

Research Paper

## A Study Exploring Post Traumatic Growth (PTG) In Individuals Who Have Undergone Traumatic Life Events

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### ABSTRACT

Every individual at some juncture in their lives experience a crisis, which disrupts their functioning and causes acute psychological damage. However, there is substantial evidence indicating that individuals in difficult situations also experience positive significant changes in their life in the aftermath of the event. As a result of their trauma, they create new, comprehensive schemas and beliefs and find themselves better equipped to deal with challenges of life along with higher resilience. This study used a phenomenological approach to explore the lived experiences of 15 adults who underwent traumatic life experiences to find traces of post traumatic growth (PTG). It also assessed if a correlation existed between the social support system of the trauma survivors, their age and the growth following the crisis. Participants aged between 20-60 were recruited for the study. The study followed a mixed methods design to capture the essence of PTG using interviews and deploying 2 questionnaires- the PTGI inventory and ISEL. Interpretative Phenomenological Analysis (IPA) was used for the analysis of qualitative data while the quantitative data was computed. Nine key themes emerged through IPA, while the two hypothesis were rejected: A weak significant correlation was found between ages of the participants and their social support systems with PTG. Results, limitation and future directions of the study are discussed in depth.

**Keywords:** Adversity, Trauma, Post Traumatic Growth, Resilience, Social Support, Grief, Recovery, Coping, Stress, Challenge, Transformation

*'It's the tragedies that define our lives. They are the fence posts on which the rest of our lives hang. The world is a brilliant resilient place. We fight on. This pain is not forever. This moment in time is not forever. Nothing is forever, except us...' whispered Beth, wife of Randall while he mourned the death of his father... (This is Us: Season 5, 2020)*

It is well established that exposure to stressful situations and adversities of life, leave a long lasting impact on its survivors in the form of trauma causing negative physical and psychological consequences. This has been experienced at a personal level by each human being at some point in their lives, while also been proved through researches.

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According to World Health Organization (2003), the consequences of mental health for traumatic reactions bring changes in personality and behavioral patterns that manifest themselves in aggression, risk taking behaviour, personality change or suicide (Holm & Severinsson, 2008).

For too long, researchers have been intrigued to understand the damage adversities bring in an individual's life. Life altering events such as major accidents, loss of a loved one, encountering physical abuse, divorce, life threatening illnesses are few examples of the same. Personal tragedies cause highly stressful situations for individuals, disrupting normal functioning and often resulting in Post- Traumatic Stress Disorder (PTSD). This is an area of research, growing concern among mental health specialists and a cause of depression, panic attacks and other mental illnesses. Regardless of the negative consequences that follow, tragedies are inevitable, and cannot be completely evaded. They possess the capability to wreck and send us for an emotional frenzy. However, in the aftermath, the same situations also bring in a sense of strength and self-love in individuals undiscovered earlier. In light of this, the current study aims to tap into the constructive emotions that follows a calamity. This work is inspired by countless individuals who have found strength in the wake of a challenge and proven that life does not end at a misfortune. It could very well be the beginning of who we are. The study remains important as it is being conducted in a time where humanity has seen the worst crisis, with the on-going pandemic. Many have encountered numerous losses and thus to reiterate the importance of determination and strength is the need of the hour. It is vital that researchers and mental health specialists work together to improve individual's well-being and extract growth from the most sorrowful encounters.

With the recent development in the field of 'Positive Psychology', emphasis has turned into focusing on the positives than the negatives. Positive psychologists are consciously focusing on an individual's strength than their weaknesses. This change is credited to Martin Seligman, the pioneer of positive psychology who paved a way for researchers to look past the tragedy and instead study the transformative power that suffering has. There is a growing body of evidence, that testifies to the positive psychological changes that result from a person's struggle with hardship. This has caused the researchers to study posttraumatic growth separately from post- traumatic stress. This idea is also central to the existential-humanistic tradition of psychology.

This dissertation is a phenomenological study that captures and explores the lived experiences of trauma survivors and their journey of growth following it. The research findings of this study will offer insight into various intervention plans that could be deployed in working with the specific population of trauma survivors. While various studies have been conducted on an individual's experience with trauma, the sample has only been homogeneous. The present research has identified a heterogeneous sample of adults to widen the understanding of living through trauma. According to Tedeschi and Calhoun, (2004) the pioneers of Post Traumatic Growth, "there will be a need for researchers to have an innate knowledge of many literatures related to posttraumatic growth, and of qualitative and quantitative analytic procedures" (p. 15). In the chapters below, relevant theories and existing literature will be discussed. The literature review begins with defining trauma, followed by trauma's role in personal growth and how PTG was witnessed in various traumatic encounters. Additionally, the role of social support systems of an individual is highlighted too.

## **LITERATURE REVIEW**

### **Trauma**

In the 1980's, the American Psychiatric Association defined traumatic events as 'outside the range of usual human experience'. Traumatic events are considered extraordinary as they overwhelm the ordinary human adaptations to life, while confronting humans with the extremities of terror, helplessness and evoking the responses of a catastrophe (Herman, 1992).

Trauma holds the power to shatter an individual's fundamental assumptions about one's self, or the expected course of one's life. It can lead to feelings of vulnerability, uncertainty and distress- pushing the person to reconfigure their assumptive world.

The definition of trauma is broad as it includes diverse incidents like accidents, natural disasters, crimes, abuse, combat among others. However, defining trauma does not determine whether an event was traumatic. Since, the main feature of trauma is that it overwhelms an individual's capacity to cope, it can be best determined by the survivor itself- if they considered an event to be traumatic. The definition only acts as a guideline for understanding the survivors experience (Giller, 2010).

Based on reports of trauma survivors, researchers have identified certain components that regard an event as a 'catastrophe, or traumatic'. Firstly, they are sudden- taking place so quickly with little or no warning to the people involved. Individuals feel temporarily immobilized when confronted with something unexpected of which they have no experience. Secondly, a significant element of a traumatic event is a sense of danger for oneself or for someone cared for deeply. Lastly, such experiences are overwhelming. An event which is sudden and dangerous naturally exceeds an individual's capacity to cope leaving them feeling paralyzed. Psychologists and sociologists assert that, sometimes the demands are so continuously aroused that there is an ineffectiveness in dealing with all of them (Figley, 1986).

### **Psychological Trauma**

According to Giller (2010), psychological trauma can be described as an event or a traumatic encounter leaving a person fearing death, mutilation, psychosis or annihilation. The individual may feel cognitively, emotionally and physically overwhelmed. Features include helplessness, pain, confusion, entrapment, betrayal of trust and/or loss. Trauma has various adverse consequences, psychological trauma being one of them.

Every individual is exposed to a traumatic event in their lifetime which are directly or indirectly experienced. 68% of individuals reported experiencing more than one traumatic event in their life time, according to a nationally representative sample of U.S adults (Orkibi & Vlasov, 2019).

The frequency of stressful life events and traumatic encounters in developed and developing nations across the world is consistently high (Marcus, 2015).

Clinical experience and research findings indicate that individuals may often experience Post Traumatic Stress Disorder in the aftermath of a traumatic event (Harvey, 1996).

