

Growth Following Adversity: Positive Psychological Perspectives on Posttraumatic Stress

Stephen Joseph

Centre for Trauma, Resilience, and Growth,
University of Nottingham, UK

Abstract

The impact of traumatic events is well documented within the clinical psychology literature where it is recognized that people who experience traumatic events may go on to develop posttraumatic stress disorder (PTSD). At first glance one might ask what the relevance of positive psychology is to the study of trauma. But a number of literatures and philosophies throughout human history have conveyed the idea that there is personal gain to be found in suffering. The observation that stressful and traumatic events can provoke positive psychological changes is also contained in the major religions of Buddhism, Christianity, Hinduism, Islam, and Judaism. Within existential philosophy and humanistic psychology it has also been recognized that positive changes can come about as a result of suffering. But it is only within the last decade that the topic of growth following adversity has become a focus for empirical work. In this paper I will provide an overview of the subject and the research we have conducted at the Centre for Trauma, Resilience, and Growth (CTRG).

Keywords: Posttraumatic growth, stress-related growth, adversarial growth, posttraumatic stress

Background

First, I would like to give you some personal background to how my interest in this area developed. My interest in the topic of growth following adversity developed in the late 1980's when I was working on my PhD under the supervision of William Yule and Ruth Williams at the Institute of Psychiatry. We conducted a series of studies with survivors of the *Herald of Free Enterprise* disaster. At the time the focus of our research was on posttraumatic stress, - a topic which was still new to most UK researchers, and we drew on a wide literature in the social and

✉ Stephen Joseph, Centre for Trauma, Resilience, and Growth, School of Sociology and Policy, University of Nottingham, Nottingham NG7 2RD, UK. E-mail: stephen.joseph@nottingham.ac.uk

behavioural sciences to develop our ideas (see, Joseph & Williams, 2005; Joseph, Williams, & Yule, 1997). One of our observations was that survivors reported both positive and negative changes. In 1990 we conducted a survey which included a question asking survivors about whether their views on life had changed. We found that 46% said that their view of life had changed for the worse, but 43% that their view of life had changed for the better. This finding prompted us to develop the first psychometric instrument concerned with both positive and negative changes (Joseph, Williams, & Yule, 1993), - The Changes in Outlook questionnaire (CiOQ). The CiOQ is a 26-item self-report instrument assessing positive changes (e.g., "I value my relationships much more now"), and negative changes (e.g., "I don't look forward to the future anymore") (see Joseph, et al. 2005, for recent psychometric review). More recently, a short 10 item version of the CiOQ was developed in collaboration with colleagues in Ireland and America (Joseph, Linley, Shevlin, Goodfellow, & Butler, 2006). (see Table 1). As well as being a useful research tool, the CiOQ provides an additional resource for clinical and counseling psychologists working with traumatised people.

Table 1. Short version of the CiOQ

Each of the following statements was made people who experienced stressful and traumatic events in their lives. Please read each one and indicate, by circling the number in the appropriate box, how much you agree or disagree with it **AT THE PRESENT TIME**:

	1 = Strongly disagree	2 = Disagree	3 = Disagree a little	4 = Agree a little	5 = Agree	6 = Strongly agree
1. I don't look forward to the future anymore.	1	2	3	4	5	6
2. My life has no meaning anymore.	1	2	3	4	5	6
3. I don't take life for granted anymore	1	2	3	4	5	6
4. I value my relationships much more now.	1	2	3	4	5	6
5. I'm a more understanding and tolerant person now.	1	2	3	4	5	6
6. I no longer take people or things for granted.	1	2	3	4	5	6
7. I have very little trust in other people now.	1	2	3	4	5	6
8. I feel very much as if I'm in limbo.	1	2	3	4	5	6
9. I have very little trust in myself now.	1	2	3	4	5	6
10. I value other people more now.	1	2	3	4	5	6

In the short CiOQ, five of the items are positive (items 3, 4, 5, 6, 10) and five are negative (items 1, 2, 7, 8, & 9). Scores on the positive and the negative items are summed, respectively, to provide total scores for positive and negative changes.

