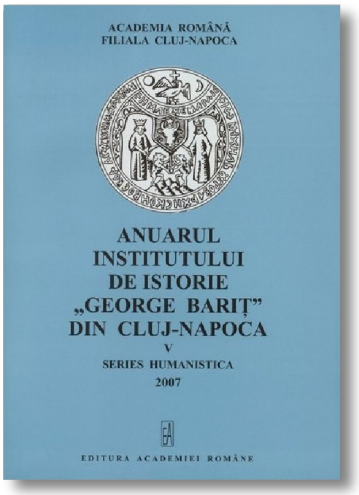

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Dezvoltarea posttraumatică – o scurtă sinteză

Éva Kállay

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POSTTRAUMATIC GROWTH: A BRIEF REVIEW

Éva Kállay

"Babeş-Bolyai" University, Cluj-Napoca

The main purpose of this paper is to briefly present the major possible posttraumatic reactions, and discuss in somewhat more detail the phenomenon of Posttraumatic Growth (PTG). Since this aspect of posttraumatic reactions has only recently been investigated, the most important theories and approaches are also briefly introduced.

Key words: *posttraumatic growth, resilience, recovery, PTSD.*

1. INTRODUCTION

Cultural and anthropological data suggest that experiences of extreme, traumatic events usually elicit some reactions (symptoms) that may be considered universal[1]. In other words, most people, belonging to different cultures and sub-cultures, experiencing such vexing situations develop, in the short and sometimes in the long run, approximately the same reactions: intense fear, helplessness, horror; nightmares; intrusive thoughts of the event; emotional numbing, difficulties in concentration, hyper-vigilance, etc.[2]

Mythologies and history abound in examples of different forms of intense suffering. Interestingly, records mostly relate of two major types of long-term outcomes resulting from such experiences: long lasting impaired functioning (succumbing) and what is metaphorically called "*rebirth*". The first identified record of possibly pathological impairment is Homer's description of Achilles' reactions of grief summing up almost all of the symptoms of what later on have become to constitute Posttraumatic Stress Disorder (PTSD).

[1] M. Christopher, *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, 2004, p. 76–98.

[2] J. K. Boehnlein, *The Place of Culture in Trauma Studies: An American View,* "Evolutionary Psychiatry", 62, 2002, p. 701–711.

An. Inst. de Ist. „G. Barițˮ din Cluj-Napoca, Series Humanistica, tom. V, 2007, p. 55–85

The descriptions of positive reactions have come to even the number of the negative ones. In older traditions and cultures, suffering and grief, even if unpleasant, have been considered as part of the individual's life conveyed with certain, not exclusively negative functions [e.g., oriental and pre-Christian traditions considered hardships ('*temptations*') occasions for testing the '*maturity'* of the soul]. Moreover, suffering was a necessary condition for growth, for attaining wisdom. An eloquent example in this regard may be found in the Norse mythology, within the description of Odin's enormous suffering in order to earn the right to learn the runas (key to supreme knowledge), or his will to sacrifice his eye to gain wisdom.

Beginning with the 20th century, more and more people stared turning to trained professionals for being disturbed by the intensity, frequency, and disability produced by negative events, and their inability to successfully cope with them. Thus, relatively recently, the *fear of fear* (regardless legitimate or not), of distress has become so discomforting that an interesting phenomenon has arisen – the excessive attention on the annihilation and/or avoiding of the 'negative'.

The seemingly logical reaction from the scientific community was to increase concern and speed up the inquiry of this phenomenon[3]. Consequently, beginning with the second half of the 20th century mainstream research in psycho-traumatology has even more assiduously fixed its attention on pathology and beginning with the 1980s, research on anxiety disorders in general has increased dramatically[4]. The processes of healing have been mostly approached through reducing and repairing the negative (cognitions, emotions, etc.), within a framework of the *disease model of human functioning*[5].

Within the possible posttraumatic reactions, the most spectacular and controversial negative posttraumatic syndrome – Posttraumatic Stress Disorder, has become an extensively studied disorder. For a considerably long period of time it has been considered almost *normal* that certain events (considered *a priori* as being negative) would produce negative reactions (of variable intensity) that could, with a great probability, lead to PTSD (or extreme negative reactions), or at least expose most of the affected people to high risks. This excessive concentration on negative reactions and effects, and the ignoring of the importance of other (neutral and even moderately positive) reactions, has missed one of the most important aspects of human functioning: namely that even if traumatic events leave the person

[3] J. T. Larsen, S. H. Hemenover, C. J. Norris, & J. T. Cacioppo, *Turning Adversity to Advantage: On the Virtues of the Coactivation of Positive and Negative Emotions*, in *A Psychology of Human Strengths: Perspectives on an Emerging Field,* L. G. Aspinwall, & U. M. Staudinger (eds.), Washington, DC: American Psychological Association, 2003.

[4] G. R. Norton, G. J. G. Asmundson, J. D. Maser, *The Growth of Research on Anxiety Disorders During the 1980s*, "Journal of Anxiety Disorders", 9, 1995, p. 75–85.

[5] M. E. P. Seligman, & M. Csikszentmihalyi, *Positive Psychology: An Introduction*, "American Psychologist", 55, 2000, p. 5–14.

transformed on different dimensions of his/her functioning, the normal reaction to trauma is rather recovery than pathology[6]. In the same time, it has also neglected the idea that even if the *general biological* processes standing at the basis of stress responses are universal, the specific dynamics of *specific* processes are determined by a unique socio-cultural framework, which permanently shapes the individual and his/her reactions to stress and stressful situations.

A thorough scrutiny of the literature on posttraumatic reactions carried out at the end of the '90s has evinced a striking imbalance in the number of published studies. Studies investigating the negative impact of events have exceeded in number those investigating positive aspects by *11 to 1*[7].

Noticing the shortcomings in the research of posttraumatic reactions, a considerable number of scientists and clinicians of the 20th century have addressed within the framework of general psychology the possibilities of positive personal changes as a possible outcome of the encounter with extremely negative events[8]. These harbingers of research on the positive (and mostly preventive) side of traumatic reactions have tried to promote research of the brighter side of human functioning in parallel with the negative, thus encouraging the study of *healthy people* as well. It has been hoped that thus more complete data might be gathered; beside risk factors protective ones would be found as well, and last but not least, the underlying mechanisms could more accurately be outlined. Nonetheless, in comparison with the study of pathology, the attempts to balance the study of the negative were feeble and with few exceptions fell outside mainstream psychology (e.g. Basic Behavioral Science Task Force of the National Advisory Mental Health Council, 1996).

The second half of the '90's has promoted more serious and systematic research on other than negative posttraumatic reactions. Interestingly (maybe compensatorily), one of the areas where research boomed was the field of Posttraumatic Growth (PTG), for long time considered as the opposite of Posttraumatic Stress Disorder (PTSD)[9].

Until then, possible positive posttraumatic outcomes encountered in research investigating negative reactions have been dealt with as residual, accidental states. Later on, related experiences of posttraumatic growth were included into the category of illusory outcomes[10]. The intensified research within this filed has evinced two

[6] M. Christopher, *op. cit*.

[7] T. J. Mayne, *Negative Affect and Health: The Importance of Being Earnest*, "Cognition and Emotion", 1999, 13, p. 601–635.

[8] V. E. Frankl, *Men's Search for Meaning: An Introduction to Logotherapy*, New York: Washington Square Press, 1963.

[9] R. Tedeschi, C. Park, & L. Calhoun, *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis*, New Jersey: Lawrence Erlbaum Associates, 1998.

[10] S. E. Taylor, *Adjustment to Threatening Events. A Theory of Cognitive Adaptation*, "American Psychologist", 1983, p. 1161–1173.

major types of positive posttraumatic outcomes: *Positive Quantum Change*[11], and *Posttraumatic Growth*[12].

In the beginning, posttraumatic growth has been considered as the experiencing of positive post-event changes in one's functioning, attributed to the direct effects of the traumatic event. Later on, it has been conceptualized as positive changes experienced on different dimensions, as a result of the *struggle* with the negative event and its multi-level consequences[13]. For a considerable period of time, the experiencing and relating of trauma-induced positive changes tended to become a compulsory posttraumatic reaction, disregarding the adaptive and maladaptive nature of genuine reactions.

Nevertheless, as discussed later on in more detail, the more research has been undertaken, the more squeaky aspects related to posttraumatic growth have popped up. Even if positive outcomes in the aftermath of a negative event are highly desired, genuine growth is not that easy to be attained, and even less easy to assess. Several years of intensified research have elapsed till the scientific community came to the conclusion that self-perceived and related posttraumatic growth should not be taken at face value.

Unfortunately, literature dealing with the posttraumatic process has this far not produced a comprehensive and encompassing picture of the dynamic of posttraumatic reactions. Trauma and posttraumatic reactions are not simple, one-sided phenomena, resulting exclusively in stable, either negative or positive reactions, but are multi-faceted phenomena, concealing the potential for both pathology, and/or growth. Thus, posttraumatic reactions are not pure outcomes: those who experience intense negative reactions may report also positive aspects that would later on promote adaptation, while those apparently dealing outstandingly well with the event and its implications may further on experience major impairments. Thus, none of these approaches has been able to capture the dynamic of the posttraumatic process.

As seen, the research within posttraumatic reactions has mostly inquired this far the two extremes of the possible reactions: PTSD and PTG, considering them as pure, stable outcomes. However, posttraumatic reactions may include, in varying proportions aspects of both positive and negative elements. Furthermore, adaptation to trauma and its consequences does not only mean the elimination of negative outcomes and/or accentuation of positive. Adaptation to extreme negative events and their implications includes the adequate equilibrium of both positive and negative.

[11] W. R. Miller, & J. 'deBaca, *Quantum Change: Toward a Psychology of Transformation*, in *Can Personality Change?*, T. F. Heatherton & J. L. Weinberger (eds.), Washington, DC: American Psychological Association, 1994.

[12] R. Tedeschi, C. Park, & L. Calhoun, *op. cit*.

[13] R. G. Tedeschi, & L .G. Calhoun, *Posttraumatic Growth: Conceptual Foundations and Empirical Evidence*, "Psychological Enquiry", 15(1), 2004, p. 1–18.

