2. POSTTRAUMATIC GROWTH IN COGNITIVE-BEHAVIORAL CLINICAL INTERVENTIONS

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1. INTRODUCTION

A significant number of persons who seek psychological help, particularly in outpatient settings, do so because they have encountered a major life challenge. A variety of terms have been used to describe these varying life circumstances, including “crisis” (Caplan, 1967) and “traumatic event” and “extreme traumatic stressor” (American Psychiatric Association, 2000). Although the words chosen tend to reflect some variation in severity and intensity of the life situation, these different expressions refer to circumstances that share common elements.

The focus of this chapter is on the responses of individuals who have encountered such life challenges, whether they are called crises, life stressors, traumatic events or other roughly synonymous expressions. Although clear distinctions can appropriately be drawn between these different expressions, the focus here is on the broad domain of all significant life challenges that are likely to share similar characteristics. The kinds of circumstances that are likely to represent a major life crises for the individual tend to be those that are unusual for the individual. For example, events such as being the target of a criminal assault, exposure to combat, the sudden death of a loved one, surviving a transportation disaster, etc. The kinds of events that are experienced as traumatic usually represent a significant threat to the individual’s physical well-being and integrity, such as being held hostage, escaping the fire that destroys one’s residence, or surviving the sinking of a cruise ship. Another characteristic of life crises is the perception, by the individuals how experience them, that their circumstances were or are uncontrollable. Together with a perceived lack of control, traumatic circumstances often have consequences that are irreversible, or reversible only after high levels of effort and the passage of a significant amount of time. Such life challenges might include becoming paralyzed as the result of an accident, a diagnosis of cancer with consequent radical surgical treatment, or the death of a loved one.

A central theme of the life challenges that are the focus here is their “*seismic*” nature (Calhoun & Tedeschi, 1998). Much like earthquakes can impact the physical environment, the

events that represent major life crises are those that severally shake, challenge, or sometimes shatter the individual's way of understanding the world (Janoff-Bulman, 1992). These seismic circumstances, characterized by their unusual, uncontrollable, potentially irreversible and threatening qualities, can produce a severe upheaval in the individuals' major assumptions about the world, their place in it, and how to make sense of their daily lives. When this shaking of the foundations of the individual's assumptive world (Parkes, 1970) reaches a sufficient catastrophic threshold, then the individual can be thought of as experiencing a major life crisis.

The focus of the following discussion is on individuals facing these kinds of life challenges who seek help from mental health professionals. In subsequent sections we will look at the general foundations on which our ideas about clinical interventions, with a focus on posttraumatic growth, are based and then we will provide a general framework for the inclusion of posttraumatic growth themes in psychological interventions.

2. FOUNDATIONS OF THE POSTTRAUMATIC PERSPECTIVE

We must, of course, begin with the perhaps unnecessary reminder that highly stressful events tend to produce a variety of distressing responses in the persons who experience them. These responses are often difficult, almost always unpleasant, sometimes long lasting, and for some people the traumatic circumstances may lead to the development of identifiable psychiatric disorders. It would be a mistake and a tragic misunderstanding of what we are saying if the interpretation of it was that we are saying *"trauma is good"* - we most certainly are not saying that. What we are suggesting and what the empirical literature indicates is that many individuals report that in spite of the negative aftermath of the life crises they have experienced, they have also undergone transformations, that for some are experienced as radical and remarkable. These positive transformations, arising from the experience of the struggle with tragedy, we have called posttraumatic growth.

Posttraumatic growth is significant positive change that the individual experiences as a result of the struggle with a major life crisis. Reports of positive change associated with the struggle with highly negative events has been a theme of major religions, it is a theme of many literary works, both ancient and modern, and more recently it has been reported in the social and behavioral science literature. Pioneering thinkers such as Caplan (1964) and Frankl (1963)

recognized the possibility that positive psychological change could occur in the context of highly stressful circumstances. In earlier empirical reports, growth associated with attempts to adapt to highly challenging events was examined as a peripheral factor (e.g., Andreasen & Norris, 1972; Lopata, 1973). More recently, investigations have been undertaken specifically to examine the process of posttraumatic growth in persons coping with major life challenges (e.g., Calhoun & Tedeschi, 1989-1990; Maercker, & Langner, 2001; Park, Cohen, & Murch, 1996; Tedeschi & Calhoun, 1996). The available data suggest that at least a significant minority (but usually a majority) of individuals facing a wide array of major life challenges, including loss of a home in a fire, divorce, the birth of a medically vulnerable child, sexual assault, bone marrow transplantation, military combat and captivity, diagnosis with HIV, and others, report some elements of posttraumatic growth in their struggle with major crises (Tedeschi & Calhoun, 1995).

2.1. Major elements of posttraumatic growth

First, a brief word about the semantics of this area of research. We favor the use of the term *posttraumatic growth*, but other researchers looking at this same general phenomenon have employed their own terms, including stress-related growth (Park, et al., 1996), flourishing (Ryff & Singer, 1998), positive by-products (McMillen, Howard, Nower, & Chung, 2001), construing benefits (Affleck & Tennen, 1996), thriving (O'Leary & Ickovics, 1995), discovery of meaning (Bower, Kemeny, Taylor, & Fahey, 1998) and positive emotions (Folkman & Moskovitz, 2000). Each of these terms can be regarded as either synonymous with, or at least denoting many of the aspects of posttraumatic growth. The kinds of positive changes individuals experience in their struggle with trauma can be subsumed under three main headings: a changed sense of self, a changed sense of relationships with others, and a change in philosophy of life (Tedeschi & Calhoun, in press).

