

Posttraumatic Growth: Basic Concepts & Strategies for Facilitation

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- Understanding trauma as a problem of understanding.
- Helping trauma survivors understand what, how, and why, and *what next?*
- Broadening our scope of therapeutic response to Expert Companionship.

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- Blame is an element
- Certain stages of development make a person more vulnerable
 - Childhood trauma may put people at risk for adult trauma
 - The late teens and early twenties is a time when vulnerable individuals with family histories of psychopathology (or other diatheses) are at greatest risk.

DSM-5 definition

- DSM-5 describes traumatic stress involved in PTSD as exposure to actual or threatened death or serious injury, or sexual violence
 - directly
 - or witnessing in person
 - or learning about violent or accidental event experienced by a family member or other close friend
 - Repeated exposure or extreme exposure to aversive details of events

- Being exposed to traumatic events also places one at somewhat increased risk for psychiatric disorders other than PTSD.

Trauma pile-up

- With increasing number of traumatic events, there is increasing chance for PTSD.
- Seventy-four percent of participants who reported ten or more traumatic events met diagnostic criteria for PTSD (Al-Saffar, Borga, Edman, & Hallstrom, 2003).

Post-Combat PTSD figures

- Vietnam: 31% of men and 27% of women (Schlenger et al, 1992)
- OIF: 11.4% of *all* deployed personnel meet PTSD criteria (Golding, Bass, Percy & Goldberg, 2009). But rates higher in Army and Marines, and those deployed repeatedly.

Surprise

- However, the *majority* of persons exposed even to the most catastrophic events tend *not* to develop stress related disorders.

Vogt, et.al, (2004): Data from National Vietnam
Veterans Readjustment Study

For both men and women, combat exposure was related to *greater* life satisfaction.

Individual Responses and Diagnoses

- Much individual variability, due to
 - Genetic factors
 - personality traits, coping skills, prior illness
 - available social supports
 - and the amount of time that has passed since precipitating event(s).
- It can be unclear which reactions may be transitory and adaptive (even dissociation and avoidance) and which may develop into psychiatric disorders.

Trauma Redefined & Possibilities for Posttraumatic Growth

Separate dimensions of post-trauma
experience: PTSD & PTG

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- Threat to *psychological* integrity
 - if it represented a severe challenge to individuals' past ways of understanding the world and their place in it.
- *A moral injury*
 - acting in ways that seem counter to previously held moral codes, core beliefs.

Trauma & Cognition

- **Cognitive reassessments**
 - Challenging or shattering the *assumptive world*:
Core beliefs about
 - How benevolent people are
 - How predictable events are
 - How controllable the world is
 - How vulnerable I am
 - How capable I am
 - Who I am, what kind of person am I

Trauma & narrative

- A turning point in the life narrative, the watershed event, changing perspectives, assumptive world.
- If events divide life into “before and after” they may be traumatic, and also, growth-enhancing.

Reconstruction Needed



AP

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Appreciation of Life

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New Possibilities

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Spiritual Change

- Personal Strength and New Possibilities factors capture the types of benefits represented by “*strength through suffering*”
- Appreciation of Life, Relating to Others, and Spiritual Change factors capture the types of benefits represented by “*appreciation through existential reevaluation*”

Resilience vs. PTG

- Resilience: “The ability to *recover* readily from illness, depression, adversity or the like.”
The ability to regain shape.
- Also, *resistance* to adversity.
- Versus PTG: a new level of functioning and perspective--*transformative* responses to adversity.

Existential Psychology and Suffering

- See Rollo May, Erich Fromm, Victor Frankl:
 - The human condition or facts of existence:
 - Suffering, guilt, and transitoriness.
 - By engaging these, we have the opportunity to develop meaning in our living.
 - Suffering doesn't have to be *mere* suffering.
 - It can produce individuation (not necessarily happiness).

Christianity and Suffering

- “Christianity transmutes the tragedy of history into something that is not tragedy” (Niebuhr, 1937, p. 193).

Christianity and Suffering

- "Have you ever considered that steel is iron plus fire; soil is rock plus crushing; linen is flax plus the comb that separates, and the flail that pounds, and the shuttle that weaves!" (Graham, 1981, p. 85).
- "Suffering, on the other hand, tends to plow up the surface of our lives to uncover the depths that provide greater strength of purpose and accomplishment. Only deeply plowed earth can yield bountiful harvests." (Graham, 1981, p. 27).