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However, through extensive research it is highlighted that the ruminative processes following a traumatic encounter leads to transformations within the person. This drives them to a higher level of functioning than which existed prior to the negative event. Hussain and Bhushan (2013), suggest that in addition to experiencing symptoms of posttraumatic stress, individuals also report positive changes as a consequence of surviving trauma.

Hence, there is a strong possibility for the occurrence of Post Traumatic Growth. Various philosophers and positive psychologists argue that people who undergo significant trauma and suffering not only recover from the experience but also surpass the level of functioning they had prior to the event. This idea gives birth to Post Traumatic Growth (Hefferon, Grealy & Mutrie, 2009).

### **Post Traumatic Growth**

The concept of 'Post Traumatic Growth' took birth in the 1990's which has increasingly become popular, with researchers exploring the phenomenon in depth. It can be defined as, 'the positive psychological change experienced as a result of the struggle with highly challenging and painful life circumstances' (Calhoun & Tedeschi, 2004, p. 1).

Post Traumatic Growth (PTG) is a psychological transformation that follows a traumatic encounter. Individuals who witness PTG find purpose in pain and look beyond the struggle. The term was coined by Richard G. Tedeschi and Lawrence Calhoun who emphasized that individuals witnessing PTG, flourish in life with a greater appreciation and more resilience. Although, PTG is different from resilience as it not only includes a return to normal functioning but one that is improved and surpasses an individual's earlier performance. It involves transformation and a qualitative change, unlike similar concepts of resilience, hardiness or optimism (Tedeschi et al., 2004).

Although, positive changes may not completely eliminate the psychological effect of trauma but it allows people to find new meaning and purpose after a challenging event (Khanjani, Younesi, Khankeh & Azkhosh, 2017).

Difficulty and emotional upheaval that follows a life-threatening crisis can be seen as a gift. As it yields the most remarkable transformation and growth, wisdom, enhances self-knowledge and the quality, purpose and meaning of life. (Duran, 2013).

Existing literature suggests that the concept has been studied over different populations and circumstances such as, victims of childhood sexual assault (Woodward & Joseph, 2003), refugees (Sleijpen, Haagen, Mooren & Kleber, 2016), survivors of spinal cord injuries (Chan & Lee, 2008), adults bereaved by suicide (Smith, Joseph & Nair, 2011), breast cancer patients (Fallah et al., 2012), cancer patients (Jaarsma, 2006), illness (Hefferon et al, 2009).

According to Tedeschi et al., (2012), the stories of these survivors reflect those who transcend their adversity into profound transformations and improve their resilience towards future distressing life events. PTG is more than a return to baseline; it is an experience of improvement that is deeply profound for some.

Past researches suggest that PTG was witnessed in between 30-70% of groups who have undergone trauma, indicating that PTG is a common phenomenon following crisis (Palmer, Murphy & Harper, 2016).

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As revealed by contemporary studies on growth, 30-90% of survivors reported at least some positive changes outnumbering reports of psychiatric disorders (Hussain et al, 2013).

The belief that adversity can be a source of positive change is in fact thousands of years old. Stemming from the ancient writings of Hebrews, Greeks and being reflected in religious texts of Christianity, Hinduism, Islam and Buddhism. The religious ideologies view suffering as an opportunity for self- reflection and enlightenment and rebirth.

### **Mechanism of PTG**

As stated by Tedeschi et al., (1996) trauma involves shattering of schemas and various cognitive processes which eventually pushes individuals to rebuild new schemas. This makes them more resilient and equipped to deal with future life challenges.

After the occurrence of a distressing event, individuals reflect on the incongruence between their schemas, beliefs, goals and what has transpired. This process could be termed as cognitive engagement, which gives way to building a more resilient set of beliefs and schemas. The challenge to their assumptions in the form of distress and confusion acts as a catalyst for change, forming new perceptions and improved sense of self.

According to Orkibi et al., (2018), post the adverse event individuals are driven to create new beliefs and views that integrate the negative and psychological consequences of trauma. This results in a more elaborated and complex understanding of the self and the world.

Trauma in itself does not produce PTG, rather the struggle and search for meaning in its aftermath produces positive psychological changes. Previous literature suggests that, the concept has been studied with various terms that are used interchangeably. Such as ‘stress related growth’, ‘thriving’ or ‘benefit finding’, ideally they all mean the same (Tedeschi et al., 2004).

A study was conducted on 11 Burmese refugee women to assess the likelihood of PTG and explore their strengths in the aftermath of trauma. A qualitative analysis revealed key themes highlighting their strengths. Their narratives revealed that women were able to experience positive changes in outlook towards life, improved interpersonal relationships and personal development (Muang, Nilsson, Jeevanba, Molitoris, Raziuddin & Soheilian, 2021).

Hence, posttraumatic growth can be viewed as a ‘hard earned result of suffering from and working through the issues that have arisen in the wake of a distressing life event’ (Vanhooren, Leijssen, Dezutter, 2015, p.4).

A pilot study was conducted on a sample size of 30 sexual offenders who were imprisoned. Using phenomenological analysis, results revealed that participants were challenged to change even after viewing incarceration highly negative. They appreciated life more fully and found new purposes, along with personal changes. Reflecting on these experiences of growth, the feelings of hope, belief and relief were witnessed among them (Vanhooren et al., 2015).

Tedeschi et al., (2004) assert that this kind of positive change in trauma survivors is not taught neither trained, but achieved only through in an experiential way.

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### **Grief & Bereavement**

Grief and bereavement are two central emotions found in survivors of trauma, as part of a natural response following adversity. Grief is defined as ‘a complex of emotional, behavioural, cognitive and physiological reactions after a crisis or a loss of a loved one’ (Martincevoka & Klatt, 2016, p. 14).

Whereas, bereavement is a painful process, with years of research positing that it has negative outcomes in the form of physiological and psychological distress. It is a broad term involving grief and internal psychological process of and adaptations of individuals exposed to trauma or their loss of a loved one.

### **Mother’s Grief on Losing a Child**

According to Martincevoka et al., (2016) one of the most devastating experiences in human life is losing a child, the impact of which persists for many years. Research suggests that the grief from losing a child is far more intense and long lasting than other types of losses specially for mothers. They tend to experience depression, lower physical health and high distress than bereaved fathers. However, research on trauma following the loss of a loved one, indicated that grief after loss is not entirely negative. For instance, for some individuals the loss lead to positive changes. Following extremely adverse events, people cope with ways that allows them to restore their psychological functioning. Hence, posttraumatic growth co-exists with the distress caused by trauma. A study with 60 bereaved mothers produced themes highlighting that there was increased empathy, a reciprocal help to people in a similar situation and changed values in life.

### **Childhood Sexual Abuse and Sexual Abuse**

Sexual Abuse is defined as a ‘nonconsenting sexual contact of any kind’. It includes (but is not limited to) unwanted touching, rape, coerced nudity or sodomy. (Malmedal, Iversen & Kilvik, 2015, p. 1)

Childhood Sexual Abuse (CSA) is defined as an unwanted sexual contact between a child and an adult, including oral, vaginal and/or penetration, forced sexual touching or exposure to another’s genitals. Being a victim of CSA has been identified as the most salient risk factors for the unhealthy development of an individual. Unfortunately, it is a common experience among women with approximately 20% of them having undergone it- according to a meta-analysis of studies from 22 countries (Pulverman, Kilminik & Meston, 2018). The perpetrator could be an individual who is in a relationship of power, trust or responsibility to the child. CSA is a serious and highly prevalent adverse life experience causing short and long term-negative health outcomes to the victim (Wosu, Gelaye, & Williams, 2015).