What are the Dimensions of Growth?

Typically, research has noted three broad dimensions of growth. First, people may report that their relationships are enhanced in some way, for example that they now value their friends and family more, and feel an increased compassion and altruism toward others, e.g.,

"I have learned to appreciate what I have, a loving husband and three children with whom I have a warm and affectionate relationship" (*Jackie*)

Second, survivors may develop improved views of themselves in some way. For example, they may report having a greater sense of personal resiliency and strength.

"There are times when I wish I could return to a time of less self-awareness, a kind of blissful ignorance, but the gain perhaps of increased self-awareness is an increase in the depth of feeling good/bad, happy/sad, etc, which I wouldn't now be without" (*Grace*)

Third, survivors may report positive changes in life philosophy, such as finding a fresh appreciation for each new day, or renegotiating what really matters to them.

"I enjoy everyday to the full, I don't worry about silly things anymore, and if something is important to me, I make an effort to do something about it...I realise now that however unjust or unfair Robert's death was that this is part of life..." (*Isobella*)

The above quotes are taken from a qualitative study of adult survivors of sexual, emotional, and physical abuse (Woodward & Joseph, 2003), but echo the wider quantitative literature where similar dimensions have emerged from factor analytic studies (Joseph & Linley, 2008). Growth is more than simply resilience, but refers to going beyond previous levels of functioning (Linley & Joseph, 2005a).

Recent Developments

Since this early work in the late 1980's and early 1990's, the topic of growth has become a magnet for research, due in large part to the pioneering work of Tedeschi and Calhoun who coined the term 'posttraumatic growth' in 1995, in the context of the Posttraumatic Growth Inventory, a self-report assessment of the construct that was first presented in their book *Trauma and Transformation: Growing in the Aftermath of Suffering*, and later in an article published in the *Journal of Traumatic Stress* (Tedeschi & Calhoun, 1996). There is now a substantial literature documenting positive changes following a wide range of stressful and traumatic events (Linley & Joseph, 2004), a burgeoning measurement literature (Joseph & Linley, 2008), and substantial developments in theory (Joseph & Linley, 2006).

What Events are Triggers to Growth?

The events for which growth outcomes have been reported include transportation accidents (shipping disasters, plane crashes, car accidents), natural disasters (hurricanes, earthquakes), interpersonal experiences (combat, rape, sexual assault, child abuse), medical problems (cancer, heart attack, brain injury, spinal cord injury, HIV / AIDS, leukemia, rheumatoid arthritis, multiple sclerosis, illness) and other life experiences (relationship breakdown, parental divorce, bereavement, immigration) (Linley & Joseph, 2004; Joseph, 2005). Up to date, the majority of research has been with adults, but there is also a growing awareness of the relevance of this work to young people (Joseph, Knibbs, & Hobbs, 2007).

Further, vicarious experiences of posttraumatic growth have been shown in a variety of populations not directly suffering themselves, but exposed to the suffering of others, including counselors, therapists, clinical psychologists, funeral directors, disaster workers, spouses and parents of people with cancer (Linley, & Joseph, 2005b, 2006, 2007; Linley, Joseph, & Loumidis, 2005) as well as people who observed the events of September 11th on television (Linley, Joseph, Cooper, Harris, & Meyer, 2003).

Various factors have been implicated in the development of growth including religion and spirituality (Shaw, Joseph, & Linley, 2005), personality, coping, and social support (Linley & Joseph, 2004).