2.1.1. Changed sense of self

An expression that summarizes this element of growth is the apparently self-contradictory phrase "I am more vulnerable, yet stronger". Individuals who experience negative life events not surprisingly tend to report an increased sense of vulnerability, congruent with the empirical evidence that they have indeed suffered in ways they could not control or prevent (Janoff-

Bulman, 1992). However, a common theme in the experience of persons who have faced major life challenges is an increased sense of their own capacities to survive and prevail (Calhoun & Tedeschi, 1999). "*If I faced that and was able to maintain my sanity, then I can face just about anything that can happen to me. I am much stronger than I ever imagined myself to be*."

2.1.2. Changed relationships: more intimate and meaningful

Although the focus here is on posttraumatic growth, it is important to indicate that the occurrence of a major life crisis can produce negative changes in relationships. Some relationships can become less important and others may simply dissipate. An important theme of this element of posttraumatic growth, however, is a sense of being closer to and feeling more comfortable with significant others. Although some relationships may not survive the life crisis, individuals often report that "*you find out who your real friends are and those relationships are better and deeper*". Individuals also report a *greater comfort and confidence in disclosing* their thoughts and emotions to others. This appears in some ways to be an interpersonal reflection of the greater sense of self-reliance reported by many persons who have struggled with traumatic events. A further component of the interpersonal elements of posttraumatic growth is the experience of a *greater sense of compassion* for others who experience life difficulties. Although this increased sense of compassion may extend to other persons generally, it seems to be particularly the case for others who experience similar life difficulties. As one bereaved parent said:

> *I have been drawn to help when I've found somebody close by who has lost a child. I will contact them and let them know that I'm here for them to talk to if they need me.*

2.1.3. Changed philosophy of life

Individuals who face major life crises may be more likely to become cognitively engaged with the fundamental existential questions about death and the purpose of life. In the struggle with crisis many individuals experience a significant change in their philosophies of life that they regard as having fundamental value. A *change in life priorities* is often reported. A typical change is for the individual to value the "smaller things" in life more, and the apparently more important things less. For example, one's family, friends and small daily pleasures can be viewed

as more important than before, and perhaps are now seen are more important than others, such as working long hours at one's occupation. A *greater appreciation* for life itself and its many smaller aspects is also a common experience. As Hamilton Jordan (2000, p.216) describes it in his memoir about his experiences with cancer:

> *After my first cancer, even the smallest joys in life took on a special meaning - watching a beautiful sunset, a hug from my child, a laugh with Dorothy.*

A significant proportion of individuals experience significant and important changes in the *religious, spiritual, existential* components of their philosophies of life. The specific content varies, of course, contingent on the individual's initial belief system and the cultural contexts within which the struggle with a life crisis occurs. A common theme, however, is that after a period of spiritual or existential quest, individuals often report that their philosophies of life are more fully developed, satisfying and meaningful to them.

Finally, the elements that define posttraumatic growth appear to offer a complement to the general concepts of life wisdom, particularly in terms of the development of the "fundamental pragmatics of life" (Baltes & Smith, 1990), and the further development of the individual's own life narrative (McAdams, 1993; Tedeschi & Calhoun, 1995)

2.2. Posttraumatic growth and psychological comfort

One of the areas in which there is some inconsistency in the empirical data is on the relationship between posttraumatic growth and the sense of psychological comfort (Park, 1998; Calhoun & Tedeschi, in press). Although some studies find some relationship between measures of distress and measures of growth, others do not. It seems reasonable to assume that the experience of posttraumatic growth, and psychological distress and comfort, are essentially separate dimensions. This general assumption is highly relevant to the clinical context, because individuals who experience significant levels of posttraumatic growth will not necessarily experience a commensurate decrease in their levels of distress nor an increase in their levels of happiness. We think that it is possible that the maintenance of the growth experienced may require periodic cognitive reminders, that are not pleasant, of what has been lost, but also, in an apparently contradictory way, of what has been gained. Posttraumatic growth may lead to a more

fulfilling and meaningful life, but it seems not be the same as simply being carefree, happy or feeling good. Living a better life is not necessarily the same as feeling good.

2.3. Theoretical and empirical foundations

Our conceptualization of posttraumatic growth and of the inclusion of these elements into psychological intervention rely on two elements: the growing, but still limited literature on this phenomenon, and our combined clinical experiences as practicing clinical psychologists. The empirical literature focused specifically on posttraumatic growth, as we have already suggested, is rather recent and still quite small. And, when one relies on clinical experience, the possibility of inadvertent bias always exists. However, since our conceptualizations regarding posttraumatic growth have some data to support them, this way of thinking appears to offer a potentially helpful expansion of the way in which psychological interventions are done with persons struggling with trauma and its aftermath.

It is possible that there may be some elements of self-enhancing bias at work in the experience of posttraumatic growth (McFarland & Alvaro, 2000), but such cognitive distortions do not appear to account fully for the experience of posttraumatic growth (Calhoun & Tedeschi, in press). Our view is that the clinician should approach such experiences on the part of their patients by accepting the reality of the experience for the individual. In addition, the available empirical evidence suggests that the self-ratings of growth on the part of individuals facing significant life challenges tend to be correlated with the ratings given to them by others (Park, et al., 1996; Weiss, 2002), indicating that the experience of posttraumatic growth is more than the mere manifestation of a self-enhancing cognitive bias.

3. POSTTRAUMATIC GROWTH IN PSYCHOLOGICAL INTERVENTIONS[1]

3.1. Not a new school or “technique”

Posttraumatic growth occurs in persons who struggle with a wide array of major life stressors and this experience is deeply meaningful, sometimes radically so, for many persons. It seems reasonable that attention to this process, and where clinically appropriate the

encouragement of the process of posttraumatic growth, can provide a helpful addition to psychological interventions designed to help persons adapt more successfully to major life difficulties. The suggestion made here is not that a new technique be employed, nor is this a proposal for a new "therapy school". The recommendation is that clinicians broaden their clinical perspectives so that elements of posttraumatic growth, and the possibility of helping clients further develop it, are part of the general clinical perspective they employ when trying to understand and assist persons who have been psychologically affected by crisis. The framework within which we conduct our own clinical work is best described as eclectic. The way we approach issues of posttraumatic growth is often is guided by some elements from the cognitive and constructivist points of view. However, attention to elements of posttraumatic growth is compatible with a wide variety of the approaches that are currently utilized to provide help to persons dealing with crisis.

