

# Posttraumatic Growth: Finding Meaning in Crisis

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“We can’t choose to vanish the dark,  
but we can choose to kindle the light.”

Edith Eva Eger  
*The Choice*

Recent popular books on trauma, like *What Happened to You?*, have greatly increased the public’s understanding of the profound impact that trauma can have on both physical and mental health—particularly when it takes place during the early part of childhood (Perry & Winfrey, 2021). Many of these advancements are the result of the extensive research findings from neuroscience about the adverse impact that stress and trauma can have on the brain and human functioning (Harris, 2018; van der Kolk; 2014).

While these advancements have highlighted the significant role that trauma can play in the deterioration of human health and development, they also have the unintended consequence of obscuring from public awareness that only a small percentage of trauma survivors (about 8-10%) develop posttraumatic stress disorder (American Psychiatric Association, 2013). These advancements also have the effect of diminishing public awareness about the degree to which positive changes typically take place in trauma survivors—often without professional help (Tedeschi & Calhoun, 2006).

Researchers have found that most survivors recover from traumatic events with anywhere from half to two-thirds reporting post-traumatic growth (Bonanno, 2021; Smith, 2017). Moreover, researchers have identified a well-established set of life adjustments and adaptations that survivors typically undergo in the aftermath of experiencing traumatic events (Tedeschi, Moore, Falke, & Goldberg, 2020; Williams & Poijula, 2002). This article discusses the key factors associated with posttraumatic stress disorder (PTSD) and what survivors can and need to do to become more resilient and turn their adversity into posttraumatic growth (PTG).

## Posttraumatic Stress Disorder

Most people who experience traumatic events manifest some form of traumatic stress. For example, they may feel bewildered and anxious or struggle with troubling thoughts, images, and memories. These reactions vary across people and events, are often short-lived, and typically persist from a few days to a few weeks. In this initial form, traumatic stress is a normal and expected response; it is part of the human stress response apparatus working to adapt to taxing events. However, short-term traumatic stress is not PTSD (Bonanno, 2020). PTSD takes place when traumatic stress does not subside, but expands and eventually stabilizes into a more persistent states of distress defined by a set of distinguishing criteria specified in the American Psychiatric Association’s (2013) *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*.

According to the DSM-5, a person with PTSD experiences some combination of four related clusters of symptoms. The first cluster involves intrusive symptoms. They include reoccurring and unwanted thoughts and images of traumatic events often including nightmares about these events. The second cluster involves the avoidance of stimuli associated with the trauma; namely the people, places, and things that serve as reminders of the original trauma. The third cluster is the negative alteration of mood in the form of persistent sadness, depression, loss of pleasure, a sense of guilt and fatigue. The fourth cluster is the heightened arousal of the affected person's stress response mechanisms. These symptoms include anxiety, hyperactivity, increased startle response, higher and variable cardiac rates, and difficulties with insomnia.

Survivors who are at the most at risk of developing PTSD are those with low financial and educational attainment, prior trauma and mental illness, inadequate social support systems, and with sustained physical injury at the time of the trauma. In addition, there are various maintenance factors that contribute to the severity of PTSD symptoms. These include drug and alcohol abuse, low self-worth, withdrawal from friends and family, and not seeking help from mental health professionals when symptoms fail to improve. Conversely, there are a number of other factors that reduce the chances of a person experiencing PTSD. Successful navigation of previous trauma, an optimistic outlook, a sense of humor, relying on family and friends, and a supportive cultural context are all predictors of the attenuation of PTSD symptomology subsequent to experiencing trauma (Tedeschi, Moore, Falke, & Goldberg, 2020).

Most of the above factors related to recovery, such as reliance on family and friends, have been well-established in the research literature (Tedeschi & Calhoun, 2006). However, more amorphous factors, like a supportive cultural context, are more complex and difficult to pinpoint. Nevertheless, cultural factors can and often do play an influential role in increasing or decreasing the risk of experiencing PTSD (Oakley, Wan-Chin, Kowalkowski, & Wanju, 2021).

