Making meaning out of suffering: The psychology of posttraumatic growth in children and young people

Dr Matt Brooks, Manchester Metropolitan University

INTRODUCTION

For decades, research has focused on negative changes associated with adverse life events, such as natural disasters, accidents, serious illness, child maltreatment, and criminal victimisation (e.g., Gershuny & Thayer, 1999; Kearney et al., 2010; Pill et al., 2017). However, in the past 30 years, research has indicated that people can report positive, as well as negative changes, after adverse experiences. These perceived positive changes are known as posttraumatic growth (PTG), which can refer to the opening up of new possibilities and opportunities, improvements within interpersonal relationships, spiritual changes, enhanced feelings of personal strength, and a renewed appreciation for life (Joseph et al., 2012; Tedeschi & Calhoun, 2004). Some of the first studies in this area investigated the impact of accidents and disasters (e.g. Joseph et al., 1993) and indicated that people can draw upon these experiences in more positive and meaningful ways. However, the idea of positive change and growth is not new; indeed, historical and contemporary literature has long acknowledged the potential for people to change 'for the better'. Growth research gained further interest with the focus on positive psychology in the early 2000s (Seligman & Csikszentmihalyi, 2000), which emphasised positive psychological character traits and experiences. This has since developed into a larger body of literature that is starting to shape the way we view psychological responses to adverse events.

While PTG research tends to focus on the positive experiences that people may perceive following adverse events, the changes may be accompanied with some distress. Emotional distress and intrusive thoughts can be experienced as individuals attempt to process the memories of their adverse events (Tedeschi & Calhoun, 2004), which could serve as a catalyst for more positive changes. Notably, PTG research does not downplay the negative experiences people can report, but offers a perspective that complements existing knowledge and support offered to survivors of adverse events.

POSTTRAUMATIC GROWTH IN CHILDREN AND YOUNG PEOPLE

To date, the majority of PTG research has focused on perceptions of positive change in adult populations compared to children and young people. Two general perspectives emerge within the literature as to the extent to which children and young people perceive positive change. The first view questions whether children are likely to perceive any positive changes, or at least the nature of PTG experienced is different to that of older children and adults, due to the complex cognitive processing involved (Laceuelle et al., 2015). However, a second perspective acknowledges that children and young people's thoughts about the world are malleable (Harmon & Venta, 2020), which can make them more susceptible to negative changes but also positive changes as well. Indeed, some studies have found that children and young people can perceive benefits in their experiences. For instance, an early study of 158 child survivors of traffic accidents reported that 42% of the sample endorsed some positive changes (Salter & Stallard, 2004).

More recently, a study of college students (Milam & Schmidt, 2018) whose parents had divorced found that this experience had made them stronger and view the positive aspects of the situation.

Unlike research in adult populations, less is known about the factors that contribute towards PTG in children and young people, and findings are inconsistent in places. One of the most comprehensive systematic reviews of the research in this area, which is now a decade old (Meyerson et al., 2011) did reveal some psychological, social, environmental, and demographic factors associated with PTG. For instance, optimism, hope and resilience are related to more growth (Kilmer et al., 2014; Meyerson et al., 2011; Turner et al., 2018). The same review also found that problem-focused coping methods that include active efforts to mitigate the negative effects of adverse events, along with religiosity or spirituality, are also positively correlated with PTG in children and young people. For some individuals, these coping strategies can help encourage them to find meaning in their experiences, which is conducive to PTG (Meyerson et al., 2011). Young people's self perceptions of their ability to handle stressful life events is an inconsistent indicator of PTG (Bernstein & Pfefferbaum, 2018).

In addition to the aforementioned psychological variables, it is perhaps no surprise that one of the most robust predictors of growth is that of social support (Meyerson et al., 2011). Social support can encourage new perspectives to be offered to the child or young person, as well as providing opportunities to share experiences which in themselves promote meaning-making (Tedeschi & Calhoun, 2004). In addition, a 'moderate' degree of distress is also conducive to growth (Shakespeare-Finch & Lurie-Beck, 2014); there would not necessarily be any impetus to grow from an event perceived to be less severe, while too much distress would overwhelm a young person's ability to recognise any benefits from their experiences.