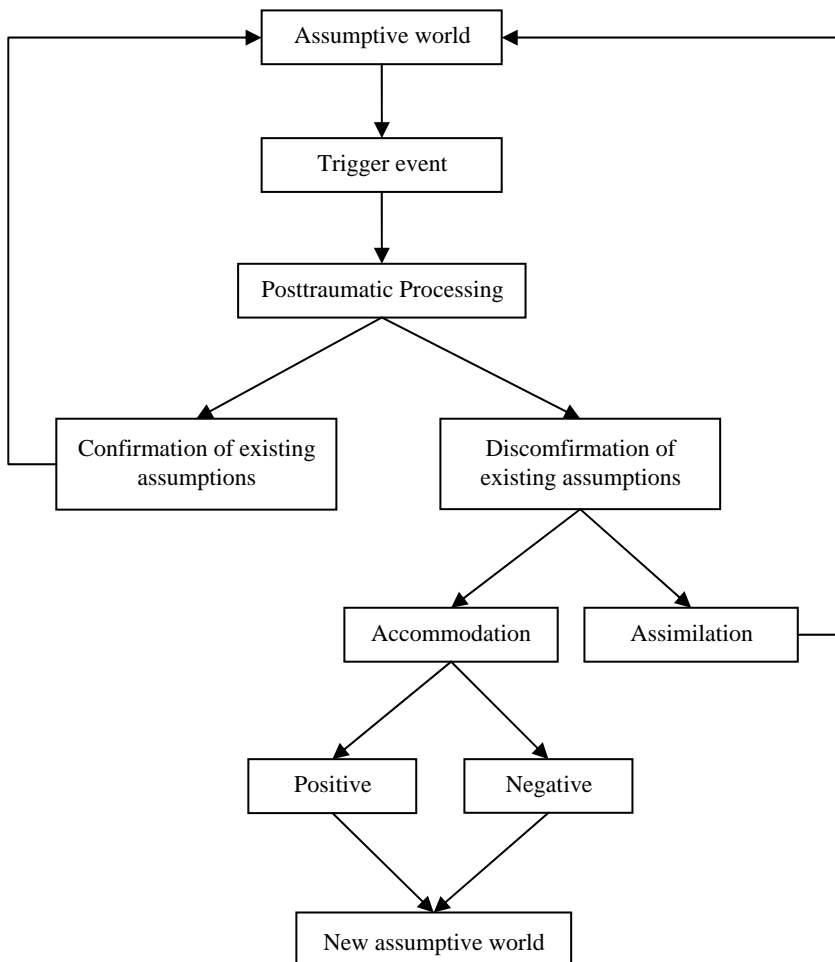
As well as posttraumatic growth, the positive changes that are observed following these events have been referred to as positive changes (Joseph, Williams, & Yule, 1993), stress-related growth (Park, Cohen, & Murch, 1996), perceived benefits (McMillen & Fisher, 1998), and thriving (Abraido-Lanza, Guier, & Colon, 1998), and most recently, adversarial growth (Linley & Joseph, 2004). The choice of terminology is not trivial. The term growth provides a metaphor which provides us with an image of human experience grounded in a natural developmental process whereas other terms such as perceived benefits provide no such metaphorical status and simply observe that people perceive that they have benefited in some way.

The metaphor of growth is consistent with the person-centered perspective (Joseph, 2004). More recently, the person-centred perspective has been integrated with the positive psychology literature to provide a more comprehensive and sophisticated theoretical analysis of growth through adversity (Joseph & Linley, 2005), - the organismic valuing theory of growth. The organismic valuing process (OVP) refers to people's innate ability to know what is important to them and what is essential for a fulfilling life. The foundation of the theory is that people are intrinsically motivated to move in a growthful direction.

The theory is schematically represented in Figure 1, showing how the new trauma-related information is processed in one of two ways – either existing assumptions are confirmed or they are disconfirmed. If assumptions are

disconfirmed, then the new trauma-related information must be either be assimilated within existing models of the world, or existing models of the world must accommodate the new trauma-related information. Some preliminary support for OVP theory is beginning to emerge in qualitative (Payne, & Joseph, 2007) and quantitative research (Ransom, Sheldon, & Jacobsen, 2008), and this promises to be an exciting avenue for future research. Growth, by definition, involves accommodation as opposed to assimilation. But not all accommodation is positively valued as people can also accommodate the new trauma related information in a negative direction.