In individualistic cultures like in the United States, there is a high premium on self-reliance (Matsumoto, 1996). So when soldiers are exposed to combat circumstances and become disabled in some manner with PTSD, they are less likely to seek help because they are typically socialized to believe that they should be able to handle their symptoms by themselves (Triandis, Brislin, & Hui, 1988). This individualistic culture context is one of the reasons that the U.S. military has one of the highest PTSD rates in the world (Junger, 2016).

In collectivistic cultural contexts like in Israel, there is more social support for the military and more permission for its soldiers to seek out help for their adverse reactions to combat stress (Dwairy, 2008). This difference in cultural context is one of the reasons that the Israeli military has one of the lowest PTSD rates in the world (Junger, 2016). Different culture contexts can set the stage for the ways in which survivors may be more or less prone to experiencing PTSD.

## **Posttraumatic Resilience**

Resilience can be defined as a pattern of maintaining good mental health after experiencing challenging circumstances; or more precisely, it is the capacity to maintain a stable trajectory of healthy functioning in the face of disruptive downturns in life (Bonanno, 2021). In

regard to traumatic stress, it is the capacity to return to baseline functioning after being exposed to events that are deeply distressing and disturbing. As such, resilience is an important factor in being able to return to normal functioning and also helps set the stage for posttraumatic growth (PTG) to take place, particularly when it is characterized by beliefs on the part of survivors that they are up to the challenges they are facing (Bonanno, 2021). While some individuals are less resilient than others, it is not a fixed personality or temperament trait they lack; rather, it is an adaptive capacity that they can learn to improve upon (Konnikova, 2016).

In studying both child and adult trauma survivors, a number of prominent researchers (e.g., Seligman, 2006; Werner & Smith, 2008) have shown that resilience takes place and can be fostered in three related domains. First, the locus of control can change from an external to an internal one in which survivors learn to recognize they are now in charge of how to interpret the trauma (e.g., seeing the bad things that happened to them as not necessarily their fault). Second, the perceived pervasiveness of the trauma can move from a global to a more focused perspective (e.g., viewing the trauma as a particular event or events rather than as an overall reflection of something being wrong with them). Third, the survivors can learn to shift their perception of the trauma as something transient rather than as being fixed (e.g., understanding that their situation is not permanent but is subject to change).

## **Posttraumatic Growth**

Recovery from PTSD takes place when survivors' resilient capabilities enable them to regain control of their memories and the resulting intrusive and avoidant reactions associated with them (Williams & Poijula, 2002). However, the majority of survivors not only recover, but eventually go on to experience personal growth or what is referred to in the research literature as posttraumatic growth (Smith, 2017; Tedeschi & Calhoun, 2006). Tedeschi and Calhoun (2006) define posttraumatic growth (PTG) as the positive change that occurs as a result of severe life challenges such as natural disaster, military combat, disabling injury, sexual and physical abuse, unanticipated death, child neglect, assault, and other forms of victimization such as fraud and infidelity.

The positive changes involved in PTG are not determined by the external aspects of traumatic events themselves, but by the internal changes survivors make in their core beliefs about what they know to be "true" about themselves and life. Previously held assumptions, like "I'm a caring person" and "my neighborhood is a safe and secure place," typically come into question in the wake of trauma. When these basic assumptions are challenged, survivors' working models of reality are brought into question, and as a result, survivors often struggle to make sense of the new and emerging realities that are confronting them (Tedeschi, Moore, Falke, & Goldberg, 2020).

Most traumatic events involve unwelcomed loss that include difficult emotions like anger, sadness, guilt, and shame. When people first experience trauma, they typically go into survival mode and are not concerned about their prospects for growth. Rather, they are often preoccupied with just trying to cope with the disorientation and negative emotions resulting from their shattered core beliefs. However, over time most survivors gradually learn to face their traumatic experience, re-examine their core beliefs, and find new meaning in their lives. This

transformation lies at the heart of PTG; but it typically takes time, extensive effort, and is often facilitated by the support of family, friends, and when sought or made available, by mental health professionals (Tedeschi, Moore, Falke, & Goldberg, 2020).