Islam and Suffering

- In a passion play in which the seventh century Shiite martyr Husain, about to be killed states: “Trials, afflictions, and pains, the thicker they fall on man, the better, dear sister, do they prepare him for his journey heavenward.”

Buddhism and Suffering

- The Noble Truths are organized around the issue of suffering:
 - “There is suffering.” Do not make it personal and react to it in a habitual way.
 - “Suffering should be understood.”
 - Accept the suffering, stand under or embrace it rather than just react to it.
 - When you have actually practiced with suffering - looking at it, accepting it, knowing it and letting it be the way it is - then it is understood.

Buddhism and Suffering

- There is the origin of suffering, which is attachment to desire. Feeling is not suffering. It is the grasping of desire that is suffering. Desire does not cause suffering; the cause of suffering is the *grasping* of desire.
- “All that is subject to arising is subject to ceasing.”
Therefore, don't attach to that which you want to abide in and trust, because those things will cease.

- “Essential to progress in wisdom is developing the understanding of the universality of suffering.”

In Little, D (1989). *Human suffering in comparative perspective* (p. 68).

From the sufferers

“I am a more sensitive person, a more effective pastor, a more sympathetic counselor because of Aaron’s life and death than I would ever have 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 forego 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.”

Rabbi Harold Kushner in Viorst, J. (1996) *Necessary Losses*.
New York: Fawcett, p. 295.

From the sufferers

[Trauma forces a person] "to be somebody else, the next viable you--a stripped-down whole other clear-eyed person, realistic as a sawed-off shotgun and thankful for air, not to speak of the human kindness you'll meet if you get normal luck."

Price, R. (1994). *A Whole New Life*. New York: Antheneum, p. 183.

From the sufferers

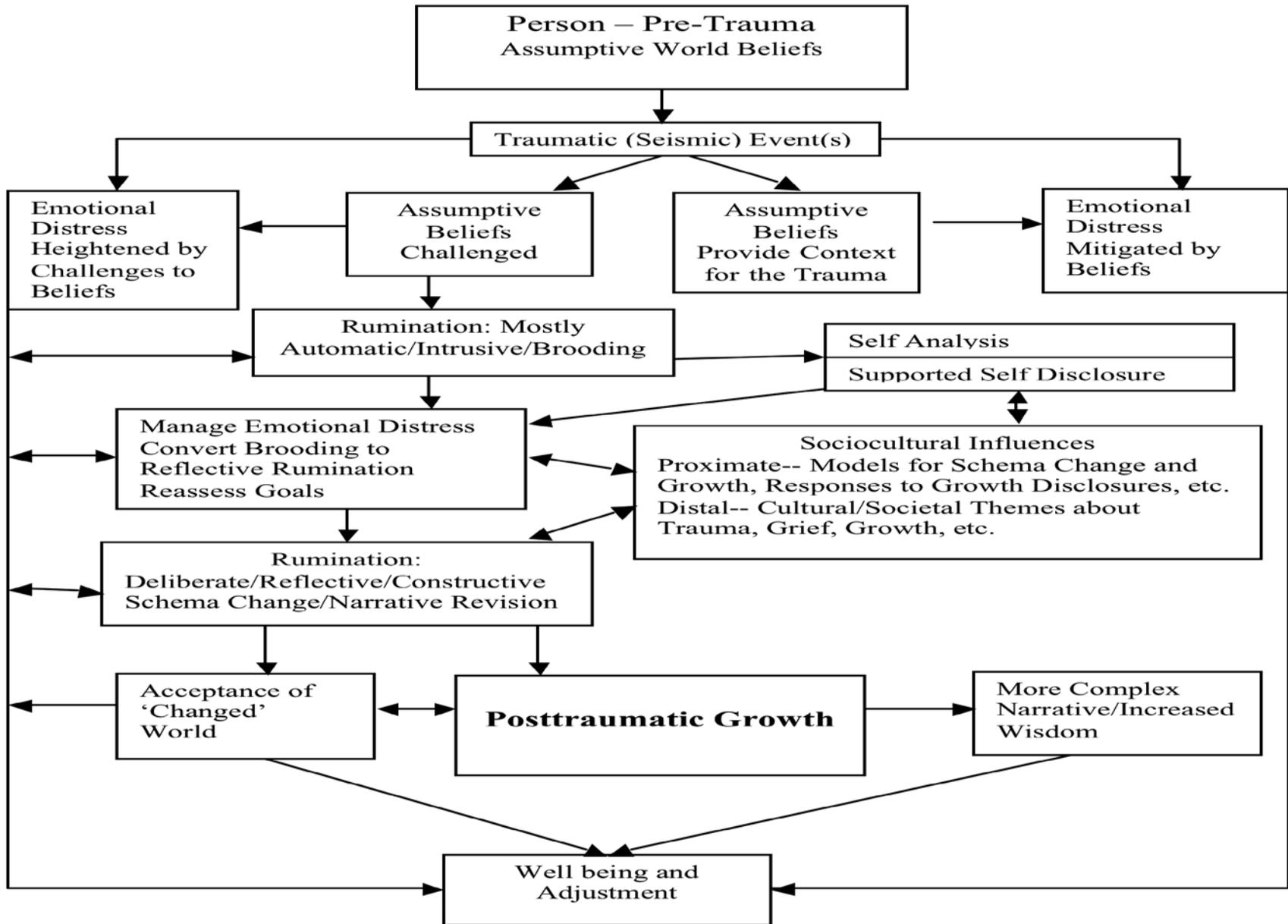
“This is the one thing that happened in my life that I needed to have happen, it was probably the best thing that ever happened to me. On the outside looking in that pretty hard to swallow, I’ m sure, but hey, that’ s the way I view it. If I hadn’ t experienced this and lived through it, I likely wouldn't be here today because of my lifestyle previously--I was on a real self-destructive path. If I had it to do all over again I would want it to happen the same way. I would not want it not to happen.”