A study by Woodward and Joseph (2003), which aimed to explore PTG in individuals who experienced some form of early emotional, physical or sexual abuse revealed that there were transformational changes following the abuse. Several respondents noted increase in self-awareness, self- perception, newer perspectives in life, and a willingness to be alive.

### **Prolonged Life Threatening Illness**

Past researches have attempted to synthesize qualitative data on illness and post traumatic growth. Among the many themes that emerged from analysis, the key ones noted that individuals reappraised their relationships with close friends and family after a diagnosis. People reported improved relationships and sense of belongingness in addition to a more

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‘better or stronger self’. Following the illness, people consistently reported a purpose to their life and the need to give back to the society (Hefferon, et al., 2009). In individuals with various type of life-threatening illnesses such as cancer, HIV/AIDS, heart disease and visual impairment, growth was witnessed following their trauma. These individuals with chronic illness, often try to find meaning in their lives, leading positive psychologists to explore how trauma can evolve a human. Researchers have explored the recovery experiences of individuals into rehabilitation programs too. The findings revealed that following the unexpected negative events, respondents had strengthened will power and a newer perspective on life and living. (Chun & Lee, 2008).

### **Adults Bereaved by Suicide**

It has been suggested that for every person that dies by suicide there are at least six people significantly affected by that death. Reports have indicated that worldwide 4.5 million people are impacted by the suicide of a loved one. This results in complex grief responses, prolonged depression, guilt, shame and stigma. Despite these facts, a research by Smith, Joseph and Nair (2011), on 6 adults bereaved by suicide indicated that they felt more empathy, a need to give back and an enhanced knowledge of self and awareness after their loss.

### **Terror attack**

Terrorism particularly has a devastating impact on psychological functioning of individuals. In fact, terrorism carries with it a greater impact as compared to other disasters or distress responses. Few unique characteristics of such a traumatic experience include behavioural change, psychiatric illness among others. There is a lack of control experienced as the event is sudden, bringing in feelings of helplessness and despair. Additionally, terrorism disrupts societal functioning and erodes a sense of community or national security.

A study by Bauwens and Tosone (2010) aimed to study the long-term impact of the 9/11 attacks on 201 clinicians. Participants reported that the incident was the impetus for enhancing self-care, changing clinical modality and forging new skills.

### **Intimate Partner Violence**

Intimate Partner Violence (IPV) is a rapidly growing concern occurring in all levels of relationship such as marriage, dating or cohabiting. The psychological consequences of IPV is devastating with lower self-esteem, depression, increase anxiety disorders, and eating disorders.

Despite these side effects, various reports suggest that survivors IPV experience positive transformations because of their struggle with abuse (Cobb et al., 2006).

### **Divorce**

Divorce like any traumatic event can occur unexpectedly severely disrupting every part of an individual’s functioning in life. Studies have long documented the damaging psychological consequences that accompany this life transition such as, identity crisis, depression, anxiety, and emotional distress. Divorce brings in grief and bereavement, however Tedeschi et al., (2004) argue that individuals who experience prolonged levels of grief also turn that into growth.

While growth and positive changes are the key features of this paper, attention will not be diverted from the fact that adversities can really hamper an individual’s normal functioning.

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Tedeschi et al., (2004), in the paper on PTG recognize the emotional pain of humans and have not viewed traumatic events as a precursor to grow. It is imperative to recognize that the psychological processes involved in managing the disturbances are similar to the general process that can produce positive changes.

Contradictory to the widely accepted phenomenon of post traumatic growth, there exists criticism too viewing it as a 'self-enhancing positive illusion'. Certain researchers feel that the reports of growth after adversity is avoidance –based defense, coping strategy and maladaptive reality distortions for the individuals (Orkibi et al., 2019), while some view it as self-deceptive, illusory -non-beneficial one (Sleijpan et al., 2016). There are various factors that predict post traumatic growth and transformational changes in individuals following trauma such as their attachment style, personality traits, self-esteem, self-efficacy, social support and ages of the individual. In this study, two factors have been picked to research further- social support systems and ages of the person.

### **Social Support**

Social support is one of the most important factors influencing the recovery of trauma survivors, with family playing a central role. It is broadly defined as “the comfort, assistance, and/or information one receives through formal or informal contacts with individuals or groups” (Flannery, 1990, as cited in Marcus, 2015, p. 23). Traumatic events invariably cause damage to the survivor’s relationships, hence the people comprising their social system hold the power to influence the outcome of trauma. Survivors are extremely vulnerable and often have their sense of self shattered; connection with others can rebuilt that sense. The emotional support they seek from friends, family and lovers takes many forms with rebuilding trust, assuring safety and offering sympathy being the primary kinds (Herman, 1992).

Some of the oldest definitions of social support view it as, ‘the degree to which an individual perceives that he or she may rely on one or more people for assistance with either tangible...or emotional ...aid or both in times of need’. Thus, social support is conceptualized from the view of the person being supported (Figley, 1986, 2016 p. 43).

The concept of social support has been investigated by researchers in psychiatry, clinical and health psychology too. There’s empirical evidence indicating that social support of an individual impacts their mental and physical well-being. Studies reveal that lack of social support is associated with higher chances of risk for development of Post- Traumatic Stress Disorder (Williams, Kamps, Klip & Weebers, 2005).

A longitudinal study conducted on PTG emphasized the importance of social support. The more emotional support an individual received soon after diagnosis of an illness, 8 years later higher levels of PTG was reported (Palmer et al., 2016).

The degree of social support from family, friends and other close sources is considered an important factor that mitigate symptoms severity after a traumatic event. Lack of social support is viewed as a strong predictor of symptom severity across a variety of trauma instances (Steine, Winje, Krystal, Milde, Bjorvatn, Nordhus, Gronli & Pallesan, 2020).

According to Herman (1992), a follow up study of rape survivors indicated that the recovery period was related to the quality of the person’s intimate relationships. Women tended to



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recover faster who had a stable intimate relationship with a partner in comparison to those who did not.

Similarly, a study was conducted to explore the effects of social support on psychological distress of parents of pediatric cancer patients. Results suggested that parents adjusted well to their child's cancer having received better family and over all support (Williams et al., 2005). In another study aiming to explore posttraumatic growth in prisoners, reported that emotional and social support was an important coping strategy associated with positive outcomes for offenders. Social support proved beneficial to rebuild meaningful lives, while a supportive social network or a significant human encounter prevented inmates from withdrawing. Rather, it led them to continue searching for new purpose in life and change for the better (Vanhooren, Dezutter, Leijssen, 2018).

Furthermore, a study was conducted to explore the factors contributing towards PTG for patients with a spinal cord injury. Support from family, friends and organizations was one of the main concepts extracted from the study, and was seen as a strong facilitator of post-traumatic growth. The continued support had increased the motivation of patients to recover swiftly (Khanjani et al., 2017).

In general, social support has a positive impact on all the areas of well-being and health. Specially, being a key component in posttraumatic growth. Individuals are better able to process their traumatic experiences and cope in ways that promote growth, through the relationships they have with others.