In terms of demographic correlates, girls are more likely to endorse PTG compared to boys (Meyerson et al., 2011), mirroring results in adult studies (Vishnevsky et al., 2010). These findings are attributed to gender differences in coping styles, social support and threat perceptions of adverse events. Unlike gender, growth appears to be independent of a child or young person's age (Meyerson et al., 2011), such that adolescents are not more or less likely to report growth compared to younger children.

IMPLICATIONS FOR SCHOOL AND COMMUNITY SETTINGS

On the face of it, the results of studies in this area are somewhat enticing as a way for professionals and others involved in the care of children and young people to facilitate PTG. While this is an understandable strategy, growth should not be viewed as the sole outcome of any support (Kilmer et al., 2014), or a panacea for alleviating all distress.
In fact, not every child and young person may experience growth (Kilmer, 2014), and nor should we anticipate this to be the case, as it could lead to unrealistic expectations. However, the idea that survivors of adverse events can report positive changes may offer a perspective that compliments existing initiatives and

support available to children and young people in school and community settings.

Before considering the implications further, it is important to note that the very notion of people becoming psychologically stronger after adverse events is still debated. While mainstream PTG research has advocated the position that growth is aligned with improvements in psychological wellbeing (Tedeschi & Calhoun, 2004), some scholars have argued that PTG is no more than a compensatory coping strategy designed to alleviate the negative effects associated with adverse experiences (Infurna & Jayawickreme, 2019). While there is no direct evidence to support this claim among child

and adolescent samples, adult studies have found that growth is associated with increased distress over time (e.g. Blix et al., 2016). As such, if someone feels they have become stronger as a result of their experiences, it does not necessarily mean this would lead to improved psychological wellbeing.

To date, limited research has considered the implications of PTG within treatment, and no studies have explicitly considered ways to facilitate growth within educational settings. Any recommendations arising from the literature at present are broad in nature, but may provide useful starting points in our work with children and young people. However, if we are to take PTG at face value, an important first step is to raise awareness of the potential for children and young people to experience positive as well as negative changes following adverse events. This would help to shift narratives around the ways young people respond to life challenges. In recent years, there has been an increased focus on promoting resilience in young people so they can 'bounce back' from adversity (e.g. Berridge, 2017; Hart et al., 2014), but this does not necessarily recognise their ability to become psychologically stronger than they were previously. When working in school and community settings, professionals could be more attuned to the narratives of the young people, looking for expressions of hope and optimism, which have been associated with an increased likelihood of reporting PTG (Joseph et al., 2012; Meyerson et al., 2011). However, at the same time, these young people should not be pressurised

to report growth, which in itself could lead to more distress.

Awareness of PTG may also be achieved through cultural changes within organisations. Creating a safe and supportive environment for individuals can lead to disclosures of PTG through promoting cognitive processing relating to the adverse events (Joseph & Linley, 2005; Tedeschi & Calhoun, 2004). It may be useful to create supportive environments where children and young people are more comfortable at disclosure, as this could challenge their ways of thinking about their experiences.

The narrative that people can become psychologically stronger following adversity also fits well with existing initiatives within schools, communities and elsewhere. Growth may occur with support or interventions that do not explicitly focus on positive change (Roepke, 2015). Solution focused approaches used in school settings, which are goal-directed in collaboratively working with young people to overcome difficulties, naturally lend themselves well to a growth ethos (Kim & Franklin, 2009). Drawing upon the benefits of social support, there may be a bigger role to play for family-led and peer-support groups, which may enable young people to gain new perspectives from their experiences. Professionals may look for opportunities to foster hope and promote competency beliefs among young people, to equip them with coping skills that could encourage PTG. It would also be advantageous to consider the home environment the child or young person finds themselves in, as this too may impact on the degree of growth reported (Kilmer, 2014).