3.2. A suggested framework

3.2.1. Cognitive engagement and cognitive processing

We have suggested that major life crises have seismic effects on the assumptive worlds of the individuals who experience them. The empirical literature clearly indicates that a common element in the experience of persons who face major life crises is a high degree of ruminative thought. When facing significant life problems it is common for individuals to think repeatedly about their circumstances, a form of cognitive processing that is characterized by "making sense, problem solving, reminiscence, and anticipation" (Martin & Tesser, 1996, p. 192).

Major life crises represent a significant challenge to the individual's fundamental schemas, beliefs, or life goals. In the encounter with a traumatic event, the individual's *cognitive engagement* , recurring ruminative thought, tends to reflect the lack of fit between what has happened and the individual's reaction on the one hand, and the organizing schemas, beliefs and life goals, on the other hand. This repeated cognitive engagement with the elements that have been made salient by the crisis, can lead to the recognition that certain life goals are no longer attainable, that certain schemas no longer accurately reflect what is, and that certain beliefs (e.g., *my world is completely safe*) are no longer valid.

As a result of the sometimes arduous task of posttraumatic cognitive engagement, survivors of major life crises tend to develop a sense of life before and after, of the life crisis as a significant turning point (McAdams, 1993; Tedeschi & Calhoun, 1995). This consequence of the struggle with trauma may be particularly the case when the life crisis has produced a very strong challenge to, or has invalidated, higher order goals or schemas (Carver, 1998). As the individual comes to recognize some goals as no longer attainable and that some components of the assumptive world can not assimilate the empirical reality of the aftermath of the crisis, then it is possible for the individual to begin to formulate new goals and to revise major components of the assumptive world in ways that accommodate to the changed life circumstances. To the extent that cognitive engagement produces these kinds of changes, and the individual begins to experience a movement toward the achievement of new life goals, then increased life satisfaction might be expected as a result (Little, 1998).

Individuals who must face major life stressors often experience high levels of emotional distress that for some persons can be debilitating. Our assumption is that for many persons the level of emotional distress, which tends to be higher in the time following an identifiable life stressor, tends also to be accompanied by cognitive engagement that is more automatic than deliberate. Cognitive activities at the earlier stages of adaptation are more likely to have intrusive elements, and for persons dealing with highly traumatic events the process may also include intrusive images. As the individual's adaptive mechanisms become more effective at managing the high levels of emotional distress, eventually the reduction of distress and the process of ongoing cognitive engagement with the life crisis can lead to the adaptive disengagement from the goals and fundamental beliefs and assumptions that are no longer tenable. It is important, however, to keep in mind that for some persons this process will take a long time, perhaps months or years. And, it is also possible that for some persons the attempt at adaptation to loss or trauma will never achieve a fully satisfactory psychological outcome (Wortman & Silver, 2001).

For many persons faced with major crises and losses, their circumstances tend to lead them to become cognitively engaged in two general domains: making sense out of the immediate circumstances, and making sense of the more fundamental elements of significance raised by the circumstances (Calhoun, Selby, & Selby, 1982; Davis, Nolen-Hoeksema, & Larson, 1998). The first domain reflects the process of attempting to understand the particular sequence of events that produced the set of circumstances with which the person must now cope. For example, trying to

understand what led a loved one to commit suicide, or what sequence of events produced a transportation accident. The second general domain reflects broader and more abstract concerns, often existential or spiritual in nature, about the fundamental meaning of the circumstances and how the circumstances can be understood within the individual's general assumptions about the purpose and meaning of life. For example, what is the fundamental meaning or purpose of the tragic suicidal death of an adolescent boy.

A central assumption of the approach to posttraumatic growth in psychological treatment proposed here, then, is that the challenge to major elements of the individual's preexisting assumptive world, including major life goals and fundamental schemas, leads to a commensurate increase in the cognitive salience of those elements, and a concomitant increase in cognitive engagement with them. And, it is also assumed that the increase in cognitive engagement provides the foundational opportunity for significant changes in important higher order goals and major life schemas, those changes can then serve as a key element for the experience of posttraumatic growth. However, some of the available literature on "rumination", a term that currently tends to be used to apply to self-focused negative thinking (Nolen-Hoeksema, McBride, & Larson, 1997) might be seen as apparently contradictory to the present approach.

The type of cognitive activity on which we are focusing in this proposed framework consists of thinking that Martin and Tesser (1996) describe as conscious, easily cued, but that can also occur without direct cueing, and that involves attempts to make sense, problem solve, reminisce or anticipate. When the focus is on this kind of recurrent thinking, there is some empirical suggestion that it can be related to higher levels of posttraumatic growth. In one study, for example, young adults who had experienced major life stressors tended to report greater levels of posttraumatic growth when also reporting higher levels of cognitive engagement and processing recalled as occurring soon after crisis events (Calhoun, Cann, Tedeschi, & McMillan, 2000). In a study of the effects of journaling (Ullrich & Lutgendorf, 2002), university students who had been instructed to cognitively process the emotional responses , as compared to those instructed to focus on the facts or the associated emotions alone, reported higher levels of posttraumatic growth after four weeks. Although these sorts of findings are only suggestive, they are congruent with the view that significant cognitive engagement and processing of crisis related elements tends to be associated with higher levels of posttraumatic growth.

