MA: South End Press.
- [18] Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, *7*, 113–136.
- [19] Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: The Free Press.
- [20] Jayawickreme, E., & Blackie, L.R. (2014). Posttraumatic growth as positive personality change: Evidence, controversies and future directions. *European Journal of Personality*, 28, 312–33.
- [21] Jayawickreme, E., Infurna, F. J., Alajak, K., Blackie, L. E., Chopik, W. J., Chung, J. M., ... & Furr, R. M. (2020). Post-Traumatic Growth as Positive Personality Change: Challenges, Opportunities and Recommendations. *Journal of Personality*. Retrieved on October 11, 2020 from https://doi.org/10.1111/jopy.12591
- [22] Jordan, H. (2000). 'No Such Thing as a Bad Day'. Atlanta, GA: Longstreet.
- [23] Joseph, S. (2004). Client-centred therapy, posttraumatic stress, and post-traumatic growth: Theoretical perspectives and practical implications. *Psychology and Psychotherapy: Theory, Research and Practice,* 77, 101-120.

- [24] Joseph, S. (2009). Growth following adversity: Positive psychological perspectives on post-traumatic stress. Psychological Topics , 18 (2), 335-344.
- [25] Joseph, S., & Butler, L. D. (2010). Positive changes following adversity. *PTSD Research Quarterly*, 21, 1– 8.
- [26] Joseph, S., & Linley, P. A. (2005). Positive adjustment to threatening events: An organismic valuing theory of growth through adversity. *Review of General Psychology*, 9, 262–280.
- [27] Joseph, S., & Linley, P.A. (2004). Positive change following trauma and trauma: A review. *Journal of Traumatic Stress*, 17, 11–21.
- [28] Lindstrom, C. M., Cann, A., Calhoun, L. G., & Tedeschi, R. G. (2013). The relationship of core belief challenge, rumination, disclosure, and sociocultural elements to posttraumatic growth. *Psychological Trauma*, *5*(1), 150-55.
- [29] Linley, P. A., & Joseph, S. (2005). Positive and negative changes following occupational death exposure. *Journal of Traumatic Stress*, 18, 751–758.
- [30] Linley, P. A., & Joseph, S. (2006). The positive and negative effects of disaster work: A preliminary investigation. *Journal of Loss and Trauma, 11, 229–245.*
- [31] Linley, P.A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress*, 17 (1),11-21.
- [32] Linley, P.A., Joseph, S., & Goodfellow, B. (2008). Positive changes in outlook following trauma and their relationship to subsequent posttraumatic stress, depression and anxiety. *Journal of Social and Clinical Psychology*, 27, 1189-1195.
- [33] Linley, P.A., Joseph, S., Cooper, R., Harris, S., & Meyer, C. (2003). Positive and negative changes following vicarious exposure to the September 11 terrorist attacks. *Journal of Traumatic Stress*, *16*, 481-486.
- [34] Malhotra, M.,& Chebiyan, S. (2016). Posttraumatic growth: Positive changes following adversity An overview. *International Journal of Psychology and Behavioral Sciences*, 6(3), 109-118.
- [35] Mangelsdorf, J., Eid, M., & Luhmann, M. (2019). Does growth require suffering? A systematic review and meta-analysis on genuine posttraumatic and postecstatic growth. *Psychological bulletin*, 145(3), 302.
- [36] Maslow, A.H .(1970). *Motivation and Personality* (2nd ed). New York: Harper & Row.
- [37] McMillen, C., Smith, E. M., & Fisher, R. H. (1997). Perceived benefit and mental health after three types of disaster. *Journal of Consulting and Clinical Psychology*, 65, 733–739.
- [38] Pargament, K.I., Desai, K. M., & McConnell, K. M. (2006). Spirituality: A pathway to posttraumatic growth or decline? In L. G. Calhoun & R. G. Tedeschi (Eds.), *The handbook of posttraumatic growth: Research and practice* (pp.121-137). London: Routledge.
- [39] Powell, S., Rosner, R., Butollo, W., Tedeschi, R. G., & Calhoun, L. G. (2003). Posttraumatic growth after war: A study with former refugees and displaced people in

Volume 9 Issue 10, October 2020

<u>www.ijsr.net</u>

Sarajevo. Journal of Clinical Psychology, 59(1), 71-82.