Tedeschi, R.G., & Calhoun, L.G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Thousand Oaks, CA: Sage, p. 1.

A Model of PTG

- Attempts to describe the *process* of posttraumatic growth, incorporating person variables, and environmental influences.
- Primary vehicle is *cognitive processing of the shattered assumptive world*.

Figure 1: A Model of Posttraumatic Growth



Assumptions and Predictions

- It's not the trauma, it's the struggle.
- People first struggle to survive, not grow.
- Psychological fitness and PTG: It's curvilinear.
- PTG and distress coexist.
- There are various routes to growth.

Combat-related PTG

- 1183 Vietnam era veterans (theater) and 412 (non-theater). 70% reported mainly positive impact. **No evidence for defensive denial.**
‘Complex interplay between pathogenic processes and growth...that reduces or minimizes disabilities in postwar role functioning despite...PTSD’ .
- Dohrenwend, et al (2004)

Combat-related PTG

- Sledge, Boydston, & Rabe (1980): 61% of USAF repatriated Vietnam War POWs perceived their imprisonment experience as beneficial.
 - 221 Air Force (USAF) POWs and 341 USAF pilots and navigators who were not POWs, 3 years after repatriation.
 - POW's reported more desirable attitudes and behavior, (e.g., patience, ability to differentiate important from trivial), and significantly greater decreases in undesirable attitudes and behavior (e.g. temper, pessimism) than controls, as a result of their Vietnam experiences.
 - Those POW's reported significantly more physical and mental suffering during captivity than other POWs.
 - They also had more difficulties on repatriation and twice as high a divorce rate after return as other POWs.

Combat-related PTG

- POWs vs. non-POWs from Vietnam War measured with PTGI (using participants from Sledge, 1980 study; Sonis, Tedeschi & Sledge, in prep.)
- PTG related to
 - Injury during evasion or captivity
 - Suffering during combat or captivity
 - Torture severity
 - PTSD
 - Helping others through disclosure
 - Working on community problems or in politics
 - Perceived helpfulness of homecoming support

Combat-related PTG

- Solomon & Dekel (2007) studied PTG in Israeli POWs 30 years later.
- More POWs met criteria for PTSD than non-POW controls 30 years after the Yom Kippur War
- Ex-POWs showed higher levels of growth than non-POWs in all 5 domains and total PTG.
- A curvilinear relationship between PTSD symptoms and PTG, with intermediate levels of PTSD experiencing the highest levels of growth.
- Also, detachment coping contributes to growth, possibly allowing feelings of growth to exist alongside feelings of suffering.