3.2.2. *Disclosure, support, and narrative*

The individual's cognitive engagement with and cognitive processing of the life crisis may be assisted by the disclosure of that internal process to others in socially supportive environments. The available evidence suggests that such "disclosure", in the form of written communications, can have useful health benefits (Pennebaker, 1997). Written "disclosure" of trauma related material can also have an impact on the extent of posttraumatic growth experienced, when the focus is on the processing of cognitive and emotional elements (Ullrich & Lutgendorf, 2002). The degree to which individuals perceive their social contexts to either encourage and accept, or inhibit and sanction, their disclosure of crisis related material may play an important role in the process of posttraumatic growth. When persons affected by life stressors perceive their significant others as not wanting to hear about their difficulties, cognitive processing may be inhibited. And, to the extent that the processes of cognitive engagement with crisis related material is limited, it might be expected that crisis related growth is less likely (Cordova, Cunnigham, Carlson, & Andrykowski, 2001).

The experience of social constraints that inhibit the disclosure of crisis related thoughts, particularly those thoughts that are troubling and intrusive, produces a reliable relationship between the occurrence of those thoughts and depression (Lepore & Helgeson, 1998; Lepore, Silver, Wortman, & Wayment, 1996). Persons who are engaging in significant levels of trauma related cognitive processing, but who experience social constraints limiting or prohibiting such disclosure, appear to be at higher risk for dysphoric emotions in the aftermath of a major life crisis. Individuals who are not constrained, but indeed are supported, when they engage in the disclosure of crisis related cognitive processing, may not only be less likely to experience depression, but may experience somewhat higher levels of posttraumatic growth as well. There is some evidence suggesting that seeking social support and finding it may also lead to higher levels of posttraumatic growth, at least in some circumstances (Nolen-Hoeksema & Larson, 1999).

As the individual struggling with a major life crisis makes attempts at adapting to what has happened, the presence and response of a social support system that does not constrain, but accepts the individual's disclosures related to the trauma are important components in both the management of distressing emotions and of the possibility of posttraumatic growth. In addition, it may be the case that the presence of a social environment that explicitly addresses and

encourages growth may be an important factor in promoting posttraumatic growth. The ways in which others respond to the individual in crisis, for example, by the kinds of disclosures that are accepted and those to which others react positively, may provide additional encouragement for posttraumatic growth. The availability of growth narratives in the immediate social environment, perhaps in the kinds of narratives about how others have been changed positively by their encounters with major stressors, or by exposure to others who have experienced similar difficulties and exhibit or describe ways in which their struggles have changed them, may enhance the likelihood that the individual will experience posttraumatic growth.

3.2.3. *Life narrative and wisdom*

As individuals weave the experience of posttraumatic growth into the fabric of their life narratives (McAdams, 1993), the way they understand themselves and their lives can change. The life crisis can become incorporated in the individual's own life story in rather salient ways. For many who have experienced major life disruptions these may be viewed as a "reckoning time" which sets the stage for some fundamental changes in outlook (Tedeschi & Calhoun, 1995) or at least as "redemption sequences" (McAdams, Reynolds, Lewis, Hatten & Bowman, 2001) that are incorporated into life narratives. To the extent that clinicians attend to elements of the life narrative in psychotherapy, one of the elements that may be useful to include is the way in which essentially negative life events become part of a life story that allows the struggle with negative events to be understood as providing the foundation of a major alteration of one's understanding of oneself and one's place in the world.

The concept of posttraumatic growth also seems to fit well with the concept of life wisdom (Baltes & Freund, 2003; Baltes & Smith, 1990). The struggle with highly challenging life circumstances provides the individual with the opportunity to experience elements of posttraumatic growth, as well as to further develop life wisdom. We tend to conceptualize posttraumatic growth and life wisdom as complementary. Wisdom, however, is a broader and more comprehensive construct, whereas posttraumatic growth is a somewhat simpler concept that is applicable to a more limited set of circumstances. However, to the extent that individuals experience posttraumatic growth as we have described it here, we assume that they also have a

commensurate opportunity to experience a further development of some aspects of their life wisdom.

The process of posttraumatic growth is not static. The development of the changes that characterize it tend to develop dynamically over time, and the processes that lead to its maintenance, and, for some, perhaps its abatement over time are dynamic also. Posttraumatic growth is an ongoing process that can still be viewed as having produced clear changes for the individuals who experience it.

4. POSTTRAUMATIC GROWTH IN COGNITIVE AND BEHAVIORAL INTERVENTIONS

As we have suggested, individuals who have recently faced or are in the midst of a major life crisis tend to engage in a high level of cognitive engagement with, and cognitive processing of, elements related to the crisis. This is certainly not the only psychological impact of such events, but it is one that can provide a major focus for psychological interventions, particularly those that emphasize cognitive elements. If the circumstances faced by the individual have produced high levels of emotional distress, clinicians should certainly provide the kind of support that can help make the individual best manage the high levels of distress. From a cognitive point of view, however, it is likely that the domain the clinician may find to be the most productive for a possible focus on elements of posttraumatic growth is the process of cognitive engagement, cognitive processing, and cognitive change. In what follows we will provide some general guidelines for clinicians in their work with persons for whom a major element of the presenting problem involves the struggle with a major life crisis.