Since negative posttraumatic reactions have *in extenso* been treated in a huge number of papers, the main objective of this paper is to review the available literature and address the topic of *other possible posttraumatic reactions*. Since most of the literature is focused on the phenomenon of Posttraumatic Growth (PTG), we will dedicate more attention to presenting its main strengths and in the same time highlighting the weaknesses that hopefully would be remedied by further research.

With all the extremely valuable information provided by the minute accounts of these mechanisms and sub-mechanisms that would promote negative reactions, the actual individual trajectory of posttraumatic reactions is still difficult to approximate[14]. The subtlety of trauma and the underlying mechanisms of all possible traumatic reactions cannot be understood by taking into consideration only one (the negative) of the multiple possible reactions. Based exclusively on the pathology-focused approach, it is to some degree possible to predict that people presenting risk factors (e.g. pre-trauma history of psychological disorders, childhood abuse, etc.) might later on develop clinically significant reactions. However, it is extremely difficult to predict why and how some people (even ones purporting risk factors), who in the immediate aftermath of a traumatic event experience negative reactions are able to bounce back, and some even report high degrees of posttraumatic growth. Trauma and traumatic reactions still remain controversial issues that are still able to awe. Research and literature have evinced lots of so-called '*surprising'* cases when people, purporting the pathology promoting risk factors, have been describing unexpected patterns of reaction[15]. Have *they* been atypical? or W*ho* has been atypical?

Ironically, in the last 10–15 years, researchers have *suddenly* been struck (again) by the long-known phenomenon, that only a relatively small part of the traumatized individuals have later developed clinically significant reactions. In the same time a large number of traumatized individuals have experienced minor, transient disruptions in their functioning[16], still others have subsequently reported the perception of some form of benefit and personal growth in the aftermath of a negative event. It has also been observed that resilience, recovery and reports of posttraumatic growth may be much more complex processes than bare defenses or illusions, as they were initially regarded. Accordingly, more and more researchers[17] have considered that a more profound account and understanding of different posttraumatic reactions may be attained by thoroughly considering individuals who have reported resilience and positive experiences (development beyond the previous level of functioning).

[14] S. Joseph, & P. A. Linley, *Positive Adjustment to Threatening Events: An Organismic Valuing Theory of Growth through Adversity*, "Review of General Psychology", 2005.

[15] A. S. Masten, & M-G. J. Reed, *Resilience in Development*, in *Handbook of Positive Psychology,* C. R. Snyder & S. J. Lopez (eds.), Oxford University Press, 2002, p. 74–89.

[16] M. Christopher, *op. cit*.

[17] K. W. Saakvitne, H. Tennen, & G. Affleck, *Exploring Thriving of Clinical Trauma Theory: Constructivist Self Development Theory*, "Journal of Social Issues", 54(2), 1998, p. 79–299.

O'Leary & Ickovics[18] have succinctly captured this idea, and presented it in *Figure 1*.

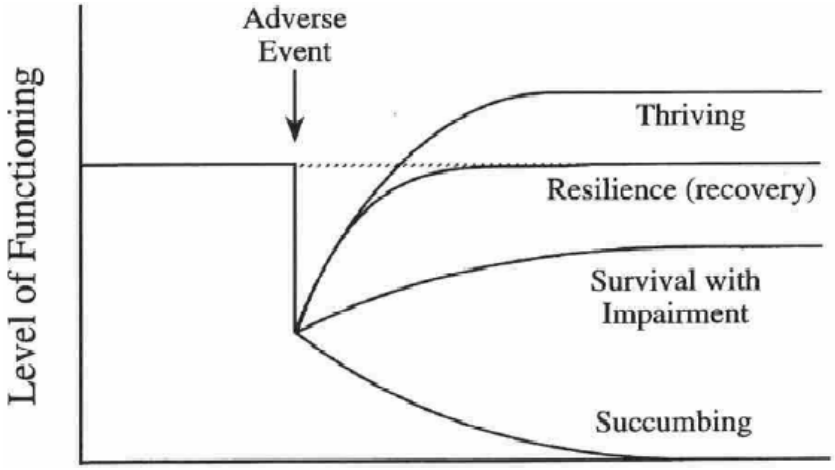

Fig. 1. Potential responses to trauma.

Thus, according to these authors, after experiencing an extreme event the following major situations may arise: succumbing, survival with impairment, resilience (recovery), and thriving.

Succumbing

There are individuals who are crushed by such distresses, and afterwards are not able to reintegrate, to go on with their lives, who report a dramatic change in most aspects of their functioning, a change that cannot be undone. As the term succumb suggests, the outcome does not only imply the possibility of a qualitatively damaged life. Literature has recorded cases when such intense reactions have lead to massive physical and psychological deterioration or even death (e.g. suicide as the result of irreparable psychological exhaustion[19]).

Survival with impairment

Other individuals, who after experiencing an extremely negative event do in the immediate aftermath experience extremely distressing reactions, later on recover to some degree, but cannot attain their previous (pre-event) level of functioning.

[18] V. O'Leary, & J. R. Ickovics, *Resilience and Thriving in Response to Challenge: An Opportunity for a Paradigm Shift in Women's Health*, "Women's Health: Research and Gender, Behavior and Policy", 1, 1995, p. 121–142.

[19] F. V. Frankl, *op. cit*.

Resilience (Recovery)

Even if in this particular Figure (1) the authors have not taken separately the two terms, there have been heated debates in the literature regarding the fact that there are major differences between the concepts of resilience and recovery.

Resilience

Resilient people do present clinically insignificant degrees of modification in their overall peri- and post-traumatic functioning, which does not impair the person's overall functioning – in other words, these persons maintain a relatively stable equilibrium, within the range of healthy levels of psychological and physical functioning[20]. In developmental psychology, resilience has been treated as a possible protective factor, which functions as a buffer against events of great impact. Recent approaches consider resilience both as such a factor and a possible reaction, which represents more than the simple absence of pathology.

Recovery

On the other hand, those who *recover*, must necessarily have presented some form of post-event dysfunctioning (experienced sub-threshold levels of symptoms) from where they could have returned to their pre-trauma functioning – in other words, their normal functioning is temporarily impaired, presenting threshold or sub-threshold psychopathology (e.g. symptoms of depression, etc.)[21].

Thriving

Thriving (we will use the term ***posttraumatic growth*** instead) delineates better-of afterward experiences – namely, there is a considerably large number of individuals who after an extremely negative event, even if in the short run might experience significant negative or sub-threshold levels of functioning, in the long run not only recover and return to their pre-trauma functioning, but even exceed it on some dimensions.

O'Leary & Ickovics'[22] above presented figure of possible posttraumatic reactions has to a great extent improved the overall picture of the posttraumatic reactions. Nevertheless, its schematic approach illustrates pure developments within a tendency.

Even if begun relatively recently, the serious, systematic and rigorous study of other possible posttraumatic reactions has already provided valuable data that would assist in fining down what is known and not yet known in traumatology[23]. Within the study of other than negative possible posttraumatic reactions,

[20] G. A. Bonanno, *Loss, Trauma, and Human Resilience – How We Underestimated the Human Capacity to Thrive After Extremely Aversive Events?*, "American Psychologist", 59, 2004, p. 20–28.

[21] *Ibidem.*

[22] V. O'Leary, & J. R. Ickovics, *op. cit*.

[23] R. G. Tedeschi, & L. G. Calhoun, *op. cit*.

posttraumatic growth and resilience have received the largest interest. Ironically, initially intended to re-balance the excessive attention allocated to the negative, one trend in which PTG has been studied fell into the same trap as the '*phenomenon*' of PTSD did. Sustained by the development and quick spread of positive psychology and positive thinking promoted by popular literature and media, growth in the aftermath of trauma became as normative in contemporary America as PTSD has been in the 80's. The *tyranny of positive thinking*[24], the prescriptions dominating not only common-sense of avoiding suffering (and if avoiding is not possible, denying it would also do), has shadowed rigorous research, and PTG is threatened to be exactly as controversial as PTSD once was.

The idea of growth in the aftermath of crisis is extremely enticing, and no wonder people would like to find comfort in its possibility. Nevertheless, this longing for good (positive) balancing the bad (negative) may have negative repercussions on the accuracy of undertaken methodology, thus biasing data, and determining the appearance of false opportunities lying within a created illusion. People are repeatedly told to "*Look on the bright side*", "*Every cloud has a silver lining*"[25], but rarely are they told how and when to do so.

The danger of conforming to social norms, even at the expense of involvement in long term, maladaptive processes (e.g. denial) may paradoxically produce more harm than bring benefit. Reports of subjective, though illusory reports of feeling (functioning) better may actually be accompanied by feeling worse not necessarily because of the event, but because of the inability to react in agreement with cultural and social norms. Thus, people will have to put up not only with their persisting negative reactions, but with their shame and guilt of not being able to deal either with the situation or the outcome in a proper way.

One of the major implications of this perplexing shift of attitudes and possibly cultural norms is that these debarrings of the negative (in some cases their more or less conscious negation) might represent a risk of losing the natural propensity of learning to solve critical situations by one's own or recognize when asking for help becomes necessary. On the other hand, this style of excluding the negative by *any* means, might lead to a sense of instantaneous or somewhat delayed "*feeling better*", instead of "*getting better*"[26], similar to passive therapeutical techniques where warm, understanding relationships replace the more painstaking, but effective focusing on specific dysfunctions and their successful change.

The potential to grow in the aftermath of crisis has been recorded for very long time and the chances that it could really happen exist. Nevertheless, it should not be taken at its face value, and more importantly, its possibility should not determine research to consider that every situation should determine growth in everybody. Consequently, in order to clearly establish what is known, what is

[24] B. S. Held, *The Negative Side of Positive Psychology*, "Journal of Humanistic Psychology", 44 (1), 2004, p. 9–46.

[25] W. Mieder, *A dictionary of American Proverbs*, Oxford University Press: New York, 1998.