SUMMARY AND RECOMMENDATIONS

To summarise, research on PTG has provided a more holistic view of the ways in which people respond to adverse events, as they can experience positive as well as negative changes. PTG research in children and young people is still somewhat limited compared to our understanding of positive changes in

adult populations. While there are no known studies that examine the applicability of PTG within educational settings, PTG research does have some potential implications for the area. As a first step, there is a need to raise awareness of the potential for children and young people to perceive gains from their

experiences among psychologists and other professionals working in education. Beyond awareness, there is scope for organisational changes, whereby children, young people and professionals are located within supportive environments, which may facilitate growth. At the same time, the concept of positive change may also complement existing initiatives and provision within schools and communities that support children and young people following adverse experiences. Within these initiatives, it would seem that promoting peer support and active coping styles could facilitate growth (Kilmer, 2014; Harmon & Venta, 2020). However, it is worth remembering that not everyone will perceive positive change, and this should not be the sole expectation of any support or intervention.

Although the wider literature on PTG is slowly developing, there is a lot we do not know about PTG among children and young people within school and community settings. We know that caregivers, teachers, and other school professionals can play a large role in the lives of young people (e.g. Silver et al., 2010), yet their ability to support the growth process is unknown. We also need to ask young people directly how they experience PTG and the factors that may help or hinder it, as qualitative studies in this area are lacking. Another unanswered question is how perceptions of PTG can change over time, during a critical developmental period for young people. These suggestions may help provide more insight as to the extent to which PTG can serve as a coping strategy or a marker of improved functioning among children and young people. While future research within educational contexts is needed, PTG research could offer promising avenues to do things differently in our work with children and young people in schools and communities.

REFERENCES

Bernstein, M. & Pfefferbaum, B. (2018). Posttraumatic growth as a response to natural disasters in children and adolescents. *Current Psychiatry Reports, 20*(5), 37. https://doi.org/10.1007/s11920-018-0900-4

Berridge, D. (2017). The education of children in care: Agency and resilience. *Children and Youth Services Review, 77*, 86–93. https://doi.org/10.1016/j.childyouth.2017.04.004

Blix, I., Birkeland, M.S., Hansen, M.B. & Heir, T. (2016). Posttraumatic growth – An antecedent and outcome of posttraumatic stress: Cross-lagged associations among individuals exposed to terrorism. *Clinical Psychological Science, 4*(4), 620–628. https://doi.org/10.1177/2167702615615866

Gershuny, B.S. & Thayer, J.F. (1999). Relations among psychological trauma, dissociative phenomena, and trauma-related distress: A review and integration. *Clinical Psychology Review, 19*(5), 631-657. https://doi.org/10.1016/S0272-7358(98)00103-2

Harmon, J. & Venta, A. (2020). Adolescent posttraumatic growth: A review. Child Psychiatry & Human Development, 1–13. https://doi-org/10.1007/s10578-020-01047-9

Hart, A., Heaver, B., Brunnberg, E. et al. (2014). Resilience-building with disabled children and young people: A review and critique of the academic evidence base. *International Journal of Child, Youth and Family Studies, 5*(3), 394-422. https://doi.org/10.18357/ijcyfs.harta.532014

Infurna, F.J. & Jayawickreme, E. (2019). Fixing the growth illusion: New directions for research in resilience and posttraumatic growth. *Current Directions in Psychological Science, 28*(2), 152158. https://doi.org/10.1177/0963721419827017

Joseph, S. & Linley, P. A. (2005). Positive adjustment to threatening events: An organismic valuing theory of growth through adversity. *Review of General Psychology, 9*(3), 262–280. https://doi.org/10.1037/1089-2680.9.3.262

Joseph, S., Murphy, D. & Regel, S. (2012). An affective–cognitive processing model of post-traumatic growth. *Clinical Psychology & Psychotherapy, 19*(4), 316–325. https://doi.org/10.1002/cpp.1798