4.1. Respect the client's general framework

Although for most clinicians the reminder is unnecessary, it is probably useful to repeat a general recommendation to make a good effort to understand the client's way of thinking about the problem, within the context of the various social context factors that may influence the client's way of understanding and thinking about the crisis situation. The assumption that it is important to understand the social, cultural, and environmental factors outside of and beyond the

clinical setting is not new (Kanfer & Saslow, 1969). But in recent years there has been, at least in the United States, a general movement within psychology encouraging clinicians to become more sensitive to general cultural and demographic influences on clients (American Psychological Association, 1993) such as gender and ethnicity. We regard this as a wise recognition of factors that can be important in clinical work, and that go somewhat beyond the traditional ways of trying to understand clients and their difficulties. However, we think it is important for clinicians to attend to the socio-cultural factors relevant to individuals, *qua* individuals, rather than as simply members of a class or representatives of particular social clusters. This recognition, although it is compatible with the current broader emphasis on diversity, can be directly understood within the behavioral tradition (Kanfer & Saslow, 1969). In the present context, we will very briefly identify, as illustrations, two socio-cultural elements that may become relevant when working with clients dealing with crisis and its aftermath: general idioms of coping and distress, and spiritual or existential issues (a more general discussion of socio-cultural factors in bereavement can be found in Tedeschi & Calhoun, in press, December 2003).

Individual clients are parts of social groups and communities that can influence them in a variety of ways. On occasion, the client's way of understanding the reasons or causes for psychological distress and the way the clients talks about it may differ from the clinician's, sometimes radically so. For example, in some social groups in the United States a general understanding of why people experience distress is that they have "*bad nerves*", or if the individuals manifests significant psychological disruption in the wake of a major crisis, then the understanding may be that "*their nerves are shot*". This is clearly not the way a highly trained clinical specialist would speak professionally, nor is it the way specialists would explain posttraumatic psychological difficulties. We are suggesting, however, that, in general, it is desirable for the clinician to accept and acknowledge the client's way of conceptualizing the psychological problem and its potential solutions. Such socio-cultural respect can promote better rapport with the client. Such respect by the clinician may also make it less likely that the clinical interventions undertaken on behalf of the client will encounter either lack of support from the individual's primary social groups, or perhaps worse, will result in social sanctions from groups whose members disapprove of the clinician's diverging way of thinking about life and its problems. Our recommendation, then, is that *clinicians listen carefully to the language of crisis*

and psychological response that clients use, and that they judiciously join the client in this form of communication.

An additional socio-cultural domain that can be important in clinical work generally, and more so when clients are individuals trying to cope with critical life problems, is the domain of spiritual and existential matters. Certainly in the United States and other countries in the Americas, existential questions are very often given religious and spiritual answers. This is probably less likely to be the case in Western Europe. Even where secular worldviews predominate, however, it is likely that major life stressors that make salient issues of mortality, particularly where the circumstances represent the kinds of seismic events we discussed above, will lead to significant cognitive engagement with fundamental existential questions. It is useful for clinicians to feel comfortable and willing to help their clients process their cognitive engagement with existential or spiritual matters. It is also important for clinicians to respect and work within the existential framework that clients have developed or are trying to rebuild in the aftermath of a major loss or crisis.

Another way in which the clinician should respect the client's framework, particularly when issues of posttraumatic growth are the focus, regards the acceptance of what the clinician may view as "positive illusions" (Taylor & Brown, 1994). Human beings generally tend to operate with certain benign cognitive distortions and persons facing major crisis are probably not an exception. When working with clients dealing with traumatic circumstances, clinicians may need to have some degree of tolerance and respect for the use of some benign cognitive biases. Although the evidence tends to support the veracity of the posttraumatic growth, some clinicians may still be somewhat skeptical about the empirical foundations of the client's experience of growth. Although there certainly can be exceptions, our assumption is that clinical attempts to directly modify cognitions so that the benign "illusory" elements are corrected are likely to do psychological harm rather than to produce psychological benefit.

4.2. Growth and the value of effective listening

As we have suggested, individuals in the midst of a life crisis usually exhibit a high level of cognitive engagement with and cognitive processing of their life situation. Such cognitive processes can lay the foundation for the development of the elements of posttraumatic growth.

An major resource for survivors of trauma is the availability of a skilled listener, who can encourage the individual to engage in disclosure of the trauma related cognitive processing, and who can encourage the kinds of cognitive changes that not only enhance coping generally, but that also can promote posttraumatic growth. Although individual clients may need additional specific interventions designed to alleviate crisis related psychological symptoms, we think that the clinical guideline of *listen without necessarily trying to solve* (Calhoun & Tedeschi, 1999) can be a helpful one.

Individuals who have been exposed to significant stressors may find it useful to tell their story repeatedly, and the clinician may need to listen patiently as the client repeats the story of what has happened. The individual's repetition of the account of the difficult experience can serve a safe "exposure" function and this alone can have therapeutic value. The retelling of the account can also help the individual engage in the kinds of cognitive actions that can help individuals accommodate their cognitive structures to the undeniable events, and in this process the possibility of discovering posttraumatic growth exists.

Although we are encouraging what may seem to be a rather passive clinical stance, the way the clinician listens and *what the clinician listens and attends to* can have significant therapeutic consequences. As is apparent, our assumption is that the clinician will need to be skilled at deciding the types of responses to make and what to encourage the client to say and do. Perhaps compared to more structured approaches, the perspective suggested here does lack a certain degree of prescriptiveness. The general guidelines we are recommending do provide a conceptual framework within which clinicians must employ their own best skills. And we think this general framework can certainly be woven into even rather prescriptive, manual driven psychological interventions designed to help persons coping with the aftermath of highly challenging life events.

4.3. Listen for and notice posttraumatic growth

Although no longer an unusual idea among clinicians and scholars who work within the area of stress and trauma (Antonovsky, 1987; Calhoun & Tedeschi, 1999), the assumption that many individuals will experience positive change in their struggle with difficult events is not one that is particularly salient for laypersons and for professionals outside this particular area of

inquiry. Clients, however, will routinely and spontaneously articulate ways in which their struggle has produced highly meaningful changes in them. However, our experience has been that only rarely will clients actually identify such changes as a representation of posttraumatic growth. A small but very useful change that clinicians can make in their work with persons who are dealing crisis, then, is simply to *listen for themes of posttraumatic growth* in what their clients say. Both the available research and our clinical experience indicate that at least some elements of posttraumatic growth are reported by many people experiencing a wide array of difficult situations. Although neither universal nor inevitable, elements of posttraumatic growth are often present in the accounts clients develop of their struggle with trauma and it is useful for the clinician to listen for and attend to them when they occur.