### ***Significance of the present study***

There is substantial amount of qualitative and quantitative literature existing on post traumatic growth. Researchers have attempted to analyze the survivors lived experienced through different traumatic events along with exploring other components. These have contributed immensely to our knowledge of what constitutes adversarial growth. A remarkable similarity is found between these studies, with all reporting the same pattern of post traumatic growth consistent to the 5 domains of PTG which were: appreciation of life, relating to others, personal strength, new possibilities and spiritual growth (Tedeschi et al., 2004). The studies not only report the same kind of posttraumatic growth; they also show similarities in circumstances in which growth has occurred.

Although, not many studies explored the role of social support systems in facilitating growth. This study attempts to understand if a survivor's close knit circle is influential in aiding recovery. Additionally, the current research was also interested to assess whether biological age of an individual has a role to play with how well people cope and emotionally heal. Therefore, the aim of the present study is to assess if post traumatic growth occurred in individuals exposed to highly stressful events. For the quantitative aspect of the study, 2 hypotheses were formulated which are:

- Hypothesis 1: A positive correlation would exist between the social support system of trauma survivors and their recovery journey. Individuals with a stronger support system will have a better recovery experience.
- Hypothesis 2: Individuals older in age will indicate higher levels of post traumatic growth than individuals in the younger age group.

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### METHODOLOGY

#### *Participants*

15 adults (4 males and 11 females) in the age group 20-65 years were recruited for the study. Consistent with other qualitative traditions, phenomenology focuses on a small sample size (i.e., limited number of participants). A larger sample size would have been challenging to work with considering the richness of data. Hence, fewer participants were most appropriate for the study due to its phenomenological approach (Barrow, 2017).

Participants were recruited through a method of purposeful sampling. This method was ideal for the study as it involved the researcher- selecting individuals providing rich knowledge about the specific topic of study. The inclusion criteria involved having undergone a devastating life event, and the willingness to discuss that experience. Each participant had undergone an experience in their lives which they regarded as traumatic. Participant names were changed to protect confidentiality using pseudonyms.

*Table 1* Demographic information and trauma history for study sample

Pseudonym	Age	Gender	Trauma History
John	30	M	Rehabilitation due to drug addictions
Beck	25	F	Physical abuse & abortion
Andrew	24	M	Road accident- causing brain injury
Alex	53	F	Lost husband to cancer
Pierre	26	M	Nervous system disorder
Nora	25	F	Childhood sexual abuse
Tanya	24	F	Lost mother to cancer
Jenny	23	F	Physical, emotional abuse
Tory	26	F	Divorce, prolonged sickness
Sharon	62	F	Lost son to suicide
Cathy	25	F	Parents estranged marriage
Denny	31	F	Lost friends to suicide
Gary	50	F	Domestic abuse
Martha	23	F	Toxic relationship, abortion
Sam	65	M	Terror attack

In order to scout for participants, a detailed write up about the research, with its aims and objectives were circulated among peers, acquaintances and family for them to share their personal story.

#### *Design*

The study followed a mixed method design incorporating both qualitative and quantitative approaches. The mixed methods are an emerging methodology of research that involves the systematic integration or ‘mixing’ of qualitative and quantitative data in a single investigation. This is done in order to have a more detailed and a synergistic utilization of data and analysis.

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The study adopted a qualitative approach as it allows an in depth understanding of the narratives shared by trauma survivors. Qualitative methods allow novel areas to emerge, ones that are not predictable by the researcher and are ideal for gathering rich descriptive data (Walsh, Groarke, Morrison, Durkan, Rogers, Sullivan, 2018). While the quantitative approach enabled to understand the relationship between the variables.

### **Measures**

The current study appointed two inventories:

**Post Traumatic Growth Inventory (PTGI)** (Tedeschi & Calhoun, 1996) which has been developed to quantitatively measure growth following trauma, in certain specific areas.

It is a 21-item-scale comprised of 5 subscales which are: New Possibilities (e.g., “I established a new path for my life”), Relating to Others (e.g., “I have a greater sense of closeness with others”), Personal Strength (e.g., “I know better that I can handle difficulties”), Spiritual Change (e.g., “I have a better understanding of spiritual matters”), and Appreciation of Life (e.g., “I can better appreciate each day”). The items are scored on a 6-point Likert scale, ranging from 0- ‘*I did not experience this change as a result of my crisis*’ to 5- *I experienced this change to a very great degree as a result of my crisis*. Higher scores indicate more growth. Various validation studies of the test found the content of the PTGI to be sound. The test has a satisfactory internal consistency of ( $\alpha = .90$ ). and test-retest reliability of ( $r = .71$ ). (Tedeschi & Calhoun, 1996).

PTGI was developed through themes captured based on the positive changes reported by individuals experiencing traumatic events. It remains as the most popular and widely used instrument to assess posttraumatic growth and has been translated into several languages. It has been used with various populations suffering from multiple traumas, in addition to being translated to various languages (Marcus, 2015).

While PTGI has contributed in gaining significant insights about an individual’s growth, some criticism also exists. Researchers feel that the inventory might underestimate an individual’s experience to a small degree, while some amount of over lapping might happen creating difficulty defining and measuring people’s actual PTG experiences. Therefore, assigning qualitative methods for better understanding of PTG was considered critically important, as these effectively explain how people positively transform (Chun & Lee, 2008).

**Interpersonal Support Evaluation List – shortened version (ISEL-12)** (Cohen & Hoberman, 1983) measures perceived social support of individuals. The current study has used the shortened version of the original ISEL consisting of 40 items. ISEL-12 consists of 12 statements such as, ‘*I feel there is no one I can share my most private worries and fears with*’, ‘*There is someone I can turn to for advice about handling problems with my family*’.

Perceived social support is measured by a 4-point scale ranging from “Definitely True” to “Definitely False”. A large number of instruments have been used to assess perceived social support, with the ISEL- 12 being largely adopted as a measure. The scores of ISEL-40 has shown good internal consistency, reliability and validity whereas less is known about ISEL-12 (Merz, et al., 2014).

**Demographics:** In addition, demographic information was collected to analyze the ages of the participants as a key variable to the study. Information asked included, names (kept confidential), ages, gender and occupation.

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### ***Procedure***

Followed by the recruitment of the participants, each of them was informed about the objective of the study through an 'information sheet' (see Appendix A). Due to the sensitive nature of the study, they were requested to sign on an 'informed consent' before participation. Participation was entirely voluntary with participants being allowed to opt out at any point if they wished to. They were encouraged to contact the researcher at the end of the study in case the participation triggered negative reactions. Due to the nature of the study, which required no medical assistance and involved a non-clinical population, no approval was needed from the ethics committee. The study comprised of a qualitative part wherein the participants were interviewed about their traumatic experiences, and a quantitative part wherein they filled in two questionnaires.

### ***Qualitative Data Collection***

One on one interviews were scheduled with the participants to explore their traumatic experience. They were not met in person as a precautionary measure due to the COVID-19 pandemic. All interviews were conducted online on the Zoom platform with a single session for each individual. The interviews lasted approximately for 1 hour, with the conversations flowing naturally with the participants, with only probing. A set of semi structured questions was used to guide the conversation. The participants were requested to share in depth details of the event and how they made sense of their trauma along with their recovery journey from the tragedy.