Dekel, 2007: PTG in wives of former Israeli POWs (vs. wives of Non-POWs)

- Wives of former POWs reported greater distress as well as more PTG than did the wives of non-POW combat soldiers.
- The more severe the husband's PTSD symptomatology, the more distress and PTG the wife experiences.

Combat-related PTG

- PTG in Persian Gulf War Veterans
- The strongest predictor for *appreciation of life* was perceived threat.
- Post-deployment social support was the best predictor of *relating to others, personal strength* and PTG as a whole.
- *New possibilities in life* were best predicted by minority status: perhaps minorities feel empowered by involvement in the military. (Maguen, et al., 2006).

PTG and Suicidality

- Over 5000 respondents to the Army's Automated Behavioral Health Clinic who had war zone or combat experience.
- The more PTG reported the less suicidal thinking. (Bush et al., 2011)

Matthews (2009) West Point survey on PTSD & PTG

- Among 100 Junior and Senior cadets, 80% were confident that they understood PTSD well.
- 78% had never heard of PTG and, of those who had, only 2% were confident in their understanding of it.
- Moreover, 85% indicated they had received explicit training since arriving at West Point on PTSD, compared to just 18% claiming some degree of training about PTG.
- only 22% believed they would not develop PTSD following a future combat deployment.

*How to Help:
PTG and the “Expert Companion”*

Integrative trauma assistance based
on existential, narrative, cognitive
elements

Expert Companionship

- A model for working with the traumatized and bereaved. Described in:
- Tedeschi & Calhoun, 2004, *Helping Bereaved Parents*.
- Calhoun & Tedeschi, 2006, *Handbook of Posttraumatic Growth*.
- Calhoun & Tedeschi, 2013, *Posttraumatic Growth in Clinical Practice*

Why “Expert Companion?”

- Without companionship, expertise is hollow.
- Downplay expertise.
- Stories need to be told, and experiences need to be understood--this takes time and good listening.
- Therefore, this is a constructivist/narrative/existential/cognitive--*integrative* approach

Who is the “Expert Companion?”

- A person who listens to the worst.
- A person who learns from the survivor.
- A person who tolerates the “craziness.”
- A person who is there for the long haul.

Why “Expert Companion?”

- Reasons to downplay expertise:
 - Every trauma and death is different.
 - People are experts on their own experience.
 - Cultural differences are important in trauma and grief.
 - Your humanity is crucial.
 - It takes the pressure off of you.

Why an “Expert Companion?”

- High quality interactions.
- A person with the knowledge base about trauma and grief, but who realizes he or she doesn't have many answers.
- Other companions may not be there for the long haul.

The Expert vs. the Myths

- No “time limits.”
- It is a gradual process.
- There are great individual differences.
- Time itself isn’ t so important.
- The assumption that a traumatized or grieving person is going to go through certain phases or stages in a predictable sequence is not helpful.

The Expert vs. the Myths

- There may not be “closure.”
- Those suffering loss continue to be attached.
- Look for alternatives to talk, other ways of expression.
- Action can be a proxy for talk, especially in men.
- But trauma survivors may get more than recovery.
- Trauma survivors often must re-understand everything, and this can lead to *Posttraumatic Growth*.

Encounters with Posttraumatic Growth

Remember this is possible, and listen
for it.

A sailor whose legs were amputated in a shipboard accident

- *A lot more good things have happened to me since that accident that probably wouldn't have happened. I don't regret it. I don't wish it hadn't happened.*

A Vietnam War Veteran

- *I have gained much more than I lost from being in Vietnam. The taste is sweeter. The flowers are more beautiful. The delights of this earth are more fully appreciated and enjoyed.*

A bereaved mother

- *And I realized before, well you say you realize, you realize things, you read 'em and say yeah that's right you know like God first. And you think your marriage then your family and children and read that and say something like this happens and you know it becomes more real to you, that priority and what's important. So you know it maybe intellectually before, but you realize it in a different way.*

PTG and Comprehensive Soldier Fitness

- A proposed framework for implementing PTG interventions, based on the empirical model of PTG process.
- Relationship to the Social, Emotional, Family and Spiritual domains of CSF
- A pathway to resilience
- See Tedeschi & McNally (2011) *American Psychologist*.