4.4. Label posttraumatic growth when it is noticed

Anecdotal accounts from colleagues and our own experiences suggest that clients can sometimes describe the positive changes they have experienced in themselves, but without explicitly identifying them as such. When clinicians notice and label as positive the positive changes that clients describe, this can be a therapeutic cognitive experience for the client. This kind of helpful clinical action, however, assumes that the clinician has good knowledge of the domains and elements of posttraumatic growth, that the clinician has been listening for and attending to the client's account of the experience of growth, and finally that the clinician has noticed and labeled the experience in a way that makes the growth experience cognitively salient for the client.

However, the clinician must guard against the mechanistic offering of empty platitudes that tell the client, for example, what wonderful opportunities for growth are offered by the experience of crisis. If the clinician has listened well to the client's account of the circumstances and of the client's personal reactions, including affective, cognitive, and behavioral components, the insensitive and inappropriate offering of platitudes becomes extremely unlikely. What we are suggesting is that the clinician respond in ways that reflect discoveries that their clients themselves are making . As we have implied, however, the way in which the client has cognitively constructed the posttraumatic experience may only implicitly reflect the experience of growth. A helpful clinical approach is for the clinician to assist the client in evaluating the

possibility that changes, that the clinician may perceive as reflective of posttraumatic growth, may indeed be recognizable by the client as the presence of posttraumatic growth.

4.5. Growth and the matter of good timing

When is the correct time for the clinician to notice, label, or in some circumstances, to introduce the possibilities of posttraumatic growth? There is no simple and definitive answer to this question, because so much depends on the specific context and situation of the individual patient. Our experience suggests to us, however, that very early in the post trauma process is not a good time for attention to be directed toward the possibility of posttraumatic growth. In the early post trauma period it may be more helpful and useful to the patient if the focus is on the management of the psychological distress that is likely to be present. As the client's adaptive mechanisms, social support, or perhaps professional help, work effectively so that distress is no longer overwhelming (and the difficult truth is that for some individuals this may never satisfactorily occur), then it may be appropriate for clinicians to begin to attend to the possibilities of growth.

However, the immediate aftermath of a major loss or tragedy is usually not the time for clinicians to engage in the process of trying to encourage elements of posttraumatic growth. And, as we have already suggested, empty platitudes should be avoided. The immediate aftermath of tragedy is a time during which clinicians must be particularly sensitive to the psychological needs of the patient, and never engage in the insensitive introduction of didactic information or trite comments about growth coming from suffering. This is not to say that systematic treatment programs designed for trauma survivors should not include components directly addressing posttraumatic growth, because the inclusion of such components may indeed be helpful (Antoni, et al., 2001). But we tend to think that even as part of systematic intervention programs, matters related to growth are best addressed after the individual has had a sufficient among of time to adapt to the aftermath of the crisis.

4.6. Are some events simply too horrible?

The individual clinician must decide on the answer to this question in the context of working with individual clients. For some individuals, what has happened to them may indeed

have been so horrible, and the aftermath may be so devastating, that the very concept of posttraumatic growth may be repellant. Clinicians should respect that perspective. The available data, however, indicate that some individuals coping with even the most horrible events, can experience some degree of posttraumatic growth (Tedeschi & Calhoun, 1995). The clinician who is interested in the encouragement of growth that some clients may experience, then, must perform what on the surface may be a paradoxical task -- to acknowledge the reality that for some persons the very discussion of growth coming from the struggle may be unacceptable given the horrific nature of what they have undergone, but at the same time the clinician should be open to the possibility that clients themselves may experience growth from their struggle with even the most tragic and traumatic sets of circumstances.

4.7. Choosing the good word

When clinicians notice posttraumatic growth in clients, and when they decide that attending and responding to what they have noticed is appropriate, selecting the best words to express growth can be of great therapeutic importance. We recommend that clinicians speak with clients in a way that makes clear distinctions between the events that have transpired (for example, the tragic loss of a child in a bombing raid), the reality of the pain and suffering the individual has experienced (for example, the experiences of distress, grief, sadness, and irreplaceable loss), from the individuals struggle to survive psychologically and the struggle to somehow adapt to a world in which the client may be reminded daily of the irrevocable nature of the loss, and perhaps of the irreversibility of suffering as well. A useful way to speak of the possibility of growth is to use words that indicate that the experience of growth the patient may have undergone is a result *of the struggle* to adapt to the crisis and not to the situation itself. It is not the death of a small child that may lead to growth, but the individual's ongoing struggle to cope and survive in a world in which the child no longer lives. As one bereaved parent said:

> *There is not one single damn thing that's good about what has happened to me. But as I have tried to face it every day, I have learned a lot about how I think I should be living my life. And I can do that in a way that serves as an honorable memorial to my son.*

And, as is true with almost all of the persons with whom we have spoken in our research on posttraumatic growth, parents such as this one would gladly lose any newfound meaning or growth they have experienced from the struggle with loss, if only they could have their child back. But most major life crises can not be undone, and the sensitive use of good words may assist clients in more clearly seeing, and perhaps experiencing, the meaningful ways in which their struggle has changed them.