[26] A. Ellis, *Self-help Therapy that Really Works*, Atascadero, CA: Impact Publishers, 2000.

accurate, what are the inherent limits and limitations influenced by the avoidable methodology, etc., it is absolutely necessary to critically overview the literature dealing with this phenomenon, and winnow reliable data from speculations. In this way, it may also be possible to more precisely identify the domains and aspects where growth (its specific sub-types) may occur, how it may be prompted, and the domains where it may be best benefited from. In the following, we will briefly present the main aspects of posttraumatic growth; the main approaches, theories, models, and implications in well-being and psychological adjustment.

2. **POSTTRAUMATIC GROWTH**

For centuries, suffering and growth by means of suffering have been considered to be inter-related. Moreover, different Eastern and Western religions confer suffering a central role and consider it as being the catalyzer for growth[27], that might help people attain wisdom, come closer to truth and divinity. Trauma, tragedy have been seen as life-lessons to be learned from. Throughout history, this view has periodically lost and gained in importance. Thus, existential philosophy, and later psychology have once more recognized the chance for growth through crisis and suffering as an opportunity of creating new, higher meanings with propelling effect.

Reports and descriptions of PTG may be found within existential and humanistic psychology as well[28]. Within these approaches mostly descriptions of identity and spiritual transformations, changes in interpersonal relationships and meaning systems abound. The first empirical attempt to measure the existential effects of trauma was effectuated by Ebersole in 1970[29].

The first studies that purposefully mention the possibility of experiencing growth in the aftermath of a negative event were those of Taylor[30] on the effects of natural calamities, and Hamera and Shontz's[31] on life threatening illness. Since then, the number of studies has rapidly grown covering a large range of traumatic events, and the methodological rigor has been improved as well.

2.1. POSTTRAUMATIC GROWTH TERMINOLOGY

Along the years, there has not been a single term for the phenomenon of interest - PTG. Positive reactions following a negative (traumatic) life event have

[27] K. I. Pargament, *The Psychology of Religion and Coping: Theory, Research and Practice*, New York: Guilford Press, 1997.

[28] D. T. Jaffe, *Self-renewal: Personal Transformation Following Extreme Trauma*, "Journal of Humanistic Psychology", 25, 1985, p. 99–125.

[29] R. Tedeschi, C. Park, & L. Calhoun, *op. cit.*

[30] V. Taylor, *Good News about Disaster. "*Psychology Today", 1977, p. 124–126.

[31] E. K. Hamera, & F. C. Shontz, *Perceived Positive and Negative Effects of Life-threatening Illness*, "Journal of Psychosomatic Medicine", 22, 1978, p. 419–424.

been variously termed as: *positive psychological changes*[32]; *perceived benefits* or *construing benefits*[33]; *flourishing*[34], *stress related growth*[35], *positive illusions*[36]; *positive reinterpretation*[37]; etc., to mention only a few.

The term of posttraumatic growth in print was for the first time used by Tedeschi & Calhoun in 1996 in an article where the authors presented the development of an inventory (PTGI) that attempted to measure this concept. The authors' justification of choosing and persisting in the usage of the term is worth a short explanation. For starters, the expression of posttraumatic growth incorporates the more distinct focus on not random stressful events, but on exclusively traumatic ones. The reason for this is that it has been observed that mostly events of extreme magnitude are able to promote such growth, while minor stressors would not (as e.g. *stress related growth* implies). It is acknowledged that related, nevertheless different processes as natural maturation, acquisition of new or more refined abilities would lead to similar reports of growth, but PTG is considered to be both qualitatively and quantitatively different from this type of development. In the same time, terms as *thriving* or *flourishing* do not purport the necessity of an extremely threatening, fundamental schema-shattering experience, as usually and by definition traumatic events do. Second, in the above-metioned authors'opinion the term *growth* excludes the connotation and possibility of positive, nevertheless illusory posttraumatic changes (as the term *positive illusions* for example would imply). Third, growth bears the connotation of both an ongoing process and an outcome in comparison with other terminology where PTG is considered to be a stable outcome or a coping mechanism (e.g. *perceived benefits*, or *positive reinterpretation*).

This far, PTG has been considered as one of the most encompassing, though not perfectly suitable terms for the targeted phenomenon. It draws attention to the fact that the individuals experiencing it have significantly developed beyond their previous levels of functioning and adaptation has occurred in the aftermath of an undesirable, extremely stressful, negative event. In conceiving the term of PTG, the authors have also taken into consideration the significant positive changes in

[32] I. D. Yalom, & M. A. Lieberman*, Bereavement and Heightened Existential Awareness*, "Psychiatry", 54, 1991, p. 334–345.

[33] C. McMillen, S. Zuravin, & G, Rideout, *Perceived Benefits form Child Sexual Abus*e, "Journal of Consulting and Clinical Psychology", 63, 1995, p. 1037–1043.

[34] C. D. Ryff, & B. Singer, *The Role of Purpose in Life and Personal Growth in Positive Human Health*, in *The Human Quest for Meaning: A handbook of Psychological Research and Clinical Applications*, P. T. P. Wong & P. S. Fry (eds.), Mahwah, NJ: Lawrence Erlbaum Associates, Inc., 1998, p. 213– 235.

[35] C. Park, L. Cohen, & R. Murch, *Assessment and Prediction of Stress-related Growth,* "Journal of Personality", 64(1), 1996, p. 71–105.

[36] S. E. Taylor, *Illusion and Well-being: A Social Psychological Perspective on Mental Health*, "Psychological Bulletin", 10*3*, 1996, p. 99–109.

[37] M. F. Scheier, J. K. Weintraub, & C. S. Carver, *Coping with Stress: Divergent Strategies of Optimists and Pessimists, "*Journal of Personality and Social Psychology"*,* 57*,* 1986, 1024–1040.

cognitive and emotional functioning, and the subsequent behavioral implications[38]. Nonetheless, with all its advantages over other terminologies, we consider that the term has some major shortcomings. The most evident one is that it might falsely direct attention to the idea that PTG is a pure (and *desired*) outcome of a traumatic event. More specifically, it implies that those who experience posttraumatic growth might be devoid of any kind of distress, which stance is false. As we will further on see, it is not unusual that persons reporting posttraumatic growth on different dimensions do for a considerable period of time experience distressing symptomatology. Growth and distress may co-exist, and do not exclude each other.

Recent specifications of the authors to the 1996 definition and terminology improve the understanding of the phenomenon. In a recent article they accentuate the idea that a traumatic event should not be considered as a precursor of growth. A traumatic event in itself does not produce PTG. It is the *struggle* in the aftermath of a negative event and its multi-level consequences that may (or may not) promote growth[39]. Thus, PTG may be a fortunate, but not compulsory outcome (as PTSD may be an unfortunate, but not compulsory outcome either).

Another imprecision of PTG derives from the fact that the majority of the literature dealing with it describes and actually measures the *subjective perceptions of growth*. With very few exceptions that try to remedy the subjectiveness of these self-perceived reports of growth, it is extremely difficult to objectively establish and measure of growth. This is the reason why, most recent studies propose the embedding in the term of PTG the connotation of '*self-perceived'* posttraumatic growth[40].

2.2. THEORETICAL CONCEPTUALIZATIONS OF POSTTRAUMATIC GROWTH

During its progress, PTG has been differently conceptualized by different theorists, mainly either as a stable ***outcome*** of the encounter and struggle with the traumatic event[41] or as a ***coping strategy*** continuously manifesting itself as self-perceived better post-event functioning[42].

Within the first approach (PTG as the outcome of the coping process), growth denotes a significant beneficial change in both the cognitive and emotional life of the individual, which has been considered as the '*antithesis'* of PTSD. As we have

[38] R. Tedeschi, C. Park, & L. Calhoun, *op. cit.*

[39] R. G. Tedeschi, & R. P. Kilmer, *Assessing Strengths, Resilience, and Growth to Guide Clinical Interventions,* "Professional Psychology: Research and Practice", 36*(*3), 2005, p. 230–237.

[40] T. Zoellner, & A. Maercker, *Posttraumatic Growth in Clinical Psychology – A Critical Review and Introduction of a Two Component Model*, "Clinical Psychology Review", 2006.

[41] J. A. Schaefer, & R. H. Moos, *Life Crises and Personal Growth*, in *Personal Coping: Theory, Research, and Application*, B. N. Carpenter (ed.), Westport, CT: Praeger, 1992.

[42] G. Affleck, & H. Tennen, *Construing Benefits from Adversity: Adaptational Significance and Dispositional Underpinning*s, "Journal of Personality", 64, 1996, p. 899–922.

already mentioned, and will return to its more elaborate debate, positive and negative posttraumatic reactions are not the two opposite ends of the same continuum, but are independent. For example Zoellner & Maercker[43] consider that there are conceptual differences between the different domains of growth and general emotional adjustment. PTG does not mean an increase in well-being and reduction of negative affectivity. Even more, some authors consider that individuals who report very high levels of self-perceived posttraumatic growth without accompanying negative affectivity (or other reactions) are highly probably to fake or be in denial. On the other hand, in the case of those who report growth and some sort of malfunctioning (usually negative affectivity), the probability of authentic growth on some dimensions is higher. Therefore, it is very important to (re)emphasize that growth and distress may coexist. Moreover, it seems that a specific degree of distress is a necessary element in the prompting and maintenance of growth[44].

2.3. TYPES OF GROWTH OUTCOMES

Briefly put, throughout literature, PTG is considered to be the experience of positive change that occurs as a result of the struggle with highly challenging life crises[45]. As already mentioned, it is not only an outcome, result of the reactions following a negative event, but an ongoing process as well. People experiencing it at a certain moment as an outcome, may further struggle to maintain it. Others on the contrary, may loose it – these being one of the instances that lighted up debates about the illusory aspects of posttraumatic growth. Nonetheless, there have been recorded situations when PTG as outcome dominates, and other cases when PTG as process does.

Thus, within the literature of life-crises' major forms of positive reactions, besides Posttraumatic Growth, positive *Quantum Change*[46] has also been documented. Both phenomena may occur as an aftermath of an extreme event, both are positively valenced (determining superior post-event levels of functioning on some dimensions), but have several distinctive features.