When trauma survivors are able to make adjustments in their own core beliefs, researchers have identified a number of specific factors associated with the ways in which they can grow after a crisis has taken place. One of the most influential factors is that survivors become more aware of the importance of family and friends, starting to rely more on these relationships as major sources of comfort and understanding. Nurturing these relationships after a crisis helps them regain a sense of trust and empathy that often have been severely tested by the trauma. In fact, as neuroscientist Bruce Perry (2021) points out, strengthening these relationships “is actually a better predictor of good outcomes following trauma than having access to a therapist” (p. 230).

Another factor leading to growth is when survivors discover new paths and purposes to their lives. Although the specifics are different for each person, these recovering survivors develop a greater sense of purpose about intrinsic priorities (like helping others) than in devoting their energy to extrinsic ones (like making money). Sometimes this shift is accompanied by a deepening of their spiritual and/or metaphysical beliefs about the meaning of how life plays itself out. Other times, this change in emphasis results in what is called “survivor mission” in which the traumatized survivor becomes dedicated to helping others who have suffered similar crises (Eskresis-Winkler, Shulman, & Duckworth, 2014).

Still another key factor is that trauma survivors are challenged to discover a more profound inner strength in themselves. The encounter with a major crisis activates an awareness they have been tested and found themselves to be a person who has survived an ordeal. This inner strength is born of the recognition that they have been through the worst and they now know how to navigate adversity more resourcefully. However, this awareness is not achieved by superficially minimizing the destructive nature of the crisis, but by the newfound belief they can both face and survive life crises in a more effective manner than they previously thought possible.

Finally, trauma produces a renewed appreciation for life. Rather than taking life for granted, survivors come to prize life’s smaller moments (a stranger’s kindness, a beautiful sunset, a family member’s thoughtfulness, etc.) and find more appreciation and gratitude for what life offers. By their very nature, most crises turn the prevailing order of life upside down and require survivors to reevaluate their priorities. Those who experience PTG are able to do so in a manner less ego-driven, finding value in more modest everyday circumstances. As it turns out, nurturing appreciation and gratitude are not only major factors in recovering from trauma, they are also critical ingredients for sustaining personal change and for maintaining overall mental health (DeSteno & Valdesold, 2011).

### **Finding Useful Meaning**

Tedeschi and Calhoun (2006) use the metaphor of an earthquake to explain how PTG takes place. Just as a building has a certain structure before a major earthquake, we have certain

basic beliefs about our lives. When trauma shatters those assumptions, in one way or another, an opportunity emerges out of the rubble to reevaluate our beliefs and incorporate new ones that are more adaptive. Just like in the aftermath of the earthquake, posttraumatic opportunities exist to erect a stronger and more resilient building than what now lies in ruins. Similarly, after a crisis, those who are able to rebuild a sense of self are better equipped to deal with future adversities.

Tedeschi and Calhoun were also interested in understanding the salient differences between those survivors who were able to rebuild and those who were not able to get out of the rubble of their trauma. Overall, they discovered that it was not so much the trauma itself, but how survivors interpreted their experience that was key to achieving PTG. They found that instead of getting stuck in various states of denial and disorientation, these survivors were able to move forward by regularly reflecting on how the trauma resulted in a mixture of both harmful and beneficial consequences for their lives.

One well established resource for facilitating this reflective process are mental health professionals who are trained to help survivors sort out their traumatic experience. Perry and Winfrey (2021) describe in great detail the constructive role that trauma-informed talk therapy can play in helping survivors achieve PTG. Other clinicians like Pennebaker (2006) have also shown that helping survivors systematically write about their trauma can help them organize their thoughts and feelings to make sense of their experience so that they can lay down a more stable foundation for a PTG rebuild.

The essential component for PTG is finding useful meaning in adversity (Smith, 2017). In his classic work on loss and grief, Rabbi Harold Kushner (2004) succinctly describes the problematic nature of finding useful meaning in adversity. Discussing his growth after the death of his young son, he writes:

I am a more sensitive person, a more effective pastor, a more sympathetic counselor because of Aaron's life and death than I would have ever been without it. And I would give up all those gains in a second if I could have my son back. If I could choose, I would forgo all of the spiritual growth and depth which has come my way because of our experiences, and be what I was fifteen years ago, an average rabbi, an indifferent counselor, helping some people and unable to help others, and the father of a bright, happy boy. But I cannot choose. (p. 147)

As much as we might wish otherwise, instability and suffering are inherent parts of life. Just as seismic tremors constitute a regular part of the earth's geology, a fundamental part of the human landscape is stress. However, when some of those seismic tremors culminate into full-blown earthquakes, they turn distress into crisis. As with earthquakes, trauma can often shake us to our core. However, even as destabilizing as trauma can be, we humans have a well-established track record of being resilient in the face of catastrophic disruptions of life (Higgins, 1994; Masten, 2014; Seligman, 2006).