4.8. 'Caveats' and reminders

Although these reminders are probably unnecessary for most scholars and clinicians, it may be useful to offer them nonetheless. First, as we have indicated, although there are exceptions, severe and intense life crises that present major challenges, or perhaps even invalidate, the individual's major life assumptions, typically produce significant psychological distress and upheaval. Posttraumatic growth occurs in the context of suffering and significant psychological struggle. Second, life crises are not necessary for growth. Individuals can mature and develop in meaningful ways without experiencing tragedy or trauma. Third, in no way are we suggesting that trauma is "good". We regard life crises, loss, and trauma as undesirable and our wish would be that nobody would have to experience such life events. We regard traumatic events as indeed negative, but the evidence suggests that individuals who struggle with them can experience highly meaningful personal changes. Fourth, posttraumatic growth is neither universal nor inevitable. Although a majority of individuals experiencing a wide array of highly challenging life circumstances experience posttraumatic growth, there are also a significant number of persons who experience little or no growth in their struggle with trauma. Finally, the presence of posttraumatic growth does not equate with an absence of suffering or pain. Although the available empirical evidence is still insufficient, it is sufficient enough to indicate that the presence of posttraumatic growth is not necessarily correlated with a decrease in distress nor with an increase in feeling good. Growth and psychological distress may be independent dimensions, and change in the one may not necessarily be accompanied by a change in the other.

5. CONCLUSION AND FUTURE DIRECTIONS

Posttraumatic growth is experienced by individuals dealing with a wide variety of difficult life circumstances. Although not universal, it is a reaction reported by a very wide range of individuals, coping with a wide array of very difficult life problems. The available data suggest that it is not simply a self-enhancing cognitive distortion, nor is it simply a manifestation of defense mechanisms such as denial. Especially in the context of clinical work, it may be more therapeutically useful to accept the patients' perspective on the experience of growth coming from the struggle with life crises. We recommend a perspective for assisting clients who have experienced a major crisis that includes elements of posttraumatic growth and that is compatible with most, perhaps all, of the contemporary clinical approaches designed to provide therapeutic support for persons in the aftermath of trauma. The focus we suggest may be particularly compatible with approaches that have a cognitive emphasis or cognitive components. The general framework we have suggested would need to be incorporated into the intervention format and the theoretical perspective that the clinician is going to employ to assist the individual survivor of trauma. An important focus for the future is on the degree to which posttraumatic growth can be directly induced, and the degree to which attempting to do so will represent an effective addition to psychological interventions.

References

Affleck, A., & Tennen, H. (1996). Construing benefits from adversity: Adaptational significance and dispositional underpinnings. *Journal of Personality, 64,* 899-922.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. - text revision). Washington, DC:: Author.

American Psychological Association. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *American Psychologist, 48,* 45-48.

Andreasen, N. L., & Norris, A. S. (1972). Long-term adjustment and adaptation mechanisms in severely burned adults. Journal *of Nervous and Mental Disease, 154,* 352-362.

Antoni, M.H., Lehman, J.M., Kilbourn, K.M., Boyers, A.E., Yount, S. E., Culver, J.L., Alferi, S.M., McGregor, B. A., Arean, P. L., Harris, S.D., Price, A. A., & Carver, C.S . (2001). Cognitive-behavioral stress management intervention decreases the prevalence of depression and enhances the sense of benefit among women under treatment for early-stage breast cancer. *Health Psychology, 20,* 20-32.

Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well.* San Francisco: Jossey-Bass.

Baltes, P. B., & Freund, A. M. (2003). Human strengths as the orchestration of wisdom and selective optimization with compensation. In L. G. Aspinwall & U. M. Staudinger (Eds.), *A psychology of human strengths* (pp. 23-35).

Baltes, P.. B., & Smith, J. (1990). Toward a psychology of wisdom and its ontogenesis. In R. J. Sternberg (Ed.) *Wisdom: Its nature, origins, and development.* (pp. 87-120). New York: Cambridge University Press

Bower, J.E., Kemeny, M.E., Taylor, S. E., & Fahey, J.L. (1998). Cognitive processing, discovery of meaning, CD 4 decline, and AIDS-related mortality among bereaved HIV-seropositive men. *Journal of Consulting and Clinical Psychology, 66,* 979-986.

Calhoun, L.G., Cann, A., Tedeschi, R.G., & McMillan, J. (2000). A correlational test of the relationship between posttraumatic growth, religion, and cognitive processing. *Journal of Traumatic Stress, 13*, 521-527.

Calhoun, L. G., Selby, J. W., & Selby, L. E. (1982). The psychological aftermath of suicide: An analysis of current evidence. *Clinical Psychology Review, 2*, 409-420.

Calhoun, L. G., & Tedeschi, R. G. (1989-90). Positive aspects of critical life problems: Recollections of grief. *Omega, 20*, 265-272.

Calhoun, L. G., & Tedeschi, R. G. (1998). Posttraumatic growth: Future directions. In Tedeschi, R. G., Park, C, L., & Calhoun, L. G. (Eds.). *Posttraumatic growth: Positive change in the aftermath of* crisis (pp. 215-238). Mahwah, NJ: Lawrence Erlbaum Associates.

Calhoun, L.G., & Tedeschi, R.G. (1999). *Facilitating posttraumatic growth: A clinician's guide.* Mahwah, NJ: Lawrence Erlbaum Associates.

Calhoun, L. G., & Tedeschi, R. G. (in press). The foundations of posttraumatic growth: New considerations. *Psychological Inquiry*.

Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books.

Davis, C. G., Nolen-Hoeksema, S., & Larson, J. (1998). Making sense of loss and benefiting from the experience: Two construals of meaning, Journal of Personality and Social Psychology, 75, 561-574.

Cordova, M. J., Cunningham, L. L. C., Carlson, C. R., & Andrykowski, M. A. (2001). Posttraumatic growth following breast cancer: A controlled comparison study. Health Psychology, 20, 176-185.

Folkman, S., & Moskowitz, J. T. (2000). Stress, positive emotion, and coping. Current Directions in Psychological Science, 9, 115-118.

Frankl, V. E. (1963). Man's search for meaning. New York: Pocket Books.

