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Promoting Post-Traumatic Growth After PTSD

While many reactions to trauma are harmful, some may actually result in growth.

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By Mario Guzman, Ph.D., and Ferran Padros, Ph.D.

In the U.S., there is a large number of people who struggle with [Post-traumatic Stress Disorder \(PTSD\)](#) as a consequence of one or several [traumatic](#) experiences. According to the U.S. Department of Veterans Affairs, an estimated 8 percent of Americans could have PTSD at any given time—that is 24.4 million. Between 11 and 20 percent of veterans who were involved in Operations Iraqi Freedom and Enduring Freedom have PTSD. Also, an estimated 12 percent of Gulf War veterans are coping with PTSD, as well as 30 percent of Vietnam veterans.

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But it is not only the military population who has to struggle with this problem; anyone can. There are several kinds of experiences that can lead to trauma and the problems associated with it: [child abuse](#), [sexual abuse](#), shooting victims, kidnappings, assault, [bullying](#), [domestic violence](#), amongst others.

According to the fifth edition of the [Diagnostic and Statistical Manual of Mental Disorders \(DSM-5\)](#), there are four main cluster symptoms for PTSD: avoidance symptoms, re-experiencing symptoms, hyperarousal symptoms, and negative changes in beliefs and feelings. It is common for people with PTSD to try to avoid thoughts, conversations, and situations that can trigger memories of the traumatic events. Paradoxically, this avoidance will lead to an increase in re-experiencing symptoms, such as [nightmares](#), flashbacks, and intruding thoughts related to the traumatic experience. These avoiding and re-experiencing symptoms would prolong arousal symptoms like [sleeping](#) problems, difficulties with [concentration](#), irritability, and hypervigilance.

After this, the negative beliefs and feelings would be reinforced due to what Daniel Wegner called ironic rebound or the "white bear problem." This is a process in which the intent of suppressing thoughts makes them more likely to happen. The ironic rebound happens because while a conscious part of us is trying to suppress the thoughts, another [unconscious](#) part of us is monitoring whether we are successful in our task or not. As a result of this, a paradoxical effect takes place, and more thoughts appear. To make this explanation simple, stop reading this article now and try not to think about a polar bear for the next minute. After that minute, ask yourself if you were successful at the task, and then come back to read our article.

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There are different ways to experience trauma. Some people will experience the symptoms just after the traumatic experience, while others will struggle with them six months after the event or even years later. For some of them, the disorder can be a short experience, which will last less than three months. But for others, it could be chronic, and it could even take them years to deal with the symptoms.

THE BASICS

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Data shows that there are three main treatments that work for people diagnosed with PTSD: Cognitive and Processing Therapy (CPT), Prolonged Exposure Therapy (PT), and Eye Movement and Desensitization Reprocessing (EMDR). All of these therapies work by processing the traumatic experience, and they are short-term therapies (8 to 12 sessions). There is even new research showing that shorter treatments seem to work too.

However, there is another area of opportunity for patients with PTSD that many people do not know about; it is called Post-traumatic Growth (PTG). Tedeschi and Calhoun, from the University of North Carolina, found that several survivors of traumatic events experienced personal growth in areas such as appreciation of life, relationships, and new opportunities, as well as an increased sense of their own strength and spirituality.

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These changes are not universal, which means that not all of those who go through trauma will develop PTG, and we shouldn't think that going through trauma is desirable or positive, but it has been proven that some people will experience this positive outcome. There's no clear reason why some do, while others don't, but there's interesting information that gives us clues. For example, research shows that people who were highly resilient before the trauma would be unlikely to develop PTG; we also know that those who don't have social support after the trauma would be less likely to experience PTG. What we know for sure is that there are people experiencing growth after trauma.

TRAUMA ESSENTIAL READS

With this information, Dr. Ferran Padros and I wondered if we would be able to promote or enhance PTG in people experiencing PTSD. A few years ago, we developed a short-term training (consisting of only four meetings) in PTG, and we started a protocol to see how it works in action. We created two randomized groups of patients who had been previously diagnosed with PTSD. One of these groups, the control group, received Cognitive and Processing Therapy (CPT), which has shown great effectiveness in treating PTSD through several studies. The second group, the experimental group, received the same therapy, CPT, and the training in PTG that we developed.

We found that both groups were equally effective in diminishing the PTSD symptoms; none of the participants was diagnosed with PTSD after the treatments. We found that patients in both groups experienced PTG, which is great news. But we also found that those in the experimental group, the ones who received the PTG training, showed better scores in psychological well-being, which was also tested in the experiment.

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Here are a few of the conclusions we propose:

1. Some people who go through trauma can benefit and achieve personal growth.
2. If those with trauma receive therapy, it is more likely that they will develop said growth.
3. A short-term training added to traditional treatment ensures that people could experience more personal growth and psychological well-being.

Even though these results are promising, there are still issues to be considered. For example, it would be interesting to learn whether these results are repeated if other research and other types of therapies for PTSD are applied. Also, it is necessary to have a bigger sample of subjects to have more accurate results and conclusions. But for the moment, it is very encouraging to know that after all the [grief](#), sorrow, and [anxiety](#) that people suffer because of trauma or PTSD, they may not only feel better, but also perceive growth and psychological well being in different areas of their lives. If the results of the research can be replicated, it would mean that there is light at the end of the tunnel for many people.

Our research can be consulted in the [International Journal of Psychology and Psychological Therapy](#).

References

<http://www.ijpsy.com/volumen18/num2/%C2%A0>



1

sample size

Submitted by Ook Gevlucht on April 14, 2019 - 5:18am

with a cost. Like you said, "some" achieved growth after experiencing trauma. Not everybody would. Most of us just want our lives back after the bottom falls out. Saying that we could all aspire to achieve post traumatic growth sounds like a tall order ...

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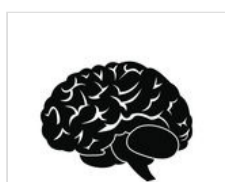
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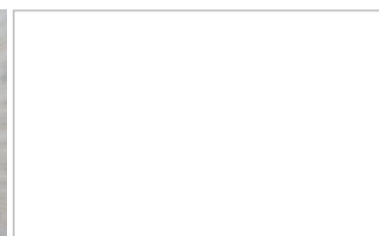
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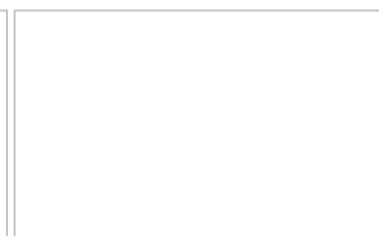
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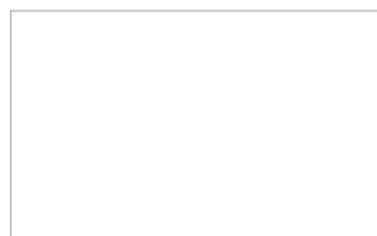
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