Quantum Change theory takes into discussion sudden, unexpected transformations (sometimes changes of 180°) in people's lives, perceived as positive, having a permanent and/or durable effect. In these authors' theory, Quantum Change results in new levels of normative functioning which, compared to the individual's original, pre-trauma level of functioning, may be either higher or lower. In the case of forms of posttraumatic growth, positive Quantum Change is that of interest. Quantum Change has been quite frequently recorded (especially in

[43] T. Zoellner, & A. Maercker, *op. cit.*

[44] J. T. Larsen, P. McGraw, & J. T. Cacioppo, *Can People Feel Happy and Sad at the Same Time?*, "Journal of Personality and Social Psychology", 81, 2001, p. 684–696.

[45] R. G. Tedeschi, & L. G. Calhoun, *op. cit*.

[46] M. W. R. Miller, & J. C. 'deBaca, *op. cit.*

the case of religious conversions). However, because its difficult conceptualization and measurement it has received little empirical evidence. Thus, in positive Quantum Change the aspect of outcome is that which dominates.

On the other hand, PTG may be reported in a particular moment as an outcome, but this does not offer the assurance that the process will or will not go on. There have also been recorded less fortunate cases when after momentary upheavals of growth feelings of growth have receded in time; such accounts were considered as illusory, since did not lead to stable reports of growth[47].

3. DIMENSIONS OF POSTTRAUMATIC GROWTH

As already mentioned, PTG is a multidimensional construct[48]. Different people experiencing growth in the aftermath of the same type of negative life-event have reported different types of growth. These manifestations on different dimensions may or may not all together be present within the experiences of the same person. In the beginning of PTG research, three main domains have been documented: *changes in perception of self*, *changes in interpersonal relationships*, and *changes in philosophy of life*[49]. More recent research, possibly influenced by the results offered by positive psychology, has refined these domains. It is considered nowadays that PTG may mostly manifest itself within five major domains: *increased appreciation for life in general*, *more meaningful interpersonal relationships*, *an increased sense of personal strength*, *changed priorities*, and *a richer existential and spiritual life*[50].

Momentarily, thorough reviews of the literature have repeatedly identified reports on these dimensions within American and Western European populations. Research targeting PTG on other than American and Western European populations is scarce, but data from a recent study on Bosnian refugees[51] has prompted the question whether the same factor structure (dimensions) is maintained within different cultures[52].

[47] J. E. Milam, *Posttraumatic Growth among HIV/AIDS Patients*, "Journal of Applied Social Psychology", 2004.

[48] L. G. Calhoun, & R. G. Tedeschi, *Beyond Recovery from Trauma: Implications for Clinical Practice and Research (Thriving: Broadening the Paradigm Beyond Illness to Health)*, "Journal of Social Issues", 1998.

[49] R. Tedeschi, C. Park, & L. Calhoun, *op. cit.*

[50] R. G. Tedeschi, & L. G. Calhoun, *op. cit.*

[51] S. Powell, R. Rosner, W. Butollo, R. G. Tedeschi, & L. G. Calhoun, *Posttraumatic Growth after War: A Study with Former Refugees and Displaced People in Sarajevo*, "Journal of Clinical Psychology", 44, 2003, p. 195–200.

[52] A. Maercker, & R. Langner, *Personliche Reifung durch Belastundeng und Traumata: Validierung Zweier Deuthscpachiger Fragebogenversionen (Posttraumatic Personal Growth: Validation of German version of two inventories),* "Diagnostica", 47, 2001, p. 153–162.

A. Increased appreciation of life in general

People experiencing extremely taxing events, oftentimes relate *increased appreciation of life in general* and/or of smaller, more particular aspects of it. Within this dimension most observable is the difference between persons who ruminate on the negative aspects of the implication of the event (e.g. "*Why did this happen to me*?"), and those who try to find some sort of benefit in what the event has left them with (e.g. "*I am so lucky for surviving*"). It is not unusual to identify within such reports changed priorities as well. This typically happens in people who have experienced some sort of loss – former goals, purposes seem unattainable, and/or have not yet found more general, encompassing ones[53], thus they concentrate on the now and here.

B. More meaningful interpersonal relationships

Reports of PTG on the dimension of *changed interpersonal relationships* usually refer to closer, more intimate connections with others. Within this dimension people may also report increased compassion, empathy for other sufferers[54]. This dimension is extremely important since it could promote the development and/or maintenance of social and emotional support, considered as one of the most important protective/preventive factors identified both in the study of negative and positive posttraumatic outcomes[55]. Nevertheless, it has to be acknowledged that not all sorts of social support are benefic, and even more, social support itself is not always beneficial[56]. Recently, more and more researchers agree that more attention should be paid to the differences between positive and negative aspects of social support and relationships[57].

Another important aspect usually discussed within this dimension is an *increased ability of self-disclosure* and *emotional expressiveness*[58]. Since it has not been explicitly targeted, it is yet unclear whether the pre-trauma ability to properly express feelings promotes better adaptation and growth, or that in those who report growth, the event itself initiated the development of this ability. However, literature has repeatedly addressed the benefic effects of proper emotional disclosure and

[53] C. S. Carver, & M. F. Scheier, *Three Human Strengths,* in *A Psychology of Human Strengths, Fundamental Questions and Future Directions for a Positive Psychology*, L. G. Aspinwall, & U. M. Staudinger (eds), American Psychological Association, Washington, DC, 2002.

[54] L. G. Calhoun, R. G. Tedeschi, D. Fulmer & D. Harlan, *Parental Bereavement, Rumination, and Posttraumatic growth*, Poster session presented at the meeting of the American Psychological Association, Washington, DC, 2000.

[55] E. J. Ozer, S. R. Best, T. L. Lipsey, & D. S. Weiss, *Predictors of Posttraumatic Stress Disorder and Symptoms in Adults: A Meta-analysis,* "Psychological Bulletin", 129*,* 2003, p. 52–71.

[56] C. B. Wortman, *Posttraumatic Growth: Progress and Problems*, "Psychological Inquiry", 15(1), 2004, p. 81–90.

[57] K. M. Ingram, N. E. Betz, E. J. Mindes, M. M. Schmitt, & N. G. Smith, *Unsupportive Responses from others Concerning a Stressful Life Event: Development of the Unsupportive Social Interactions Inventory,* "Journal of Social and Clinical Psychology", 20, 2001, p. 173–207.

[58] R. Tedeschi, C. Park, & L. Calhoun, *op. cit.*

expressiveness both in speech and writing[59]. Self-disclosure and emotional expressiveness did not prove to be benefic in all types of traumatic events, and has raised great controversies within the domain[60]. Thus, researchers have observed that for instance in the case of rape and incest, closer relationships have been attained through an increased sense of caution in expression[61]. Most of these opinions stem from the assumption that the majority of the persons whom the patient discloses resent these kinds of "*confession-like*" discussions of negative life-events. Those who resent such a "confession-like" approach adopt a distant attitude and later may prove to be unsupportive (the importance of which has already been discussed)[62]. It is possible that people experiencing certain, culturally reprovable negative life events may have an intense desire to express, disclose and discuss them, yet, the confrontation with the results of social constraints determine them not to talk about their reactions[63]. Pennebaker[64] and Smyth[65] have more exhaustively addressed these controversies. In general, it seems that the disclosure of emotions related to a negative event helps the individual to organize the experiences and make sense (find meaning, sometimes create meaning) of the event, its possible aftermaths and future possibilities[66]. Even if the underlying mechanism is still unknown, this might be the reason why disclosure studied within the paradigm of Expressive Writing has produced improvements in so many areas of functioning[67].

C. Increased sense of personal strength

A very often-met theme within the reports of PTG is that of an *increased sense of personal strength*[68]. People derive confidence and develop feelings of security and

[59] C. L Park, & C. J. Blumberg, *Disclosing Trauma through Writing: Testing the Meaning-Making Hypothesis, "*Cognitive Therapy and Research", 26, 2002, p. 597–616.

[60] K. M. Ingram, N. E. Betz, E. J. Mindes, M. M. Schmitt, & N. G. Smith, *Unsupportive Responses from Others Concerning a Stressful Life Event: Development of the Unsupportive Social Interactions Inventory*, "Journal of Social and Clinical Psychology", 20, 2001, p. 173–207.

[61] C. McMillen, S. Zuravin, & G .Rideout, *Perceived Benefits form Child Sexual Abuse*, "Journal of Consulting and Clinical Psychology", 63, 1995, p. 1037–1043.

[62] E. Kennedy-Moore, & J. C. Watson, *Expressing Emotion: Myths, Realities, and Therapeutic Strategies*, New York: Guilford Press, 1999.

[63] J. W. Pennebaker & K. D. Harber*, A Social Stage Model of Collective Coping: The Loma Prieta Earthquake and the Persian Gulf War*, "Journal of Social Issues", 49, 1993, p. 125–145.

[64] J. W. Pennebaker, *The Effects of Traumatic Disclosure on Physical and Mental Health: The Values of Writing and Talking about Upsetting Events*, in *Posttraumatic Stress Intervention: Challenges, Issues, and Perspectives*, J. M. Violanti, & D. Paton (eds.), Springfield, IL, US: Charles C. Thomas, 2000.

[65] J. M. Smyth, *Written Emotional Expression: Effect Sizes, Outcome Types, and Moderating Variables*, "Journal of Consulting and Clinical Psychology", 66(1), 1998, p. 174–184.

[66] R. A. Neimeyer, & A. E. Stewart, *Trauma, Healing, and the Narrative Employment of Loss*, "Families in Society", 77, 1996, p. 360–375.

[67] K. J. Petrie, B. R. Jooth, & J. W. Pennebaker, *The Immunological Effects of Thought Suppression*, "Journal of Personality and Social Psychology", 75(5), 1998, p. 1246–1272.

[68] C. M. Aldwin, M. R. Levenson, & Jr. A. Spiro, *Vulnerability and Resilience in Combat Exposure: Can Stress Have Lifelong benefits?*, *"*Psychology and Aging", 9, 1994, p. 43–44.

strength expressed in utterances similar to "*If I could handle/survive this I can handle/survive anything*" [69]. For many times this perception of increased strength may derive from either *interpersonal* (*social*) or *intrapersonal* (*temporal*) usually downward comparisons[70].

