

Positive growth following trauma – clinical perspectives¹

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Keywords: growth, trauma, bereavement, meaning

Abstract:

Although positive growth is possible following the loss of a loved one, meaning construction and redefinition of reality may represent a very difficult transition. Professionals must be careful in how they convey optimism and the prospects of growth to families that have recently suffered trauma and loss. At the same time, it is certainly true that they are able to steer people towards recognition of strengths and the possibility of growth and learning. In this article, various approaches that could be used in establishing such outcomes are communicated, in order to assist in providing a way in which people can make life bearable after tragedy has struck.

Introduction

“In the eternal perspective, a moment is a life” – Piet Hein.

“The story of Nora consists of many small moments. The moment when we first saw a throbbing little heart on the ultrasound screen. A small miracle. The moment when we heard the rhythmic heartbeat of the little treasure in the womb. The world’s finest sound. Not least, the moment when a sweet but determined little foot hit mum inside the womb so she jumped in her chair. We were so happy then. Many beautiful moments that we take with us in our life and will cherish forever. Moments that were our little Nora’s life.

The small life in my stomach could not be more wanted and loved. We have never been so happy. We reminded each other constantly just how lucky we were, that we got to experience

¹ This article is based on an article first published in Norwegian: Dyregrov, A. and Dyregrov, K. (2011). Positiv vekst etter livskriser – implikasjoner for praksis. *Tidsskrift for Norsk Psykologforening*, 48, 873–877.

this wonderful situation. This feeling of total but fragile happiness will be our precious memory of the child that we never got to know. Tiny Nora showed us the biggest things in the world. We will never forget. In the eternal perspective, a moment is a life.”

This letter was read by a mother at her young child’s funeral. Even at this early time after her loss, she perceives this as a positive moment. Historically, clinical psychology has been most concerned about discomfort and lack of functioning in people, but in recent decades, positive psychology has made inroads into our thinking and practice. The concept of “post-traumatic growth” (PTG) has evolved within the trauma field in parallel with the increase in interest in trauma and positive psychology. Although the percentage varies, usually between 30% and 70% of people experience growth in connection with trauma and loss (Joseph, 2010). Professionals were quick to see the importance of this perspective on the publication of Tedeschi and Calhoun’s influential book “*Trauma and Transformation*” in 1995.

In 1986, the first author wrote (in Norwegian, see A. Dyregrov & Matthiesen, 1986) about how parents who lost children “made sense” of their losses by emphasizing the “positive” consequences that they experienced afterwards. Throughout 40 years of work in the clinic and in research, we have heard this perspective voiced by people who have experienced crises and catastrophes resulting in the death of a close family member. Those who are bereaved, whether children or adults, can show growth and maturation in parallel with all the pain and grief they experience. In fact, research often shows that the stronger the trauma experience, the greater the post-traumatic growth (Hafstad & Siqveland, 2008). Findings suggest that the early experience of growth after trauma is associated with fewer post-traumatic symptoms later (Joseph, 2010).

In many ways, meaning creation and redefinition of reality provide a way in which people can make life liveable again. Nothing can bring the dead back, the loss is meaningless, but the way they choose to define their reality after the loss has clear implications for their future lives. In the long run, the result of this process can be personal growth (Tedeschi & Calhoun, 2008).

Creating meaning in the meaningless

We may summarize our experience and research (A. Dyregrov & Matthiesen, 1986; K. Dyregrov et al., 2011) regarding how loss and trauma contribute to people’s growth in the

aftermath, as follows. a) They change their priorities in life. They distinguish easily the important from the unimportant and become more aware of their choices. They emphasize close relationships with others more strongly than before and find themselves less bothered by details. b) They place a greater value on life and loved ones. This means that they can develop, deepen and appreciate their relationships with a partner, with family members and with friends in a different way. c) Many experience increased maturity and strength, which in turn give them more confidence. They appreciate openness and transparency and can talk about difficult things more easily than before. d) They show increased empathy, understanding and caring for others. This partly benefits family and friends, but many also engage in work for others, e.g., they are happy to help others who are experiencing a similar situation. Some change their career and retrain for a caring profession. e) People appreciate life in a different way and do not take things for granted. They learn to appreciate small pleasures, such as collecting moments in the way that Nora's parents did, while still others become committed to living life fully. Some report that living has become more intense, with a sort of "carpe diem" quality that deepens their existence.