Using semi structured interview is considered as the best way to collect data for an IPA study. It allows the researcher and the participant to engage in a dialogue whereby initial questions are modified in light of the participant's responses and the investigator is able to probe interesting and important areas which arise. It provides greater richness and breadth in data (Uy, 2014). Appendix C provides the complete list of interview questions that were used with all the participants.

*(eg: 'Could you tell me how that event impacted you?', 'What was it like to feel that?', 'When you reflect, did this incident bring about any positive changes in you?', 'What have you learnt from this?').*

The interview structure allowed the respondents to discuss areas in length where they perceived growth, allowing flexibility for the researcher to draw inferences. Neutral questions were posed in order to avoid manipulation of responses (Smith et al., 2011).

To ensure reliability, it is essential that the researcher uses the same format with each participant. This was maintained with minimal interruption from the researcher's end during the interview. The session was audio recorded to transcribe and analyze further. The confidentiality of the participants was strictly maintained. Participants were politely asked to pass on a question if found too overwhelming to answer, while empathy and unconditional positive regard was constantly maintained while interviewing. The term 'survivor' was used in reference to the participants and not 'victims'. This helped in gaining a holistic understanding of how the participants have made sense of their adversity.

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### *Quantitative Data Collection*

Two different questionnaires, the PTGI and ISEL-12 were administered to understand their posttraumatic growth and perceived sense of social support respectively.

Previous research has also employed constructed measures to assess PTG, the most widely used being 'The Post Traumatic Growth Inventory (PTGI)'. PTGI focuses on 5 factors to describe dimension of growth which are: relating to others, personal strength, new possibilities, appreciation of life and spiritual change. Internal consistency and subscales of PTGI has been reported as satisfactory Internal consistency for the total score and subscales of the PTGI has been reported as satisfactory ( $\alpha$  coefficient for the total scale = .90, Relating to Others = .85, New Possibilities = .84, Personal Strength = .72, Spiritual Change = .85, and Appreciation of Life = .67), and the test-retest reliability (.71)

Additionally, the Interpersonal Support Evaluation: the shortened version (ISEL) was used which is a 12-item measure of social support.

The inventories were combined together, along with demographic questions in a 'Google Form' link which was shared with the participants through emails. This was done to smoothen the process of data collection (Appendix D)

## ANALYSIS

### *Qualitative Analysis*

Data collected through interviews were analyzed in accordance to the IPA methodology. The interviews were transcribed verbatim. The analysis followed a 3 step procedure: Each transcript was given a preliminary read to be familiar with the data and to make sure no errors were made in creating the transcripts. Later, each account of the participant was read multiple times to draw themes, and generate new ideas and insights. Connections across themes were identified, followed by investigating patterns across accounts to develop subordinate themes, done through coding. The themes captured the shared experiences of the participants. Each transcript was read in isolation to allow objectivity and to remain impartial in developing themes.

The summative descriptions of the participants accounts were noted in the left margins and interpretative statements in the right margin, as recommended by IPA. Interpretative Phenomenological Analysis (IPA) was the choice for analysis as it allows exploration in detail of how participants make sense of their personal world along with their lived experiences. It aims to understand the participant's life in detail and how they have interpreted life events (Smith & Osborn, 2007). It explores the meaning of phenomena of the individuals account through a researcher's interpretation. It is best used for areas concerned with novelty or complexity. Previous studies on PTG have used IPA due to its effectiveness at yielding accounts of experiences, such as adults bereaved by suicide (Palmer et al., 2016), survivors of institutional childhood abuse (Sheridan & Carr, 2020).

### *Quantitative Analysis*

The results were analyzed by producing a descriptive statistic- including the mean, median, mode and standard deviation of the variables. Additionally, a Pearsons correlation coefficient was calculated along with a Wilcoxon Sign Test. The Wilcoxon sign test is used to compare two sets of scores from the same participant. It is also used when the population data does not follow a normal distribution.

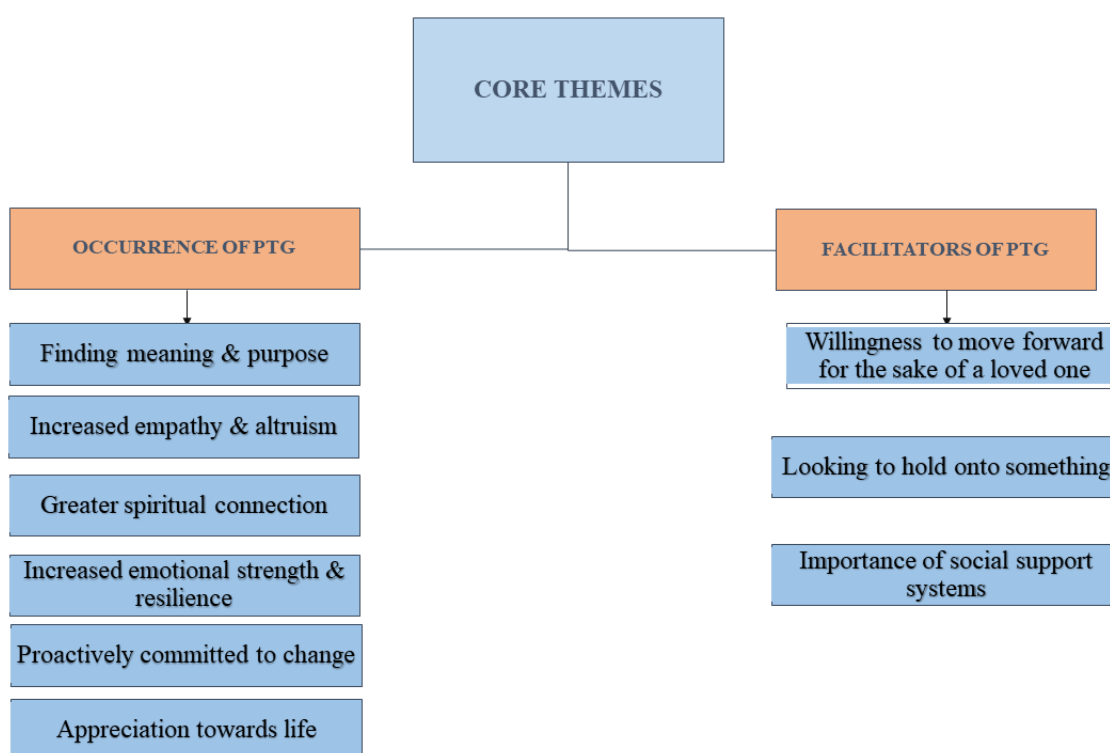
## RESULTS

### *Qualitative Findings*

The narrative accounts of the participants highlight that despite encounter with trauma, each of them witnessed posttraumatic growth. Through IPA, 12 core themes emerged from the analysis which provide a holistic understanding of how the individuals have made sense of their recovery. These themes have been clubbed into two core categories: occurrence of posttraumatic growth and facilitators of posttraumatic growth.

In order to retain the voice of participant's personal experience and to illuminate and exemplify the findings, each participant's verbatim extracts from the transcripts have been added below (Pietkiewicz & Smith, 2012).

**Figure 1** *Depicting the core themes*



**Occurrence of Post Traumatic Growth.** Six themes emerged from this category discussed below:

### **Theme 1: Finding meaning & purpose**

In all the 15 participants, it was observed that they attempted to find meaning in the aftermath of trauma. After the event, individuals reflected back in order to attach a meaning to their experience.