PTG Therapy?

- Clinical interventions will likely be subtle and integrated into existing approaches.
- Some general methodology has been developed in conjunction with CSF.
- Psychoeducational or clinical
- See extended description in Calhoun & Tedeschi, 2013, *Posttraumatic growth in clinical practice*.

Constructivist/Narrative/Existential/Cognitive aspects

- PTG results from survivors' attempts at:
 - 1. Seeking, finding, reminding, and constructing benefits for oneself and others.
 - 2. Establishing and maintaining a future orientation with altered priorities.
 - 3. Constructing meaning, a coherent narrative, and engaging in special activities or “missions” that transform loss into something good that will come out of it.

Part 1: Understanding trauma response as a precursor to posttraumatic growth.

- Shattered beliefs form the foundation for later posttraumatic growth.
- Basic physiological and psychological responses are *normal* in trauma.
- These reactions do not indicate a defect in one's character, or identity, or sanity.

Part 2: Emotion Regulation Enhancement

- Managing dysregulated sympathetic nervous system responses and intrusive thinking
 - Responses that are adaptive for survival in trauma can provoke long-term maladaptive functioning:
 - behavioral and emotional effects of circulating norepinephrine, epinephrine and cortisol (stress hormones) sustain the body's alarm reaction
 - jitteriness, hypervigilance, sleep disruption, appetite suppression, etc.
- Encouraging reflective rumination in contrast to brooding.

Part 3: Constructive self-disclosure.

- Allowing emotional support, coherent trauma narrative, models for healthy trauma response and posttraumatic growth.
- *Telling the story* of the trauma, but especially the experience of the aftermath of trauma. In the telling, deal with counterfactuals.
- Learning how to use social connections and establish new ones; one can maintain “continuing bonds” with the deceased.

Part 4. Creating a trauma narrative with posttraumatic growth domains.

- Organizing the story of trauma into a coherent narrative with the trauma as a catalyst, turning point;
- Appreciating paradox—”opposites” can coincide
 - loss & gain
 - support & individual strength
 - control & lack of control
 - grief & gratitude
 - vulnerability & strength
- Referring to the five domains of posttraumatic growth, with stories of others to illustrate the possibility of change.

Part 5: Developing life principles that are robust to challenges.

- Finding ways to be altruistic;
- Accepting growth without guilt as benefiting others.
Honoring can mitigate guilt;
- Accepting social identity as a trauma survivor, or compassionate, wise person, somewhat separate from others, but more closely connected to the human condition;
- Considering the ancient Greek/Roman concept of the hero as an ordinary person who experiences an extraordinary event, survives it, and returns to the everyday world to express an important truth about life.

Things to Remember as a Growth-oriented “Expert Companion”

Applying research and trauma survivors’ wisdom

Practice *humility*, and a new way of *listening*...

- Focus on listening, without necessarily trying to solve.
- Listen in a way that allows change in yourself, rather than being intent on doing the changing.

Companionship...

- Be In It for the Long Run
- Do not offer platitudes.
- Are some events too horrible? Check out survivors' willingness to think in terms of posttraumatic growth by saying,
“Some people I’ve worked with have said that they have changed in some positive ways as they coped with their trauma. Do you think that is possible for you, given the things you went through?”
- Pass on What Has Been Learned by Others

Face Things Directly and Together

- Address ambiguity and uncertainty
- Face mortality
- Struggle with counterfactuals
- Tolerate continuing distress as meaningful
- Use metaphors

Face Things Directly and Together

- Appreciate paradox
- Highlight strength and 5 PTG domains
 - Help survivors notice subtle ways they have already changed. “*I’ve noticed something in you that you tend to overlook in yourself.*”
 - Past crises may illustrate strengths.
 - Is it possible for the future to be better in any way?
 - Refer to growth *caused by the individual’s struggle to survive* and come to terms with what has happened.
- Encourage action—especially altruism

Enjoy the personal benefits that come from the work

- If you approach the trauma survivors with whom you work humbly, attentively, and with respect your reward will be
- Vicarious posttraumatic growth--wisdom for everyday life and your own traumas.

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QUESTIONS?