Our experience fits well into Tedeschi and Calhoun's (1995) subdivision of 1) perceived changes in self, 2) a changed sense of relationship to others and 3) a changed philosophy of life. The changes experienced cover broad areas of human functioning. These changes can occur as a direct result of the event or as learning resulting from their efforts to cope with the event (Zoellner & Maercker, 2006). Post-traumatic growth has been conceptualized as an outcome of the struggle with a traumatic event and as a coping strategy (*ibid.*). It is still unclear to what degree PTG has adaptive significance, and Taylor and co-workers have regarded PTG as a form of "positive illusion" that through self-enhancing appraisal helps people to cope (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). While there is some documentation of a relationship between PTG and PTSD in longitudinal studies, cross-sectional studies fail to find a systematic relationship (Zoellner & Maercker, 2006). Recently, Eisma, Lenferink, Stroebe, Boelen and Schut (2019), in a two-way longitudinal study of more than 400 bereaved adults, found that the highest levels of PTG were found in people who experienced moderate levels of symptoms, whereas people with lower or higher symptom levels reported less PTG. They state that the results confirm the idea that a certain level of distress is needed in order to perceive positive life changes, but that high distress levels will limit the benefits one finds. They caution against interventions and point to potential harmful effects.

Zoellner and Maercker (2006) proposed a two-component model, the Janus Face model, where they acknowledge both a functional, self-transcending or constructive side and an illusory, self-deceptive or dysfunctional side. The self-deceptive component can lead to denial of distress while overemphasizing benefits, and thus lead to cognitive avoidance. From a clinical perspective this leads to caution in how we deal with people who, at an early stage following an adverse event, are preoccupied with the positive gains that have resulted from the experience.

Caution in our presentation of growth

While we are very aware of the potential for positive changes when we meet with the bereaved, we are concerned to hear that growth opportunities are sometimes emphasized by professionals. The spirit of our times is to emphasize growth so strongly that it may become an extra burden for some people to bear. When we, as professionals, speak and write about growth and maturation, and this knowledge is spread to ordinary people through the media, it becomes almost a moral directive to the bereaved just to concentrate on growth and maturation and things will go well and their pain will be offset by the positive consequences. It is almost as if it is said between the lines that they should only look ahead and let what happened enrich their life and put the pain behind them. Although we are pleased about the increased focus on people's ability to cope with adversity and on human resilience and hardiness, we think it is very important to be sensitive when raising this topic with the bereaved.

When we work with bereaved children and adults, it is important that there is hope and that the future may hold the promise of less pain, but it is also important that it is not portrayed as too rosy. On the contrary, if, as research suggests, these changes usually take place against a backdrop of pain, longing and loss, it is important to tread carefully. Most bereaved people would gladly trade away their growth and maturity in exchange for having their loved one back. Many must also first live through a very difficult internal process and accommodate themselves to social changes before they gradually become able to see that anything positive has resulted from the loss. It can feel like lashes if others easily use words such as growth, maturity and mastery, when they are down for the count. Some may also feel shame because they do not experience such changes, or they become discouraged by hearing what is happening to others.

It is difficult to achieve this balance when we meet the bereaved as professionals. It requires a sensitive understanding of the family or person we meet and of how they perceive their situation. We must be very careful in our use of growth concepts, as they have a different denomination and validity in the clinic than when researchers use the terms. It may, however, be important to affirm the victim's experience of post-traumatic growth when they bring it up – something they may be reluctant to do as it may make them feel guilty.

Distance between research and practice

PsycINFO lists more than 2,000 hits for articles published with “post-traumatic growth” as keyword in the last 10 years (PsycINFO, searched 26th May 2019). The practical applications of the new knowledge have not developed as rapidly as the knowledge about the pervasiveness of the experience. However, Calhoun and Tedeschi (1999) provide recommendations on how to integrate knowledge about positive growth into clinical work, including the recommendation that the therapist must work within the framework of the trauma survivor, striving to understand the client's way of thinking, tolerating and understanding the client's perception and focusing on listening without necessarily trying to solve the client's problems for them. They should be aware of post-traumatic growth as the client begins to consider this possibility and label it when it is there, choosing the right words to identify growth. They may also use groups so that clients can learn from others who have experienced similar events. In the early period following a traumatic event, however, discussion of growth may be premature, and creating and organizing a narrative takes precedence.