After losing her husband to cancer Alex says, *“I started thinking maybe this is why it happened, because my parents needed some support so in a way I could be there for them. I felt of some use than feeling like a burden. Thanks to my misfortune at least I could be there with my parents at the right time to stand by them”*

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*‘I was foolishly naïve but my experience came to teach me, maybe things happen because it’s meant for you to learn, understand and change yourself’*

Another participant John, says, *“Had I not gone through the experience of rehabilitation and recovery, I might not be the way I am. I’m grateful for everything in life. I want to look back and make sure I have a happy wife, a happy family.”*

The anecdotes reflect the individual’s attempt to search for purpose even in their lowest phases. Most of the participants derived lessons from the experience and credited their growth to trauma.

*“I wouldn’t have been what I am today if I wouldn’t have lost her” (Tanya)*

Sharon after the death of her son says, *“When a tragedy like this occur it presents you a choice, you either get lost in the void or you seek meaning”*. Participants acknowledged that their experience brought in immense grief, but there was a common attempt to find a push in the light of the trauma experienced. Attaching a meaning to the experience was their attempt to find positivity in the wake of a challenge. Pierre recalls the time he was hospitalized due to a rare immune disorder by mentioning, *“I also had a severed relationship with my parents but it got better. I got so much time to spend with my mom during this phase...It was very good, I felt like I didn’t know my mom before that. I have such fond memories of my mom now... my parents fed me, helped me walk...like how you raise a kid...I felt like I lived my childhood all over again”*

### **Theme 2: Increased empathy along with a desire to help others**

A clearly expressed theme emerging in all narratives was the desire to help others and an increased empathy. At most times, participants felt like it was their duty to give back to the community or in some way help those who have experienced a similar trauma. Collectively participants also felt that they better understood others emotions and in turn became extra sensitive.

*“I’m a lot more sensitively understanding and empathetic after my husband’s death. I’m so full of empathy. Since I’ve gone through this... I ensure to reach out to people...the underdogs... to those who need it. I see the smile; the heartiness they execute when they talk to me. I provide free counseling sessions now, over this period I counseled many women and took no charge for it” (Alex)*

Cathy after her father’s death says, *“I’m grateful for everything I endured... my father’s death or my difficult childhood seeing my parents broken marriage. Had it not been for my experiences, I wouldn’t be so empathetic today... like also voicing for people with difficulties”*

*‘I want to talk to the world and tell women not to succumb to bullying. I love to help people, I want to educate them to stand against domestic violence, I want to be an example for others’* says Gary.

*“I have become more patient with myself and people around me. Just because I have lost my mother doesn’t mean people’s experiences are any less painful. That doesn’t give me the right to judge them, something else might happen to someone else- my relationship with my*

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*boyfriend also improved, I started understanding him more. I realize everyone deals with hurt differently” (Tanya)*

*‘I assist cancer patients; it gives me peace knowing I’m doing something for people who are going through the same thing as my mother did’*

*“Compassion has helped me to serve the highest good of others. My son made it possible for me to live a life of service, spirituality and growth” (Sharon)*

Nora, a survivor of sexual abuse years after coming to terms with her ordeal says, *“I have a lot of empathy, I’m in tune with what others around me feel, I have a genuine concern towards this case... I want to be there for anyone who needs that help because I know I needed that at one point”*

Empathy was the most commonly occurring term used by all the participants. However, in the case of Jenny, who was still grieving the end of an abusive relationship there was no empathy reported.

### **Theme 3: Greater Spiritual Connection**

Enhanced spiritual connection was evidently observed only in 3 participants. While most of them mentioned being grateful to God for having overcome their adversity, an enhanced connection was not found in all the participants. For instance, John- an atheist reported no alterations in his perception towards religion following the crisis.

It was observed that individuals who were earlier strong believers only had the potential to witness a greater faith.

*“I was a believer earlier as well but I must say, I saw a totally different way in which we believe. How almighty works...so amazing I must say...now my belief is unshakable” (Alex)*

*“I connected much more in my prayers, I became more spiritual even though I expected the opposite to happen...prayers helped a lot...I was rebellious initially but eventually I connected more” (Tory)*

Similarly, Sharon says, *“Before this tragedy I would prefer to be alone, busy with my own work my long walks and hobbies. Now I find solace in faith. Two times a day I have started attending faith-based discourses”*

### **Theme 4: Proactively committed to change**

This theme highlights the efforts of participants in improving their situation. Regardless of the turmoil, individuals were committed to changing and were headstrong about bringing in a positive transformation. 10 participants were observed acknowledging the importance of one’s own determination for growth to take place.

John after his rehabilitation claims, *‘Over time I’ve only been growing and growing. There is a desire in me to prove myself, be a provider and a protector. I promised I wouldn’t have a relapse. I’ve been very head strong, I was the first one in my batch to get a job, to get married so young, I’ve become more responsible. Everything that happened just pushed me to do better’*



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*“Growth comes if you’re willing to make a change. So it’s the person himself or herself going through that stress and the willingness to bring about changes and taking steps...’.”*

*“Life figures itself out as long as you’re willing to change. You have to do the work, I kept trying and never gave up. I reset myself that night and had to give my best again”* says Pierre on his recovery from the immune system disorder.

*“I realized I couldn’t be sad anymore, I got myself into selling my paintings at an exhibition, I’d write letters to myself, and distracted my mind used these as a coping mechanisms. “Either you become bitter or better...one must try to be better”* (Tory)

Participants were found extremely self-driven, and effortful. Each of them mentioned their coping strategies all of which highlighted their diligence in reaching to a better place. There was a yearning towards something better, far more profound than what they had left behind.

### **Theme 5: Increased emotional strength & resilience**

A common consequence of a traumatic event was increased emotional strength and enhanced self-reliance. All the participants reported to trust their ability in tackling future distressing situations with more vigor following a traumatic encounter.

*‘Because of what I’ve gone through, there’s a strength. I think if I can go through that, I could do anything, I don’t doubt my capability, says Martha* after encountering an abusive relationship.

*“I’m much stronger now because I think nothing can hurt me anymore after my mother’s death as that was the biggest challenge for me”* (Tanya)

Pierre claims, *“I don’t get scared anymore, things do affect me but paralysis made me brave”*

It appeared to be that participants found confidence in themselves and enjoyed a greater self-reliance. Having dealt with a challenging situation, participants felt they were more prepared to deal with anything that came their way. Some reported being ‘thick skinned’ or ‘immune’ to challenges of life.

### **Theme 6: Appreciation towards life**

The participants acknowledged that the traumatic event was sudden, and unanticipated. While it brought about feelings of uncertainty and helplessness, it ended with an appreciation towards life. Individuals recognized the pain brought in by the event, but also spoke of how grateful they have become of life. This was specifically observed in 2 participants who had a near death experience such as a road accident, and one who suffered from an extremely rare immune system disorder.

*“You just gotta keep smiling and keep breathing. It gets better eventually; life is amazing its got its own way of figuring itself out”* (Pierre)

*“I know the value of life and what it’s like to be at the rock bottom. Nothing can be worse than darkness, I’ve also seen things that add light to the life such as your dog, your partner, achieving something, things which just add value to your life. I fear losing these, so naturally*

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*I more deeply appreciate everything in life today. 'It's not easy to take things for granted anymore, it didn't come easy on a platter' (John)*

Having gone through a catastrophe, participants developed an enhanced sense of self while appreciating their own journey.