Janoff-Bulman, R. (1992). Shattered assumptions. New York: The Free Press.

Jordan, H. (2000). No such thing as a bad day. Atlanta: Longstreet Press.

Kanfer, F. H., & Saslow, G. (1969). Behavioral diagnosis. In C. M. Franks (Ed.), Behavior therapy - appraisal and status (pp.417-444). New York: McGraw Hill.

Lepore, S.J., & Helgeson, V.S. (1998). Social constraints, intrusive thoughts, and mental health after prostate cancer. Journal of Social and Clinical Psychology, 17, 89-106.

Lepore, S.J., Silver, R.C., Wortman, C. B., & Waymaent, H.A. (1996). Social constraints, intrusive thoughts, and depressive symptoms among bereaved mothers. Journal of personality and Social Psychology, 70, 271-282.

Little, B. R. (1998). Personal project pursuit: Dimensions and dynamics of personal meaning. In P.T.P. Wong & P. Fry (Eds.), The human quest for meaning: A handbook of psychological research and clinical applications (pp. 193-212). Mahwah, NJ: Erlbaum.

Lopata, H. Z. 1973). Self-identity in marriage and widowhood. Sociological Quarterly, 14, 407-418.

Maercker, A., & Langner, R. (2001). Persoenliche reifung durch belastundeng und traumata: Validierung zweier deutschpsrachiger fragebogenversionen (Posttraumatic personal growth: Validation of German versions of two inventories). Diagnostica, 47, 153-162.

Martin, L. L., & Tesser, A. (1996). Clarifying our thoughts. In R. S. Wyer (Ed.), Ruminative thought: Advances in social cognition, Vol. 9 (pp.189-209). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

McAdams, D. P. (1993). The stories we live by: Personal myths and the making of the self. New York: Morrow.

McAdams, D. P., Reynolds, J., Lewis, M., Patten, A. H., & Bowman, P. J. (2001). When bad things turn good and good things turn bad: Sequences of redemption and contamination in life narrative and their relations to psychosocial adaptation in midlife adults and in students. Personality and Social Psychology Bulletin, 27, 474-485.

McFarland, C., & Alvaro, C. (2000). The impact of motivation on temporal comparisons: Coping with traumatic events by perceiving personal growth. Journal of Personality and Social Psychology, 79, 327-343.

McMillen, C., Howard, M. O., Nower, L., & Chung, S. (2001). Positive by-products of the struggle with chemical dependency. Journal of Substance Abuse Treatment, 20, 69-79.

Nolen-Hoeksema, S., & Larson, J. (1999). Coping with loss. Mahwah, NJ: Lawrence Erlbaum Associates.

Nolen-Hoeksema, S., McBride, A., & Larson, J. (1997). Rumination and psychological distress among bereaved parents. Journal of Personality and Social Psychology, 72, 855-862.

O'Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. Women's Health: Research on Gender, Behavior, and Policy, 1, 121-142.

Park, C. L. (1998). Implication of posttraumatic growth for individuals. In Tedeschi, R. G., Park, C, L., & Calhoun, L. G. (Eds.) Posttraumatic growth: Positive change in the aftermath of crisis (pp. 153-177). Mahwah, NJ: Lawrence Erlbaum Associates.

Park, C. L., Cohen, L., & Murch, R. (1996). Assessment and prediction of stress-related growth. Journal of Personality, 64, 71-105.

Parkes, C. M. (1970). Psycho-social transitions: A field for study. Social Science and Medicine, 5, 101-115.

Pennebaker, J.W. (1997). Opening up: The healing power of expressing emotions. New York: Guilford Press.

Ryff, & Singer (1998). The role of purpose in life and personal growth in positive human health. In P. T. P. Wong & P.S. Fry (Eds.), The human quest for meaning: A handbook of psychological research and clinical applications (pp. 213-235). Mahwah, NJ: Lawrence Erlbaum Associates.

Taylor, S.E ., & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. Psychological Bulletin, 103, 193-210.

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

Tedeschi, R.G., & Calhoun, L.G. (1996). The posttraumatic growth inventory: measuring the positive legacy of trauma. Journal of Traumatic Stress, 9, 455 - 471.

Tedeschi, R. G., & Calhoun, L. G. (in press, December 2003). Helping bereaved parents: A Clinician's Guide. New York: Brunner-Routledge.

Ullrich, P.M., & Lutgendorf, A. K. (2002). Journaling about stressful events: Effects of cognitive processing and emotional expression. Annals of Behavioral Medicine,24, 244-250.

Weiss, T. (2002). Posttraumatic growth in women with breast cancer and their husbands: An intersubjective validation study. Journal of Psychosocial Oncology, 20, 65-80.

Wortman, C. B., & Silver, R. C. (2001). The myths of coping with loss revisited. In M. S. Stroebe, R. O. Hannsson, W. Stroebe, & H. Schut (Eds.) Handbook of bereavement research - consequences, coping and care (pp. 405-429). Washington, DC: American Psychological Association.

Additional Readings

Calhoun, L.G., & Tedeschi, R.G. (1999). Facilitating posttraumatic growth: A clinician's guide. Mahwah, NJ and London: Lawrence Erlbaum Associates.

Calhoun, L. G., & Tedeschi, R. G. (2001). Posttraumatic growth: the positive lessons of loss. In R. A. Neimeyer (Ed.), Meaning reconstruction and the experience of loss (pp. 157-172). Washington, DC: American Psychological Association.

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

Tedeschi, R. G., & Calhoun, L. G. (in press, December 2003). Helping the bereaved parent: A guide for clinicians. New York: Brunner-Routledge.

Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.) (1998). Posttraumatic growth - Positive changes in the aftermath of crisis. Mahwah, NJ and London: Lawrence Erlbaum Associates.

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