We admit that it is difficult and creates a clinical (and ethical) dilemma to introduce a conversation about growth and maturation with those who are strongly influenced by the negative consequences of their loss. We do, however, raise some questions. Would it be possible to exploit our knowledge about positive changes when we face people who have experienced trauma and loss? Can we perhaps facilitate these meaningful changes and make them appear earlier in the process, or make them more solid when they appear? In the following, we use knowledge from both professional follow-ups of bereaved persons and research interviews, to outline possible ways to use our experiences in our clients' best interests.

Efforts to promote growth and maturation

Place emphasis on growth and maturation in our helping efforts.

In meeting with the bereaved and with survivors, such as Nora's mother, one can see that some people, soon after their loss, are able to highlight positive aspects which are close to what we call growth. The bereaved may emphasize how peaceful the dead person looked, how nice the funeral was, how they managed to cope, how good it has been to see how much their friends and family care, etc. Perhaps our first opportunity lies here. When we meet trauma and loss survivors who convey such experiences, we can build on what they say and help them to keep hold of such moments. We can ask them to write them down, take pictures or store them in an internal album or mental scrapbook. Then they can be encouraged to recall them later, when the pain feels very heavy.

Gentle conversations about positive changes

It is unethical and may be counterproductive if we, as clinicians (and researchers), very quickly and insensitively point out opportunities for growth. This does not belong in the immediate care or early conversations (or research interviews) just after a loss, nor in the first therapy hour if they seek help for problems that have lasted for a while. After a death, one must show great caution with the "timing" of conversations around this issue. We must be careful not to let the bereaved feel that we expect growth or that the person has failed if nothing positive has resulted from what happened. Many also experience considerable guilt, shame or frustration if they acknowledge that the loss of a child or other close family member has contributed to anything positive. Experience has, however, shown that the issue can be addressed relatively soon after a death if it is given a suitable introduction to "take the edge off" the difficult theme. Here is an example of an introduction to this issue. "You may find it almost rude or insensitive of me to mention this, but I would still like to ask you: do you feel that you have in any way changed following your loss?" One might also introduce this theme by stating that some grieving people experience personal changes that can be said to be positive, and that this is perceived as difficult because the death, of course, is meaningless, and you would rather have been without these changes and kept the deceased alive.

When we dare to mention positive changes and growth in conversations, we find that this can make the survivors more aware of these changes, and this may open up possibilities for noting other positive aspects.

In therapy, for those who seek help for complicated grief, we mention various changes that others have experienced as a starting point for initiating or promoting the bereaved person's own thinking and awareness of such changes. Both in this work and through research interviews, we use examples of how others have referred to post-traumatic growth and change, because this gives the topic more authenticity than if it is mentioned directly, and because it shows the possibility of change (K. Dyregrov, 2004; K. Dyregrov et al., 2011). In this way, guilt or frustration is replaced with acceptance and appreciation and can be separated from the loss event.

However, we must be sensitive enough to acknowledge and validate their loss, not in any way reducing the importance of the dead person no longer being in their life. Although they themselves may think that something meaningful has resulted from the meaningless death, hearing this from others may be felt as insensitive, as it does not appreciate the pain involved. People can be reluctant to find something good resulting from their loss and we should not impose PTG or expect it to be present.

Help to “turn every stone”

Some activities may require a total replacement or re-establishment of assumptions about the world, other people and oneself, and may require discussions that contribute to this (Janoff-Bulman, 1992). Therapeutic conversations (and interviews) contribute to “turning every stone” in the attempt to understand a senseless loss such as the loss of a child, a suicide or a murder. Time, in itself, will often be a friend in relation to the gradual development of growth and maturation. The contribution from professionals can be to assist as a partner and careful facilitator in this process. In many of the conversations following a loss we face people who try to understand and give meaning to what has happened. This is partly a question of grasping what has happened and why it could happen or dealing with aspects of the existential and spiritual dimensions related to the event. We can facilitate this understanding by facilitating meetings with emergency responders and health professionals that may help the bereaved “get a grip on” and structure the event along a time axis (sense-making), while other parts of this work aim to put the loss into a life context in which new meaning can be found (benefit-finding). It is in this latter sense that we have discussions with bereaved about putting life on a new footing or giving meaning to life and activities in the aftermath of their loss. There is a thin line between sustained rumination and emphasizing learning and development.