*"Before the accident I was a completely different person, now I take life very seriously. You only live once, I understood how true that is. I could have easily died. Now whatever I have I will make the utmost use of it" (Andrew)*

Even after witnessing the most sorrowful happenings, participants knew the value of life and some were found cherishing it a lot more post the negative event.

**Facilitators of posttraumatic growth.** Three themes emerged from this category which shed light on the factors that could have played a role in facilitating PTG. These are discussed below:

### **Theme 7: Willingness to move forward for the sake of a loved one**

In the case of 7 participants, it was evidently seen that they expressed a strong desire to keep moving forward for the sake of a loved one. It was seen that each individual in addition to holding onto something in life, also found motivation to spring back because of the presence of a significant one. Despite their traumatic experience, the participants had a willingness or a zest to improve their functioning or outperform themselves for the sake of a family member.

*"I have a loved one in my life and I have to rise to the occasion for this person" (John)*

*"What pushed me to marry again was the question mark I saw in my daughter's eye, seeing that would kill me. So I was doing this for her as I thought she needed a father. If not for myself, then at least for her I had to, that was my turning point as it stirred me to take an action" (Alex)*

Similarly, Tanya who lost her mother to cancer says, *"Eventually I didn't want to be upset because I realized if I talk about hurting myself, that is bothering her. That was the turning point where I started lifting myself up for the sake of my mother. I did not want to be sad anymore"*

She also added, *"Earlier my life was for myself, now it's for her. I want to make her dreams come true, she wanted me to have a title of a doctor, so I'll aim for that. Those are the things which keep me going"*

While participants at some point lost the motivations in life, but owing in to their close associates found the will. *"My lungs had recovered but I still wasn't able to leave the ventilator. I thought my dad would be upset with me that I haven't tried enough. I am super attached to my dad so I was like let's try again... from the pain and agony I moved to this..." (Pierre).*

While Gary says, *"I was devastated on hearing about my husband's demise but in that moment my son came to me crying, he hugged me. I looked at him and realized I have to live for him. God was giving me an opportunity"*

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*“One more thing that pushed me into healing was that I had to do it for my parents. They are doing so much for me, the least I can do is be there for them”* (Tory)

These statements mirror participant’s world view post trauma. While they had countless reasons to wallow in their sorrow, some of them got motivated just by the mere presence of a significant one in their lives. These individuals whether parents, friends, or spouse acted as agents propelling trauma survivors to transcend their pain into purpose.

### **Theme 8: Looking to hold onto something**

Interestingly, it was observed that all the participants after their traumatic experience ought to hold onto something in life. In all the 15 cases, the participants expressed engaging in activities which kept them going. These acted like a ‘cliff hanger’, providing the motivation they were sub consciously looking for.

*“I dedicated my time to things that made me feel productive, that made me feel like I had a purpose. I found my potential, and I started writing in a magazine. I got into groups where I helped to empower women”* reports Beck after surviving a long abusive relationship.

Similarly, Gary- a single mother exposed to domestic violence expresses, *“I dedicated my time to studying, I took up Child Psychology because I wanted to play the role of mother and father for my son. Education for me at that time was crucial. I’m studying mental health for this reason because it helps me understand my emotions and everything happening around me”* (Gary)

Few months after losing her husband to cancer Alex says, *‘I needed something to hold onto and remain busy then, get on my feet...I found a course of interior designing which my sister was supposed to enroll for but I asked her if I could go in her place...I needed a cliffhanger’*

After her mother’s demise with cancer, depression had set in but Tanya took that as a turning point. *“I took make- up shoots as a coping mechanism. My mother loved when I went for make- up shoots, she found me looking beautiful so I started doing it for her. It was my way to cope with the situation”*

*“Art is something I love, I sold my paintings and there was a sudden shift. I felt like I had a purpose and things weren’t too bad. I started selling my paintings on the stall and I would get orders, being productive was very helpful, I distracted my mind and prioritized my things”* mentions Tory after her divorce.

Participants expressed remaining engaged helped to cope with their emotions better. The various acts they were involved in enabled them to channelize their emotions productively.

### **Theme 9: Importance of social support systems**

One of the most noticeable mention by 12 participants was the importance of their social support in the form of friends and family who facilitated their growth. In fact, most of them reported that without sufficient support they would not be able to emotionally heal.

Beck recovering from a broken toxic relationship says, *“The correct word would be life support...was my sister. Touchwood, I was very lucky I didn’t have to explain in words, she knew why I’m crying or what I needed. I realize I couldn’t have come this far without her”*

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*“My wife played a huge role in helping me bounce back by providing me utmost emotional support. She was just there, without pushing me to prove anything to anyone” (John)*

Sam- a survivor of a gun-shot in a terror attack says, *“I will never forget that time when the nurse came in and asked me if she could give me a shower as I was bedridden after my surgery. And my son came in and said no...nobody will give him a shower. He’s my father and I’ll take him for a shower... (cries) ... I remember how he came and held me...As I told you without family, you will never recover...”*

*“My mom and dad were a great support to me, two friends of mine have been pillars. They looked after me in every way. My daughter was my biggest strength, while I was in the pits she kept me going”* recalls Alex after losing her husband to cancer.

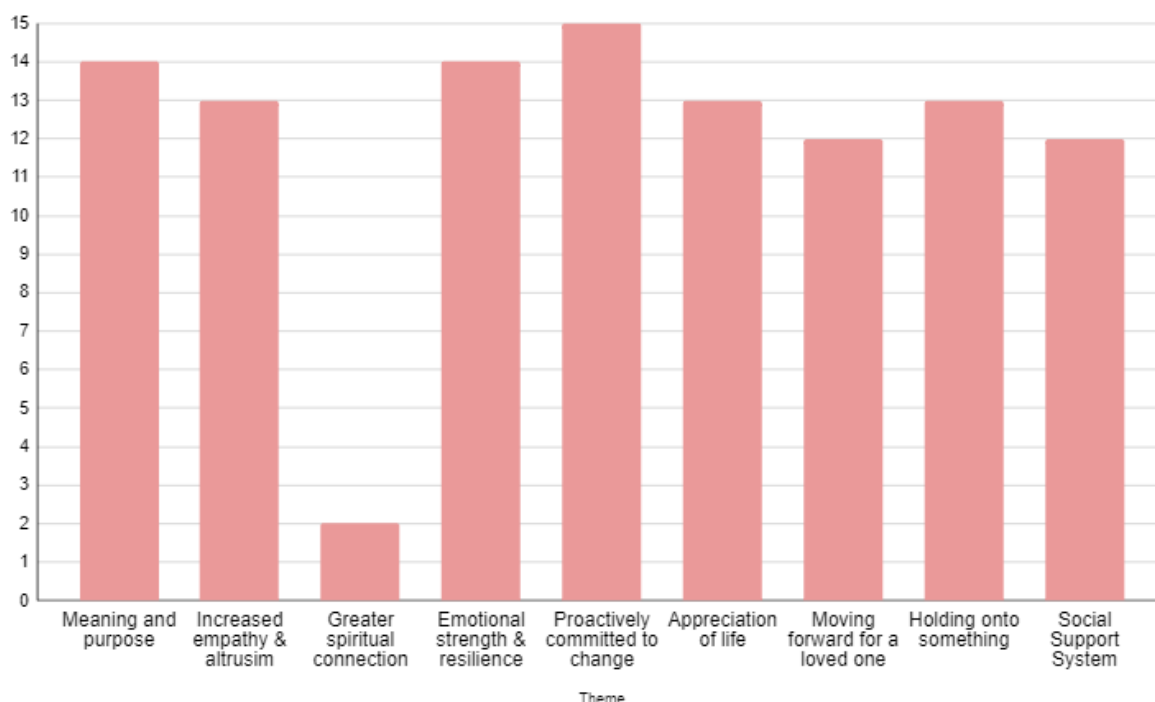
Participants reported saying they felt they had someone to ‘fall back on’