D. Changed priorities (new possibilities or paths for one's life)

Changed priorities and identification of *new possibilities or paths for one's life* is the fourth dimension in which PTG might be related. The most important aspect within this dimension seems to be the recognition that some cherished goals, purposes should and are worth pursuing, while others on the contrary, should be given up, thus establishing a new path in life have a tremendous importance. As systematic research within the relatively newly established branch of positive psychology has identified, *human strength* so necessary for overcoming hardships, is not always what common sense considers it to be. One of the characteristics of strength is that it does not always mean the sustained perseverance of obtaining something, of pursuing an unattainable goal by all means. Strength, inherent in the process of psychological growth, is "partly about holding on and partly about letting go"[71]. Some researchers go even further, by highlighting the importance of giving up unattainable goals, and simultaneously find new, attainable ones, well incorporated in the model of Selection, Optimization and Compensation (SOC)[72]. According to this direction of research, PTG and wisdom seems to be highly related and the individuals who reside more flexibly to replace what cannot be accomplished with something more realistic and fit to the situation are more adapted than those who only give up and wait for something to show up, or pursue the unattainable. Thus, besides struggling forward, perseverance, and trying by all means to adapt and attain one's goal, *giving up* the right goal in the right moment, and more importantly, *replace* it with another, more suitable one, is more adaptive[73].

E. Changes in existential themes - richer existential and spiritual life

The dimension of *changes in philosophy of life* encompasses several sub-dimensions. These, not mutually exclusive sub-domains are: *existential*, *spiritual* and *religious changes*.

[69] C. S. Carver, *Resilience and Thriving: Issues, Models, and Linkages*, "Journal of Social Issues", 54, 1998, p. 245–266.

[70] C. McFarland, & C. Alvaro, *The Impact of Motivation on Temporal Comparisons: Coping with Traumatic Events by Perceiving personal Growth*, "Journal of Personality and Social Psychology", 79, 2000, p. 327–343.

[71] T. A. Pyszczynski, & J. Greenberg, *Hanging on and Letting Go: Understanding the Onset, Progression, and Remission of Depression*, New York: Springer, 1992.

[72] P. B. Baltes, & U. M. Staudinger, *Wisdom: A Metaheuristic to Orchestrate Mind and Virtue Toward Excellence*, "American Psychologist", 55, 2000, p. 122–136.

[73] C. Wrosch, M. F. Scheier, C. S. Carver, & R. Schulz, *The Importance of Goal disengagement in Adaptive Self-regulation: When Giving up is Beneficial, "*Self and Identity", 2, 2003, p. 1–20.

1. *Changes in existential themes and sense of meaning of life*

Changes in existential themes and sense of meaning of life in general are determined by the shattering of people's fundamental, basic pre-trauma assumptions about existence and global meaning systems[74]. Usually literature considers such changes as representing growth, although these processes are most frequently accompanied by uncomfortable distressing affective experiences. The highest levels of distress have been recorded in cases when trauma has triggered beliefs about the meaning of life and has determined the individual to confront the inevitability of personal death[75]. These trauma-induced recognitions do not mean that the individuals will resolve the problem instantaneously. The formation of a new, acceptable meaning and its integration into the person's global meaning system is usually a long-term process (except the cases described within the phenomenon of Quantum Change).

2. *Spiritual and religious changes*

As research within spiritual issues and their impact on psychological functioning increases, it becomes more and more evident that spirituality and religion have a huge importance in the process of adaptation and well-being[76]. Thus, it has been evinced that spirituality and religion intervene to a great extent in the process of adaptation to negative life events and may even determine the experience of growth. Within the dimension of *Spiritual and Religious Changes* are mainly discussed those cases when the individual's pre-trauma spiritual or metaphysical beliefs assist/guide the posttraumatic reactions. Sometimes spiritual or religious pre-trauma core beliefs implied in the interpretation and coping with the negative event may initiate a sense of growth, strengthen former beliefs and determine further spiritual growth. In these cases, individuals feel a greater connectedness to something transcendent, a greater presence of God, a better understanding of the religious beliefs, and so on[77]. In other cases, former belief systems may be replaced by new, more adaptive or comforting ones[78]. Thus, the already mentioned sudden changes within Quantum Change represent a very good example in this regard. A third possibility describes persons

[74] C. L. Park, & S. Folkman, *Meaning in the Context of Stress and Coping*, "Review of General Psychology", 1, 1997, p. 115–144.

[75] R. F. Baumeister, *Meanings of Life*, New York, Guilford Press, 1991.

[76] A. J. Weaver, J. A. Samford, V. J. Morgan, A. I. Lichton, D. B. Larson, & J. Garabrino, *Research on Religious Variables in Five Major Adolescent Research Journals: 1992–1996,* "Journal of Nervous and Mental Disorders", 188(1), 2003, p. 6–44.

[77] W. S. Overcash, L. G. Calhoun, A. Cann, & R. G. Tedeschi, C*oping with Crisis: An Examination of the Impact of Traumatic Events on Personal Belief Systems*, "Journal of Genetic Psychology", 157, 1996, p. 455–464.

[78] L. Calhoun, A. Cann, R. Tedeschi, & J. McMillian, *A Correlational Test of the Relationship between Posttraumatic Growth, and Cognitive Processing,* "Journal of Traumatic Stress", 13(3), 2000, p. 521–527.

who before the traumatic event have considered themselves as being non-religious. Even *atheists* may undergo conversion-like experiences and become devout believers thus finding relief and a higher meaning for their suffering[79] or may also experience growth (and not sudden, long-lasting changes), by more profoundly engaging in fundamental existential questions[80]. Interestingly, some people may grow within a specific religious belief system[81], while others may report spiritual growth outside any religious system and traditional religious doctrine ([82]. It is worth mentioning that trauma may also unleash a quest-like process for clarification or conceptualization of existential issues mainly through the process of meaning making.

Even if this paper is dedicated to the treatment of possible positive posttraumatic experiences, we consider that it is necessary to mention again that posttraumatic growth in itself does not exclusively mean a final state of positive affectivity free from distress. Lots of individuals experiencing a devastating event may in parallel experience both struggle with the trauma, with its aftermath and growth arising form it. In the same time, even if there are cases when individuals report that the traumatic event was the best thing that happened to them, most of those who experience growth on one or more of the above described dimensions, would prefer that the event had never happened to them. Thus, we would like to reemphasize, that the experiencing of a traumatic event is not a necessary or exclusive condition for growth. Growth may be attained in normal situations as well, for example by the acquisition of new abilities, knowledge, perfecting or adapting already existing knowledge – aging in itself, by mere (even vicarious experiences) experience may promote growth. But, growth through suffering could trigger processes by which the individual may experience a qualitatively different, more or less stable sense of growth in the less expected conditions. Consequently, it is not the event itself that is valued, but the fact that it is happening forces the individual to struggle and find the strength not to succumb.

4. FACTORS CONTRIBUTING TO POSTTRAUMATIC GROWTH

As research within the study of negative posttraumatic reactions has uncovered several risk factors for developing clinically significant negative reactions, so has research within the study of other possible reactions evinced several factors that would contribute to the experiencing of posttraumatic growth. Even if research in this domain is relatively scarce, and data cannot be cross-

[79] K. I. Pargament, *Religious Methods of Coping: Resources for the Conservation and Transformation of Significance*, in *Religion and the Clinical Practice of Psychology*, E. P. Safranske (ed.), Washington, DC: American Psychological Association, 1996.

[80] R. G. Tedeschi, & L. G. Calhoun, *op. cit.*

[81] R. Tedeschi, C. Park, & L. Calhoun, *op. cit.*

[82] B. G. Kessler, *Bereavement and Personal Growth,* "Journal of Humanistic Psychology", 27, 1987, p. 228–247.

culturally generalized, the following main pre-trauma factors have been found as possible predictors or triggers of growth: *intrinsic religiousness*, *social support satisfaction*, *initial stressfulness of the event*, *coping strategies as reinterpretation and acceptance*, *number of recent positive life events, etc.*[83]

4.1. INTRINSIC RELIGIOUSNESS

As we have already mentioned, it is generally accepted that *religious orientation* is related to psychological well-being. Nevertheless, from the three main types of religious orientation: extrinsic, intrinsic and quest[84], only intrinsic religiosity has repeatedly been found to be related to a relatively stable perception of growth. In the same time, quest orientation has been considered as a prompter of a mechanism that may lead in both directions, while extrinsic orientation has produced contradictory data, somewhat tilted to maladaption. In this sense, literature abounds in data expressing significant positive correlations between *extrinsic personal* and *extrinsic social religiousness* and depressive symptoms, trait anxiety, and self-esteem. On the other hand, research studying the relationship between psychological well-being and religious orientation[85], has consistently found significant negative correlations between intrinsic religiousness and depressive symptoms, trait anxiety and self-esteem[86].

Intrinsic religiousness refers to the degree to which religion assists the individual in comprehending the event, finding meaning, significance and even benefits in it[87]. Such persons use religion as a framework that guides their life-style, in the same time fulfilling the function of primary motivator[88]. Thus, the more salient, stable and coherent this belief system is, the more the individual is able to make sense and interpret the event and his/her experiences in a way that would reduce its negative valence, and promote positive reinterpretations[89]. As it will later on more profoundly be discussed, intrinsic religiosity intervenes in several aspects of the posttraumatic process, as optimism, attributions, coping style, etc. The reconstruction, or finding of

[83] S. Cadell, C. Regehr, & D. Hemsworth, *Factors Contributing to Post-Traumatic Growth: A Proposed Structural Equation Model,* "American Journal of Orthopsychiatry", 73(3), 2003, p. 279–287.

[84] J. Maltby, & L. Day, *Religious Orientation, Religious Coping and Appraisals of Stress: Assessing Primary Appraisal Factors in the Relationship between Religiosity and Psychological Well-Being, "*Personality and Individual Differences", 34, 2003, p. 1209–1224.

[85] D. M. Wulff, *Religion: Classic and Contemporary*, vol. 2, London: John Wiley & Sons, 1997.