Conversations must consist of concrete help to limit the rumination, while carefully opening up new perspectives in our clients' experiences.

In sessions, we help people to create structure and order in what happened. When they tell their story and we by our questions provide the opportunity for the organization and possible reorganization of the story, reflection on what has happened occurs and the loss is processed. Several studies have also shown that sensitive in-depth interviews, often with a narrative component, can contribute to this (K. Dyregrov et al., 2011). The cognitive processing that is undertaken can seldom lead to new understanding or form a basis for new meaning-making as long as the traumatic elements of a loss constantly break into the mind. After a traumatic death, priority is usually therefore given to helping to dampen traumatic memories, in order to enable a more normal course of grief. If there are persistent post-traumatic symptoms, we should prioritize help to regulate the memories before we focus on the constructive elements of a family or a person's handling of the loss in order to contribute to a sense of maturity and growth.

For those who have developed complicated grief, therapeutic approaches have been shown to induce PTG. Bartl, Hagl, Kutoucova, Pfoh and Rosner (2017) showed that integrative cognitive-behavioural therapy for prolonged grief disorder significantly fostered growth, in comparison with a waiting-list control group. This echoes the results of a study by Wagner, Knaevelsrud and Maercker (2007) where the authors found an Internet-based CBT therapy effective in facilitating PTG. The meaning-centred grief therapy described by Lichtenthal and co-workers (2019) also emphasizes themes related to meaning, identity, purpose and legacy, using what they call a "cognitive-behavioural-experiential-existential intervention" (p 3). Besides finding meaning in the loss and in their continued life, they emphasize constructing a sustaining bond with the deceased.

Writing Methods

Writing has been used with beneficial effects following trauma, (e.g., Knævelsrud, Liedl, & Maercker, 2010) and bereavement (Lichtenthal & Cruess, 2010; Range, Kovac, & Marion, 2000). Writing exercises that provide people with an opportunity to reflect on what they have learned and writing about growth are often alluded to in instructions. A manual for writing for young people who have experienced disasters or war, includes tasks where they reflect on their most important learning from the loss (Yule et al., 2005). Although PTG has not been

measured in the evaluation of this manual, a randomized controlled study showed that those who received the writing intervention showed significantly fewer grief symptoms according to the Traumatic Grief Inventory for Children, than those in the waiting-list control condition (Kalantari, Yule, Dyregrov, Neshatdoost, & Ahmadi, 2012). Writing assignments that allow the bereaved to reflect on their situation, with an emphasis on what they have learned, may be an important way to stimulate growth.

Application of positive psychology

Seligman, Csikszentmihaly and others have given us methods that can increase positive emotions in life (Csikszentmihaly, 2002; Seligman, 2002). Some of these may be used to expand the experience of growth and maturation. It is conceivable, for example, that the following methods will have this effect: collecting good moments and creating mental pictures/images of such moments, striving to share these experiences with others, emphasizing the importance of being with one's immediate family, working to deepen friendships, opening one's senses and noticing what happens in nature and around one (mindfulness) or building on what has become important to oneself after the loss. Based on her research, Fredrickson (2004) argues in a very convincing way that positive emotions have the ability to downregulate the discomfort associated with negative life events. This means that to the extent that the bereaved are able to foster growth and maturation combined with positive emotions, this can contribute to health and reduce illness.

Conclusion

Most bereaved struggle with making sense of their loss and establish new meaning in their lives. There is no doubt that growth and maturation are possible consequences after loss. However, the road from loss to growth is paved with hard work in a new reality. Helpers can in no way force feed ideas of growth on bereaved. They have to follow leads that the bereaved offer on new values experienced or strengths gained, or they can carefully bring such changes to attention. The subject is sensitive and although relevant, has its pitfalls. As a research area it is still immature with an unclear relationship between exposure and growth. There is so far almost no research on how to transform the findings from the posttraumatic growth literature into clinical practise. Our challenge is to find ways to encourage growth, while ensuring that the bereaved feel respectfully cared for. Clinical approaches should be tested and studied empirically. Only then can we better determine how various therapeutic methods can

contribute to constructive coping when people struggle to deal with their loss and new life situation.

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