- [40] Price, R. (1994). A whole new life. New York: Antheneum.
- [41] Quarantelli, E.L (1985), An assessment of conflicting views on mental health: the consequences of traumatic events. In Figley C.R. (ed). *Trauma and Its Wake: The Study and Treatment of Post-Traumatic Stress Disorder*(pp. 173-218). New York: Brunner-Mazel.
- [42] Richardson, G. E. (2002). The meta theory of resilience and resiliency. *Journal of Clinical Psychology*, 58, 307–321.
- [43] Roden-Foreman, K., Robinson, R., Bennett, M., Roaten, K., Petrey, L., Powers, M.B., & Warren, A.M. (2017) Posttraumatic growth in a heterogeneous sample of traumatically injured patients 1 year postinjury. *Journal of Clinical Psychology*; 1–15. DOI: 10.1002/jclp.22563.
- [44] Sank, L. I. (1979). Community Disasters: Primary prevention treatment in a health maintenance organization. *American Psychologists*. 34, 334-338.
- [45] Seligman, M. E. P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychological Association*, 55(1), 5-14.
- [46] Siegel, K., Schrimshaw, E. W., & Pretter, S. (2005). Stress-related growth among women living with HIV/AIDS: Examination of an explanatory model. *Journal of Behavioural Medicine*, 28, 403-414.
- [47] Stanton, A.L., Danoff-Burg, S., Sworowski, L.A., Collins, C.A., Branstetter, A.D., Rodriguez- Hanley, A., Kirk, S.B., & Austenfeld, J.L. (2002). Randomized controlled trial of written emotional expression and benefit finding in breast cancer patients. *Journal of Clinical Oncology*, 20, 4160-4168.
- [48] Taku, K., Tedeschi, R. G., & Cann, A. (2015). Relationships of posttraumatic growth and stress responses in bereaved young adults. *Journal of Loss and Trauma*, 20(1), 56-71.
- [49] Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9(3), 3455-471.
- [50] Tedeschi, R. G., & Calhoun, L. G. (2006). Expert companions: Posttraumatic growth in clinical practice. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook* of posttraumatic growth: Research and practice (pp. 291–310). Mahwah, NJ: Erlbaum.
- [51] Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). *Post-traumatic growth: Positive changes in the aftermath of crisis.* Mahwah, NJ: Lawrence Erlbaum.
- [52] Tedeschi, R., & Calhoun, L. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*, 1–18.
- [53] Tedeschi, R.G. (1999). Violence transformed: posttraumatic growth in survivors and their societies. *Aggress VB* 4: 319-341.
- [54] Tedeschi, R.G., & McNally, R.J. (2011).Can we facilitate posttraumatic growth in combat veterans?. *American Psychologist*, 66 (1), 19–24.
- [55] Tedeschi, R.G., & Calhoun, L.G. (1995). *Trauma & Transformation: Growing in the Aftermath of Suffering*. Thousand Oaks, Calif.: Sage Publications.

- [56] Weinrib, A. Z., Rothrock, N. E., Johnsen, E. L., & Lutgendorf, S. K. (2006). The assessment and validity of stress-related growth in a community-based sample. *Journal of Consulting and Clinical Psychology*, 74, 851-858.
- [57] Westphal, M., & Bonanno, G.A. (2007). Posttraumatic growth and resilience to trauma: Different sides of the same coin or different coins? *Applied Psychology: An International Review*, *56* (3), 417–427.
- [58] Wortman, C. (2004). Posttraumatic growth: Progress and problems. *Psychological Inquiry*, *15*(1), 81–90.
- [59] Xu, J., & Liao, Q. (2011). Prevalence and predictors of posttraumatic growth among adult
- [60] survivors one year following 2008 Sichuan earthquake. Journal of Affective Disorders, 133(2011), 274-280.
- [61] Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology: A critical review and introduction of a two component model. *Clinical Psychology Review*, 26, 626-653.

Volume 9 Issue 10, October 2020