[86] J. Maltby, C. A. Lewis, & L. Day, *Religious Orientation and Psychological Well-Being: The Role of the Frequency of Personal Praye*r, "British Journal of Health Psychology", 4, 1999, p. 363–378.

[87] C. Park, L. Cohen, & R. Murch, *op. cit*., p. 71–105.

[88] G. Allport, *The Religious Context of Prejudice*, "Journal for the Scientific Study of Religion", 5, 1966, p. 447–457.

[89] D. McIntosh, R. Silver, & C. Wortman, *Religion's Role in Adjustment to a Negative Life Event: Coping with the Loss of aCchild*, "Journal of Personality and Social Psychology", 65, 1993, p. 812–821.

meaning is a necessary aspect of the posttraumatic recovery[90]. Thus, religious beliefs within the global meaning system probably modulate not only the pre-trauma attitude towards such negative events, but also the initial appraisal of the event (situational meaning), further integration of the meaning and significance of the event in the individual's newly created (or altered) global meaning system, etc.

4.2. SOCIAL SUPPORT SATISFACTION

Pre-event *perceived social support* has also been found to be a buffer in the case of negative events[91]. Some researchers consider it as having two major characteristics: environmental and personal[92]. This construct may to a considerable degree be related to the individual's abilities regarding the establishment or maintaining of social network, emotional openness towards others, the willingness to find confidants, etc. In the same time, the individual may be aware of the availability of supportive others, which may aid posttraumatic growth by offering the individual the possibility to create a narrative about the event, about the changes that this one has caused in his/her life[93]. The formation of narratives of the trauma and subsequent survival are extremely important because it forces the individual to confront questions of meaning and possibilities of reconstruction. It is not unusual to encounter even massive changes within the story of the event and story of life as the new, more adaptive narrative is formed[94]. The creation of a narrative does not in itself mean growth and the commensurate decrease of the experienced levels of distress, or increase in positive affectivity. In order to experience subsequent growth, while constructing the narrative the individual has to attribute it special meanings, mainly starting by finding some kind of benefit in it. As research has evinced, distress is to some extent much easier to deal with if one can ascribe an acceptable sense for its' happening. In the same time, it is more difficult to live with the negative consequences of trauma if one cannot find a justification for the event[95]. A more specific issue within *perceived social support* is that of *mutual support*. In the case of those who have experienced and momentarily successfully tamed such an event, both the offering and receiving of support from *fellow sufferers* is particularly important. Usually, the credibility of

[90] V. L. Gluhoski, & C. B. Wortman, *The Impact of Trauma on World Views. "*Journal of Social and Clinical Psychology", 15, 1996, p. 417–429.

[91] S. Cadell, C. Regehr, & D. Hemsworth, *Factors Contributing to Post-Traumatic Growth: A Proposed Structural Equation Model,* "American Journal of Orthopsychiatry", 73(3), 2003, p. 279–287.

[92] C. Park, L. Cohen, & R. Murch, *op. cit*., p. 71–105.

[93] R A. Neimeyer, *Meaning reconstruction and the experience of loss*, Washington, DC: American Psychological Association, 2001.

[94] C. G. Davis, S. Nolen-Hoeksema, J. Larson, *Making Sense of Loss and From the Experience: Two Construals of Meaning,* "Journal of Personality and Social Psychology", 75 (2), 1998, p. 561 - 574.

[95] R. G. Tedeschi & R. P. Kilmer, *op. cit.*, p. 230–237.

those who 'have already been' in a similar situation is much higher than those who are only supposed to understand (but have not experienced) the situation. These discussions (sessions of oral narration) not only promote the process of meaning-making, but also unleash the addressing of the emotional implications, simultaneously determining the reduction of the negative valence of affectivity. In the same time, social networks and narrations within co-sufferers also give the individual the chance to effectuate *interpersonal* (social) and *intra-personal* (temporal) *comparisons*[96]. Both these comparisons may be important aspects of the processes implied in downward-comparisons. These comparisons on the one hand may enhance the individual's perceptions of own attributes, and might also promote the motivation for development[97].

4.3. INITIAL STRESSFULNESS OF THE EVENT

As already mentioned, a traumatic event frequently determines individuals to experience a wide range of distressing symptoms: intrusions, avoidance, arousal, etc. on a continuum, with a variable frequency and intensity, which in many cases meet the criteria of PTSD or ASD (Acute stress disorder). But, as already mentioned, there is a considerable number of individuals who even if experience these extremely distressing symptoms, may subsequently recover by their own and report PTG, or may report both PTG and the above mentioned symptoms. Thus, the *initial stressfulness of the event* is both related to pathology and growth, namely, *the more distressing the event is the more chances are for the individual to experience either PTSD or PTG* ([98]. It has repeatedly been observed that less intense stressors are not able to prompt PTG; they may determine variable levels of distress followed by more or less successful adaptation, but not the experiencing of massive changes resulting in posttraumatic growth. Linley and Joseph's[99] systematic review of the literature has evinced that traumatic events which lead to an initial perception of life threat, high levels of uncontrollability and helplessness do more probably lead or precipitate growth. This might be due to the fact that minor (less intense) stressors do not disrupt the individual's schemas, belief and meaning systems to such an extent that a thorough reconstruction be needed[100]. Small threats and challenges produce small changes, while great ones may promote huge, positive or negative modifications.

[96] C. McFarland, & C. Alvaro,*op. cit*.

[97] V. S. Helgeson, & K. D. Mickelson, *Motives for social comparison,* "Personality and Social Psychology Bulletin", 21*,* 1995, p. 1200–1209.

[98] P. A. Linley, & S. Joseph, *Positive Change Following Trauma and Adversity: A Review*, "Journal of Traumatic Stress", 17(1), 2004, p. 11–21.

[99] *Ibidem*.

[100] R. Janoff-Bulman, *Shattered Assumptions: Towards a New Psychology of Trauma*, New York: Free Press, 1992.

4.4. COPING STRATEGIES (REINTERPRETATION AND ACCEPTANCE)

C*oping strategies (esp. reinterpretation and acceptance)* have also been found to either promote growth or prevent the experiencing of extreme, long-lasting negative symptomatology (e.g. resilience, recovery). Especially *positive reinterpretation* produced high correlations with growth, possibly because this more conscious, effortful strategy represents in itself an attempt to achieve the desired growth[101]. The desire to '*learn from the experience'*, '*find the positive in it'*, automatically enhances the likelihood that the individual will experience or report it. In several cases literature has evinced that *acceptance coping* is also related to positive changes in the aftermath of negative events[102]. Both reinterpretation and acceptance of the event (discussed in more detail in the subsection addressing optimal human functioning and wisdom) are fundamental to the growth process[103].

4.5. NUMBER OF RECENT POSITIVE LIFE EVENTS

Reviews of the literature have also evinced that the *number of recent or concomitant positive life events* may also represent factors that contributes to growth. Recent research suggests that those who in parallel with the negative event experience also positive ones, or are capable to interpret minor events as positive, are more likely to later on report growth[104]. Such encounters are able to buffer the experiencing of distress and harmful negative reactions.

In sum, research within posttraumatic growth focuses on finding out why and how some people even if deeply affected and marked by the event, not only recover to their previous level of functioning (bounce-back), but take advantage of the event and use it as a springboard[105] for further individual growth. Initial approaches within the domain have left the impression that trauma should almost invariably lead to some sort of growth (this idea is met even in highly cited studies on PTSD: "Some people are able to see the trauma as a time-limited, terrible experience that does not necessarily have negative implications for the future, and may also be able to find some element of personal growth in it. These people are likely to recover quickly"[106].

[101] R. Tedeschi, C. Park, & L. Calhoun, *op. cit.*

[102] N. A. Brooks, & R. R. Matson, *Social Psychological Adjustment to Multiple Sclerosis*, "Social Science and Medicine," 16, 1982, p. 2129–2135.

[103] J. A. Schaefer, & R. H. Moos, *op. cit*.

[104] C. Park, L.Cohen, & R. Murch, *op. cit.*

[105] R. Tedeschi, C. Park, & L. Calhoun, *op. cit.*

[106] E. B. Foa, A. Ehlers, D. M. Clark, D. F. Tolin, & S. M. Orsillo, *The Posttraumatic Cognitions Inventory (PTCI): Development and Validation,"* Psychological Assessment", 11*,* 1999, p. 303–314.

This far, research within this domain sustains that, for those who subsequently report PTG, the suffering produced by the negative event represents an opportunity to build a new, superior life structure "almost from scratches" – they may perceive themselves as stronger, better, more empathetic, etc., but in the same time may also report variable degrees of distress along the posttraumatic process.

Regardless the advances within this domain, as from the above-presented brief synthesis may be noticed, there are considerable questionable issues. One of the most evident ones is the huge overlap between the dimensions posttraumatic growth occur and that of the protective factors. One of the reasons for this shortcoming may be the not always rigorous methodology. Since most of the studies are retrospective and/or cross-sectional, thus hindering the prediction of state evolution from one time/circumstance within the same group. Inter- and intra-individual research addresses different problems, the findings and their interpretation is oftentimes contradictory[107]. The study of PGT has perforce been inter-individual (normative) rather than intra-invindividual. In most studies, people (and groups of people) have been compared with each other, assessed on a single occasion – thus, the possibility to state anything for sure about the "*flux of variables being studied*"[108] is extremely reduced. In intra-individual studies, people are assessed and compared with themselves repeatedly, over time and across situations. Nevertheless, even if it would be more appropriate for studying PTG, the number of studies that systematically re-assessed and compared the same individual, or group are very rare. Thus, with few exceptions[109], most of the studies within PTG should be used only as a preliminary strategy to identify antecedent variables, important factors that might promote or prevent growth. In order to justify causal inferences, research methodology in the study of PTG should be more accurate and predictive, completed with in-depth intra-individual designs that would evaluate cause and effect by controlling participant variations.