Joseph, S., Williams, R, & Yule, W. (1993). Changes in outlook following disaster: The preliminary development of a measure to assess positive and negative responses. *Journal of Traumatic Stress, 6*(2), 271–279. https://doi.org/10.1002/jts.2490060209

Kearney, C.A., Wechsler, A., Kaur, H. & Lemos-Miller, A. (2010). Posttraumatic stress disorder in maltreated youth: A review of contemporary research and thought. *Clinical Child and Family Psychology Review, 13*(1), 46–76. https://doi.org/10.1007/s10567-009-0061-4

Kilmer, R.P. (2014). Resilience and posttraumatic growth in children. In L.G. Calhoun & R.G. Tedeschi (Eds.) *Handbook of posttraumatic growth* (2nd edn, pp.278-302). Oxford: Routledge.

Kilmer, R.P., Gil-Rivas, V., Griese, B. et al. (2014). Posttraumatic growth in children and youth: Clinical implications of an emerging research literature. *American Journal of Orthopsychiatry, 84*(5), 506–518. https://doi.org/10.1037/ort0000016

Kim, J.S. & Franklin, C. (2009). Solution-focused brief therapy in schools: A review of the outcome literature. *Children and Youth Services Review, 3*1(4), 464–470. https://doi.org/10.1016/j.childyouth.2008.10.002

Laceuelle, O.M., Kleber, R.J. & Alisic, E. (2015). Children's experience of posttraumatic growth: Distinguishing general from domain-specific correlates. *Plos One, 10*(12), e0145736. https://doi.org/10.1371/journal.pone.0145736

Meyerson, D.A., Grant, K.E., Carter, J.S. & Kilmer, R.P. (2011). Posttraumatic growth among children and adolescents: A systematic review. *Clinical Psychology Review, 31*(6),

949–964. https://doi.org/10.1016/j.cpr.2011.06.003

Milam, S.R. & Schmidt, C.K. (2018). A mixed methods investigation of posttraumatic growth in young adults following parental divorce. *The Family Journal, 26*(2), 156–165. https://doi.org/10.1177/1066480718781518

Pill, N., Day, A. & Mildred, H. (2017). Trauma responses to intimate partner violence: A review of current knowledge. *Aggression and Violent Behavior, 34*, 178–184. https://doi.org/10.1016/j.avb.2017.01.014

Roepke, A.M. (2015). Psychosocial interventions and posttraumatic growth: A meta-analysis. *Journal of Consulting and Clinical Psychology, 83*(1), 129–145. https://doi.org/10.1037/a0036872

Salter, E. & Stallard, P. (2004). Posttraumatic growth in child survivors of a road traffic accident. *Journal of Traumatic Stress, 17*(4), 335–340. https://doi.org/10.1023/B:JOTS.0000038482.53911.01

Seligman, M.E.P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5–14. https://doi.org/10.1037/0003-066X.55.1.5

Shakespeare-Finch, J. & Lurie-Beck, J. (2014). A meta-analytic clarification of the relationship between posttraumatic growth and symptoms of posttraumatic distress disorder. *Journal of Anxiety Disorders, 28*(2), 223–229. https://doi.org/10.1016/j.janxdis.2013.10.005

Silver, R B., Measelle, J.R., Armstrong, J. M. & Essex, M.J. (2010). The impact of parents, child care providers, teachers, and peers on early externalizing trajectories. *Journal of School Psychology, 48*(6), 555–583. https://doi.org/10.1016/j.jsp.2010.08.003

Tedeschi, R.G. & Calhoun, L.G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

Turner, J.K., Hutchinson, A. & Wilson, C. (2018). Correlates of post-traumatic growth following childhood and adolescent cancer: A systematic review and meta-analysis. *Psychooncology, 27*(4), 1100–1109. https://doi.org/10.1002/pon.4577

Vishnevsky, T., Cann, A., Calhoun, L.G. et al. (2010). Gender differences in self-reported posttraumatic growth: A meta-analysis. *Psychology of Women Quarterly, 34*(1), 110–120. https://doi.org/10.1111/j.1471-6402.2009.01546.x