## Facilitating Posttraumatic Growth

In their book Perry & Winfrey (2021) discuss the critical importance of therapist attunement and applying a neurobiological perspective in facilitating resilience and PTG. Their thesis is that attuned therapists can help survivors revise their neurobiologically-embedded coping capabilities so they can become increasingly more resilient to the point where their unique strengths begin to emerge as a result of what they call posttraumatic wisdom. Collier (2016) vividly portrays this transformation by summarizing the work and experience of psychologist H'Sien Hayward who herself is a trauma victim.

Hayward, who works with veterans at VA Long Beach Medical Center in Long Beach, California, knows firsthand about PTG. She was paralyzed from the waist down in a car accident when she was sixteen, ending a competitive athletic career. She overcame her trauma through the help of supportive family and friends as well as through a re-examination of her life goals that shifted to pursuing graduate studies in clinical psychology. As a practicing psychologist, she cautions that when therapists are working with survivors, they should not “jump into the possibility of growth, which she says can “often be construed as minimizing someone’s pain and suffering and minimizing the impact of the loss” (p. 48).

Hayward credits her traumatic accident for increasing her resolve by forcing her to overcome the challenges she suddenly faced as a paraplegic. Collier (2016) goes on to explain the additional factors that were involved in Hayward’s recovery:

She also appreciates life and relationships with others—including the near-daily support in the small tasks of daily living that she gets from friends and strangers alike: “those interactions warm my heart.” Yet Hayward is careful not to preach the potential for upside to her patients before they are ready. Instead, she waits for them to express “some positive reaction to the event.” She also helps patients discover what’s meaningful in their lives and then helps them schedule activities involving these interests, such as spending more time with family members or doing volunteer work. (p. 52)

Calhoun & Tedeschi (2013) make the observation that traditional therapy for trauma survivors sometimes provides them with short-term symptom reduction to help them resume daily functions, such as being able to sleep or work in a more routine manner, but this type of therapy does not necessarily provide survivors with a way of living beyond just the basics. To move forward, these researchers emphasize the importance of also attending to the quality of survivors’ central life experiences and to helping them find ways of making their lives become more satisfying and fulfilling.

Collier (2016) describes one veterans' care facility that takes a nontraditional PTG approach to trauma treatment is Boulder Crest Retreat in Bluemont, Virginia. This private, donor-supported institute provides free, weeklong nonclinical exercises and activities for veterans seeking recovery from combat stress. The treatment is facilitated primarily by veterans who themselves have gone through trauma and achieved growth. This treatment program’s unofficial motto is “Struggle is a Terrible Thing to Waste.” Veterans are encouraged to address

past traumas while also discovering their underlying strengths. They are also encouraged to forge connections with others and ultimately find ways to give back. In moving beyond the standard medical model of focusing on symptom reduction and medication, this type of approach exemplifies the more existential need for survivors to understand their trauma as an unforeseen challenge to their core beliefs and a chance to reevaluate the central purpose and meaning of their lives.

## Summary

Clearly trauma is and can be a life-changing experience, but as the clinical research evidence shows, it does not have to be one that sentences survivors to a lifetime of dysregulation and dysphoria. While trauma is highly disruptive and certainly devastating for most people, it eventually can become an opportunity for survivors to reevaluate their core beliefs and make the necessary adjustments to the ways in which they conduct and live their lives. Moreover, for those who are able to activate their resilience and self-reflection capabilities, trauma can and often does become a painful source of eventual growth and development. Finally, for those who remain overwhelmed, there is now a considerable body of clinical knowledge available to help survivors draw on the lessons derived from those who have successfully recovered from traumatic events (Bonanno, 2021).

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