Another unresolved issue within the study of PTG is that of the time-frame of assessment, in other words, when should PTG be assessed (days, weeks, months or years after the target event)? As the authors of the first book on PTG[110] suggest, there are cases when PTG may occur soon after the encounter, being attended by considerably high levels of distress. For more rigor and assurance of stability (and to exclude the possibility of illusory experiences of growth) in the empirical literature, the most frequent time-frame for assessing PTG is usually months and years after the event[111].

[107] H. Tennen, G. Affleck, S. Armeli, & M. A. Carney, *A Daily Process Approach to Coping: Linking Theory Research and Practice*, "American Psychologist", 55, 2000, p. 626–636.

[108] R. S. Lazarus, *Does the Positive Psychology Movement Have Legs?*, "Psychological Inquiry", 14(2), 2003, p. 93–109.

[109] C. Park, L. Cohen, & R. Murch, *op. cit.*

[110] R. Tedeschi, C. Park, & L. Calhoun, *op. cit.*

[111] D. R. Lehman, C. G. Davis, A. Delongis, C. Wortman, S. Bluck, D. R. Mandel et al., *Positive and Negative Life Changes Following Bereavement and Their Relations to Adjustment,* "Journal of Social and Clinical Psychology", 54, 1993, p. 438–446.

5. **BIASES TO REPORTS OF POSTTRAUMATIC GROWTH**

Reactions to trauma may be controversial and may lead to unexpected outcomes. Even if posttraumatic growth seems to be not as infrequent, there are several commentators who question the face value of such self-reports. These criticisms do not necessarily doubt the authenticity of individual reports (conscious vs. unconscious misleading), but the question of qualifying such reports as authentic growth – namely, are these instances of self-related-growth determined by cognitive biases, illusions (pseudo-growth) or are they real, stable, positive modifications in the individual's functioning?[112]

Some of the various ways in which biases may contaminate reports of growth, are: *social desirability, biases in cognitive reconstruction, downward comparisons,* and *effects* of subsequent events and interactions.

5.1. SOCIAL DESIRABILITY

Social desirability is one of the factors that might induce false reports of positive posttraumatic change, may be highly influenced by what now is called the *tyranny of positive thinking*. The advent of positive psychology, beyond the benefits it brought, has to a great extent influenced lay-people's theories about the way the adapted individual should react post-traumatically. One of the major misconceptions is that a person should necessarily feel positive emotions, and the less negatives he/she feels the better. As Diener and Suh[113] described, the dominant ethos of present American culture is that of a strong pressure to be happy, reflected in widely used idioms and expressions ('*Get over it and get on with it'*; '*Don't worry, be happy'*, '*The winners laugh; the losers weep'*; '*Losers are always in the wrong'*; '*Finders keepers, losers weepers'*; '*First winner, last loser'*; '*A good loser never wins'*, etc.)[114], which may induce not only reports of pseudo-growth, but in cases of perceived inability to conform to social standards, high levels of secondary stress as well. Under the spell of such cultural incentives, many people feel the need to act accordingly, or do act as such without intending to mislead.

5.2. BIASES IN COGNITIVE RECONSTRUCTION

Biases in cognitive reconstruction refer to the situations when the individual develops post-traumatically a tendency to derogate past selves in order to maintain

[112] C. M. Aldwin, M. R. Levenson, & A. Spiro Jr., *Vulnerability and Resilience in Combat Exposure: Can Stress Have Lifelong Benefits?*, "Psychology and Aging", 9, 1994, p. 43–44.

[113] E. Diener, & E. M. Suh (eds.), *Culture and Subjective Well-Being*, Cambridge, MA: MIT Press, 2000.

[114] W. Mieder, *A dictionary of American Proverbs*, Oxford University Press: New York, 1998.

a favorable view of current state, thus being able to perceive a sort of personal growth[115] – disparaging distant and complimenting recent past selves. One of the major types of such biases has been treated under the term of Downward Temporal Comparison[116].

5.3. DOWNWARD SOCIAL COMPARISON

Downward social comparison refers to the phenomenon when people compare themselves to others and conclude that they are better off than these others[117]. This type of comparison has frequently been encountered in trauma literature and it is considered either as illusion or the deliberate underestimation of the strengths of others[118]. Nevertheless, downward social comparison cannot be accounted for growth[119].

5.4. EFFECTS OF SUBSEQUENT EVENTS AND INTERACTIONS

The single report of PTG does not mean by far that what the person experiences is authentic growth on the one hand, and it is not an assurance that it will be stable over time. More recent approaches to PTG have evinced that it may have different trajectories in time: there are cases when it is stable, other people/groups report its decrease, and others are able to increase it (or experience its increase) over time. The stability of growth is presumed to be partially determined by the effects of subsequent events, interactions, and the way in which the newly constructed schemas can be enacted in new encounters. Simultaneously, it is assumed that the ability to successfully use the new schemas in the long run, thus permanently maintaining or reinforcing the experience of growth, is highly dependent on: *personality factors* (especially extraversion), the *ability to experience positive emotions*, and *distal* and *proximal socio-cultural factors*[120]. The development of a stable sense of posttraumatic growth may have large implications in lots of life domains, but in most cases its influence is perceived in the improvement of health-related behavior.

[115] A. E. Wilson, & M. Ross, *From Chump to Champ: People's Appraisals of Their Earlier and Present Selves,* "Journal of Personality and Social Psychology", 80, 2001, p. 575–587.

[116] C. McFarland, & C. Alvaro, *op. cit.*

[117] T. Zoellner & A. Maercker, *op. cit.*

[118] R. G. Tedeschi, & L. G. Calhoun, *op. cit.*

[119] T. Weiss, *Posttraumatic Growth in Husbands of Women with Breast Cancer*, Unpublished doctoral dissertation, Adelphi University, Garden City, NY, 2002.

[120] R. G. Tedeschi, V*iolence Transformed: Posttraumatic Growth in Survivors and Their Societies,* "Aggression and Violent Behavior", 4, (3), 1999, p. 319–341.

6. THEORIES AND MODELS OF POSTTRAUMATIC GROWTH

Empirical and theoretical work within the framework of PTG has received concentrated and serious attention relatively recently[121]. Thus, even if serious investigations have just recently begun, several theories of growth through adversity have been proposed. Yet, most of the proposed theories tend to be descriptive and speculative, being unable to explain the underlying growth processes and determine causality among factors and the growth outcome.

Theories of growth mirror to a certain degree theories used to explain PTSD, or take these theories as a starting point, but concentrate instead of pathology on the positive outcomes and underlying processes that may occur after an extremely negative encounter.

In the following, we will present the main theories of growth grouped in two main clusters: (i) theories that deal with growth as an outcome, and (ii) theories that consider growth as a coping strategy.

6.1. MODELS OF GROWTH AS OUTCOME

These models usually lay accent on the already assessable growth, and try to describe it as detailed as possible. They usually offer a radiography of the phenomenon itself, of the possibly implied factors, and usually produce less information about the underlying processes that lead to growth. A very good example of such kind of model is that of O'Leary and Ickovics[122], where the main outcomes following a posttraumatic reaction (succumbing, survival with impairment, recovery and thriving) are presented and described in detail. Other models (as will briefly be discussed), present PTG as an outcome of change, and try to simultaneously accentuate the mechanisms that lead (and might maintain) growth. Nevertheless, most of these models are descriptive, growth being conceptualized as a final-state, and the interplay of different actors and processes are not clearly stated.

6.1.1. **Models of PTG as life crises and personal growth**[123]

In this approach, the main accent falls on the personal (socio-demographic and personal resources: self-efficacy, resilience, optimism, motivation, etc.) and environmental (personal relationships, family support, financial resources, etc.) factors that may play a role in the development of positive reactions. These personal and environmental factors play in concert and influence the processes of cognitive appraisal, coping strategies, and because they are connected by feedback-

[121] R. Tedeschi, C. Park, & L. Calhoun, *op. cit.*

[122] V. O'Leary, & J. R. Ickovics, *Resilience and Thriving in Response to Challenge: An Opportunity for a Paradigm Shift in Women's Health*, "Women's Health: Research and Gender, Behavior and Policy", 1, 1995, p. 121–142.

[123] J. A. Schaefer, & R. H. Moos, *op. cit*.

loops, permanently influence each other. Within the adaptiveness of different coping strategies, this model emphasizes the importance of approach coping in the development of growth, and the negative effect of avoidance.

6.1.2. **Revised Model of Posttraumatic Growth**[124]

The most comprehensive, yet incomplete descriptive model of the Posttraumatic Growth as an outcome, developed on supporting empirical evidence and enhanced over the years by the same authors.

The model is constructed around the idea of growth through struggling both with the event itself and its multiple consequences (emotions, changed environment, loss of abilities and/or possibilities, etc.). Tedeschi and Calhoun[125] stand high in favoring the use of the metaphor of 'seismic event' instead of traumatic event, since PTG is possible only if the event has had a tremendous impact, or at least must be challenging enough to set in motion the specific mechanisms of cognitive processing indispensable for growth[126].

6.1.3. **Models of PTG as Organismic Valuing Theory**[127]

One of the most recent theories, the Organismic Valuing theory of growth through adversity starts off from the premise that human beings are active, growth oriented organisms inclined to integrate their psychological experiences "into a unified sense of self, and to integrate themselves into larger social groups and structures"[128]. In this approach, humans are characterized and determined by their needs, values, aspirations, which prompt them to strive in pursuing well-being and fulfillment[129]. One of the central tenets of the organismic valuing theory is the idea that each person possesses the innate tendency to 'know' the own, specific directions in life in achieving well-being and fulfillment. The permanent interaction between the parameters of the social environment and the individual's needs, values, goals, beliefs, etc., determines the way in which the individual acts: in consonance or not with his/her own organismic valuing process. Those who succeed to manage this permanent interaction well, and act more according to this valuing process are characterized by more authenticity, self-knowledge, greater fulfillment, etc. According to the authors, the organismic valuing theory is very well illustrated within the process of growth through adversity. Thus, growth arises from the struggle in developing new models of the world, since the old ones were found unsuitable

[124] R. G. Tedeschi, & L. G. Calhoun, *op. cit.*
[125] *Ibidem.*
[126] *Ibidem*.
[127] P. A. Linley & S. Joseph, *op. cit.*
[128] S. Joseph & P. A. Linley, *Positive Adjustment to Threatening Events: An Organismic Valuing Theory of Growth through Adversity*, "Review of General Psychology", 2005.
[129] R. M. Ryan, *Psychological Needs and the Facilitation of Integrative Processes*, "Journal of Personality", 63, 1995, p. 397–427.

during the traumatic experience – in this way, the traumatic event is considered an extreme "shattering of previous self-identity"[130]. Nevertheless it seems interesting, and many consider this model a promising one, the empirical work that would sustain it is extremely scarce.