Figure 1. Organismic valuing theory of growth following adversity



Clinical Importance

Research into the clinical facilitation of positive change among survivors is beginning to flourish, with reports of interventions with war veterans, cancer patients, survivors of sexual abuse, and terrorism, for example. Although the facilitation of growth is an important goal in its own right, the clinical implications of growth is illustrated in the seminal study by Affleck, Tennen, Croog, & Levine (1987) who found that perceived benefits at seven weeks following a heart attack significantly predicted less heart attack recurrence and lower general health morbidity at an eight-year follow up. In a more recent study, reports of positive change were able to predict lower levels of depression, anxiety, and posttraumatic stress six months later (Linley, Joseph, & Goodfellow, 2008).

Experimental studies to test whether the principles of growth might somehow be introduced as part of a clinical intervention are also encouraging. For example, Stanton et al (2002) randomly assigned breast cancer patients to one of two groups, either to write about the facts of the cancer experience or to write about their positive thoughts and feelings regarding the experience. It was found that those assigned to write about positive experiences had significantly fewer medical appointments for cancer-related morbidities three months later.

Reviewing the emerging literature on the facilitation of growth, it can be concluded that the role of more traditional therapies for PTSD remain uncertain (Joseph & Linley, 2006). We can't generalise from what we know about the treatment of PTSD. Thus, we need to explore how to facilitate growth and to open up new ways of thinking about trauma that span the full range of human functioning. For example, some recent work has begun to explore client-centred group therapy (Payne, Liebling-Kalifani, & Joseph, 2007).

For clinicians therefore it is important to be aware of the potential for growth, but not to imply that growth is to be expected or that the person has failed for not making more of their experience. Rather, as Tedeschi and Calhoun (2004) have emphasised, growth arises from the struggle to meaning; not from the traumatic event itself. It is important not to prescribe growth so that the client feels that they ought to be experiencing growth, but rather for the therapist to listen out for growth as it occurs and to ensure that in their reflective listening that these shoots of growth are attended to.

It is easy when working from the perspective of the illness ideology to miss growth. But client's will often spontaneously mention benefits (e.g., 'I feel wiser now...', 'I feel more grown up...', 'You learn who your friends are...') and when they do we can empathically reflect this back to them, - this in turn may help to facilitate further benefit finding. At the very least, when we do this it shows the client that they are welcome to talk about the positive aspects as well as the negative aspects.

Conclusion

We are beginning to unravel the ways in which growth may be facilitated. Therapists should be aware of the potential for positive change in their clients following adversity. But, importantly, we need to be careful not to inadvertently imply that there is anything inherently positive in trauma. In discussing the clinical implications, Tedeschi and Calhoun (2004) make it clear that personal growth after trauma should be viewed as originating not from the event, but from within the person themselves through the process of their struggle with the event and its aftermath.

I hope in this brief article to have conveyed some of the flavour of the work that is now going on and that eventually we can begin to replace a medically oriented perspective on posttraumatic stress with the understanding that the struggle with trauma can ultimately be a springboard to a greater level of psychological functioning. People can not go back in time to undo what has happened to them, and we cannot dismiss the pain and suffering experienced, but we can help our clients to live more meaningfully despite their experiences.

Positive psychology has provided a new forum for discussion about how we construe mental health issues. Each generation and each culture faces basic questions about the meaning of birth, suffering, and dying. Each has its own social constructions and ways of managing these very basic human experiences. Currently, we are living in an age which medicalises human experiences and promotes an illness ideology. Turning to the extremes of experience, - trauma, it's hard not to use the language of medicine and find ourselves talking about people suffering from posttraumatic stress disorder (PTSD). But let us not forget that PTSD is just another social construction. This is not to deny that people experience certain emotions and thoughts, but how we understand, label, and categorise those experiences is not a neutral process. In this article I argue that the idea of growth following adversity promises an alternative view of how to think about trauma.

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