The first two models of growth as outcome, are complex, and take into consideration both he proximal and the distal factors that might intervene in growth. Nevertheless, beside the fact that they only briefly describe the interplay of underlying mechanisms, the vague (and sometimes incongruent) definition of certain predictors hinders to a great extent the empirical testing of the model. As Zoellner and Maercker[131] state, these models may though serve as heuristic frames meant to guide and refine research, in order to improve future models.

6.2. MODELS OF PTG AS COPING STRATEGY

As already mentioned, PTG has in many cases been considered as a specific coping strategy, resulting or assisting adaptive response. In the following, we will very briefly present the most important models of PTG as coping strategy.

6.2.1. **PTG as a form of positive illusion**[132]

Within her theory of cognitive adaptation to threatening events, Taylor[133] considers PTG as a form of 'positive illusion', having a highly adaptive value. Even if in this approach PTG is an illusion, its perception may change both self-appraisal but also consequent, modified appraisals of the event itself, consequences and later possibilities, thus enhancing the more successful coping with the event.

6.2.2. **PTG within the framework of a meaning-making process**[134]

This model of PTG is built on Lazarus' Cognitive-Motivational-Relational theory of stress[135], and immersed within the framework of meaning-making in the context of stress and coping. Within this framework, the authors distinguish between the global and situational meaning system. The first one representing the individual's enduring core beliefs, system of values, goals, motivation, etc., while the situational meaning system is formed in the moment when an external or internal event threatens the elements of the global meaning system. Simply put,

[130] S. Joseph, & P. A. Linley, *op. cit.*

[131] T. Zoellner & A. Maercker, *op. cit.*

[132] S. E. Taylor, *Adjustment to Threatening Events. A Theory of Cognitive Adaptation,"* American Psychologist". 1983, p. 1161–1173.

[133] *Ibidem*.

[134] C. L. Park, & S. Folkman, *Meaning in the Context of Stress and Coping*, "Review of General Psychology", 1, 1997, p. 115–144.

[135] R. S. Lazarus, *Progress on a cognitive-motivational-relational theory of emotion,* "American Psychologist", 46, 1991, p. 819–834.

when the individual appraises a discrepancy between the parameters of a particular event and the components of his/her global meaning system, the situational meaning system is formed as a transaction/interaction between these elements. Since the event appraised as traumatic threatens the established meanings in the global meaning system, the individual prompts a meaning-making process trying to either restore the old meanings, modify them, or create new ones.

6.2.3. **PTG as the result of construction of meaning**[136]

Recognizing the adaptive value of meaning-making in the aftermath of a traumatic event, it has repeatedly been taken over by different theorists. Thus, in Davis, Nolen-Hoeksema, and Larson's[137] approach, PTG has been considered as one of two possible ways of meaning making: some people base the construction of the meaning on the problematic of "why did it happen", while others try to answer the question "what for?", "what can be gained?" – approximating attempts of benefit finding, that would significantly enhance the possibility of perceiving growth.

As a summary to the briefly described models, we might mention that none of them is able to thoroughly describe the dynamic underlying the processes that lead from the target event to the different reactions. Within research and model of PTG, an important aspect is that of artificially positing PTG either as an outcome of coping, or as a coping mechanism itself. Nevertheless, more and more researchers consider that PTG may both be an outcome of coping and the unrolling process of coping[138].

7. **UTILITY OF POSTTRAUMATIC GROWTH**

Research within Posttraumatic Growth has highlighted the possibility of "something positively new that signifies a kind of surplus compared to precrisis level"[139]. Evaluating both the shortcomings and the possible (even if in some situations doubtable) benefits it may bring in improving peoples lives, PTG becomes an important aspect worth considering within psychotherapy, and prevention as well. The potential to develop either pathology or growth reside in those who are shattered by an intense negative event. Even more, as we will discuss in detail further on, even those who in the short-run experience symptoms of clinical significance, may after a period of time recover on their own, solely

[136] C. G. Davis, S. Nolen-Hoeksema, & J. Larson, *Making Sense of Loss and From the Experience: Two Construals of Meaning,* "Journal of Personality and Social Psychology", 75 (2), 1998, p. 561–574.

[137] *Ibidem*.

[138] G. Affleck & H. Tennen, *Construing Benefits from Adversity: Adaptational Significance and Dispositional Underpinnings, "*Journal of Personality", 64, 1996, p. 899–922.

[139] T. Zoellner, & A. Maercker, *op. cit.*

based on their inherent strengths, and later on even relate some sort of growth. Others on the contrary, after exemplary (though illusory) resilience, or reports of high levels of growth as a direct result of the impact of the negative event may later on succumb, or experience negative reactions of high intensity.

The importance of PTG in therapy obtains a specific importance, since most of the persons who seek interventions desire to change in the better. Psycho-traumatology, functioning on the basis of deficit-oriented model[140] has for a very long time considered mostly the reduction of the intensity of negative reactions. In these types of intervention, the recovery to the initial, pre-trauma level of functioning, has been considered an achievement. Nevertheless, there are cases of major trauma, especially those of including some sort of loss, that do not allow the person to return to his/her previous level of functioning. The return to the pre-event life is impossible. Specifically in these cases, the chance of change either for the better or the worse is equally and extremely high. If therapy focuses only on the reduction of different types of dysfunction, the probability of temporarily producing the "feeling better" is high. If therapy tries to include the possibility of growth based on latent strengths, developing ones or appeal to the possibility of growth, the chances of "getting better" and this persisting in the long-run grow. This type of intervention may be more difficult to implement, but the benefits are much greater. It also might reduce the risk of relapse in similar, conflicting situations, where the individual is not 'instructed' how to react, or does not even know the potentials for different types of reactions.

The development of the awareness of the possibility of growth both in the therapist, patient and generally lay-people would promote the awareness of new possibilities of reactions as well. The eagerness to only reduce pathology has diverted attention from the idea that the same process of struggling with trauma and its aftermath conceals not only recovery, but the possibility of growth, of development, or more profound involvement of strengths as well. The potential of growth through adversity is not a new kind of treatment or type of intervention. It might enhance the therapeutical process by adding new perspectives to it[141].

8. **SUMMARY**

The turn of the attention away form pathology toward the study of positive human functioning in order to achieve an optimal level of health and well-being[142] has brought great benefits. Taking into consideration the fact that this domain, compared to the study of negative reactions is quite recent, the shortcomings both of theory and methodology are to a certain degree understandable. However, the implications of the study of other possible posttraumatic outcomes (beside PTSD and other forms of pathology) are considerable both at the practical, socio-economic and

[140] *Ibidem*.
[141] T. Zoellner, & A. Maercker, *op. cit.*
[142] C. R. Snyder, & S. J. Lopez, *Handbook of Positive Psychology,* Oxford University Press, 2002.

individual level. Those who bounce back to their previous level of functioning (resilience) at the beginning of the posttraumatic process, cost the health-care system less than those who succumb, or do not recover – thus, if for no other reason than this, PTG is worth studying[143]. Growth and thriving are worth encouraging, because one of the effects on individual lives may be the chance to greatly reduce the long-term aversive experiences of people who have had to face adversity[144]. The promoting of research within the domain of posttraumatic growth becomes even more important in those cases (regions) when health-care systems do not include the treatment of pathology occurring in the aftermath of an encounter with a negative event. In these cases people have to deal with their own reactions, and if these are disturbing, they have to decide what to do about the created situations.

Thus, in order to offer the individual the possibility to growth, it is essential to acknowledge his/her suffering, and simultaneously confer the idea that there is a chance to turn adversity into advantage, without mitigating the impact of either the event or ridiculing the existence of negative experiences. More specifically, helping people identify and cultivate their strengths in the midst of crises, may help alleviate suffering, prevent the appearance of long-term negative consequences, and develop compensatory means to face the outcome and/or the changed life-circumstances[145]. Nevertheless, in order to do this, one has to know what kind of strengths would be benefic to highlight in specific contexts. It has already been evinced that the bare assessment of PTG even during high levels of distress may activate patterns of growth and encourage the individual to look beyond distress[146], and start searching for strengths as compensatory devices.

The benefits as said are both individual and societal; nevertheless, its implementation has to target not only the individual but the society as well. Thus, this would involve changing cultural expectations; creating the awareness that trauma may not only result in pain and suffering, but that its impact may sometimes be transformed in individual growth as well[147].

The development of social awareness regarding the possibility of growth in the aftermath of adversity may be accomplished by developing a linguistic and conceptual framework, rigorous methodology[148], based on what has existed in culture "for millennia in the form of various religious, mythological, and philosophical traditions"[149].

[143] C. S. Carver, *Resilience and Thriving: Issues, Models, and Linkages*, "Journal of Social Issues", 54, 2, 1998, p. 245 - 266.

[144] R. G. Tedeschi, & L. G. Calhoun, *op. cit.*

[145] R. G. Tedeschi, & L. G. Calhoun, *op. cit.*

[146] R. G. Tedeschi, & R. P. Kilmer, *op. cit*.

[147] C. L. Park, S*tress-Related Growth and Thriving Through Coping: The Roles of Personality and Cognitive Processes (Thriving: Broadening the Paradigm Beyond Illness to Health)*, "Journal of Social Issues", Summer Issue, 1998.

[148] C. M. Aldwin, *Stress, Coping and Development*, New York: Guilford, 1994.

[149] C. L. Park, *Stress-Related Growth and Thriving Through Coping: The Roles of Personality and Cognitive Processes (Thriving: Broadening the Paradigm Beyond Illness to Health),* "Journal of Social Issues". 54, 1998, p. 267–277.