*‘My best friend and boyfriend have been a constant support. My boyfriend pampers me when I’m low, watches movies with me, takes me out for a drive. Around him I’m the happiest and I let go of the burdens I’m carrying (Tanya)*

*“After my abortion and break up I was devastated, I contemplated suicide. But one of my friend stopped me, he saw and like stopped me...he yelled at me and also offered me counseling without any charge” (Martha)*

Social support offered to trauma survivors is thus instrumental in their journey.

**Figure 2 Column chart representing the themes emerging through participants**



### Quantitative Findings

**Table 2 Descriptive Statistics for Study Variables**

	PTGI	ISEL	Age
N	15	15	15
Mean	74.1333	40.6667	34.13333

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	PTGI	ISEL	Age
Median	77	42	26
SD	18.74211	6.275424	15.11795
Mode	84	42	25

To explore the relationship between posttraumatic growth and social support system, a Pearsons correlation coefficient was calculated between the PTGI scores and the ISEL scores. The results indicated a weak positive relationship as between the two as  $r = 0.4012$ ,  $p = .138301$ .

Hence, the **first hypothesis was not supported as the result is not significant** at  $p < 0.5$ . Results of the Pearsons correlation coefficient between PTGI scores and the ages of the participants again indicated a weak positive relationship between the two variables as  $r = 0.1396$ ,  $p = .61975$ .

Hence, the **second hypothesis also stands rejected as the result is not significant** at  $p < 0.5$

**Table 3 Correlations between variables**

PTGI & ISEL	0.401229432	$p = .138301$
PTGI & Age	0.139592244	$p = .61975$

Additionally, a Wilcoxon Signed-Ranks Test was conducted to determine the difference between the two variables of post traumatic growth and social support. Results indicated that for PTGI  $z = -3.2942$ ,  $p = .0005$ . The result is significant at  $p < 0.5$ .

A t-test was calculated between the PGTI and ISEL scores, the value of  $t = -7.530377$ .

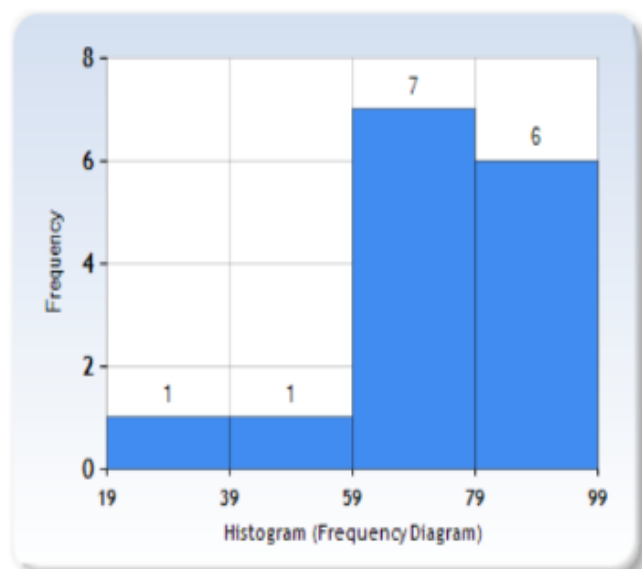
The value of  $p < 0.0001$ . The result is significant at  $p < 0.5$

**Figure 3 Histogram representing the PTG scores of participants**

**F**

Frequency Table	
Class	Count
19-38	1
39-58	1
59-78	7
79-98	6

Your Histogram	
Mean	74.13333
Standard Deviation (s)	18.74211
Skewness	-1.96477
Kurtosis	5.2277
Lowest Score	19
Highest Score	97
Distribution Range	78
Total Number of Scores	15
Number of Distinct Scores	14
Lowest Class Value	19
Highest Class Value	98
Number of Classes	4
Class Range	20



## **DISCUSSION**

A catastrophe undoubtedly causes turmoil and uncertainties for an individual. Such is the nature of adversities, they simply hurt. However, the inspiration accompanying a catastrophe is often far more significant. In light of this, the present study aimed to assess the occurrence of posttraumatic growth on 15 survivors of trauma. Additionally, I also explored if social support systems of an individual and their biological ages play a role in their journey to posttraumatic growth. The study had a mixed methods design to gain a thorough understanding of PTG in adults. Through -out analysis, my aim was to reflect the contents of the participant's narratives as accurately as possible. In order to document positive changes and personal growth.

The nine themes that emerged from the analysis were to a great extent in accordance with Tedeschi and Calhoun's 5 dimensions of PTG which reflect the participant's stories being told. Specially the themes, 'greater spiritual connection, increased emotional strength and resilience and appreciation towards life were completely identical to the themes put forward by the PTG model. 5 new themes developed through this study which were: proactively committed to change, finding meaning and purpose, willingness to move forward for the sake of a loved one, looking to hold onto something and importance of social support systems.

These findings are in line with previous researches conducted on PTG such as on UK veterans (Palmer et al., 2016), survivors of breast cancer (Fallah et al., 2012), Tibetan Refugees (Hussain et al., 2013), bereaved adults (Taylor, 2020).

Evidence for stress related growth was found in participants, however focus was not shifted from the fact that adversities were painful and taxing for the individuals. Many participants expressed having flashbacks, anxiety attacks, bouts of depression many years later which indicates that pain can coexist with posttraumatic growth. In fact, absence of pain was never an indicator of PTG. This has also been documented in a study on individuals bereaved by suicide which asserts that, positive change can co-exist with distress (Smith, et al., 2011).

Despite experiencing poor mental- physical health as a consequence of trauma, it was the individual's willingness to overcome a situation and the meaning-making process that ultimately led to PTG. All the participants experienced posttraumatic growth, only differing in the degree to which it was experienced. For instance, individuals who were able to find meaning and purpose in the aftermath of a crisis were more likely to experience growth.

According to Wiesel (2008), there are two main process entailing PTG: individuals seeking to attribute meaning to their experience and perceiving positive changes as a result of their coping efforts. Individuals who were successful in achieving both showed higher levels of PTG. As seen in the case of one participant, who failed to find meaning to her experience also struggled to specify any positive change that happened post the event. On the other hand, participants who successfully found a purpose in pain were more likely to take the misfortune in their stride.

Hence meaning making is a crucial requisite for PTG as proven through other researchers too such as those conducted on intimate partner violence. In accordance with my findings, the findings of Cobb et al, (2006) also emphasize that women experiencing IPV report enhanced self-awareness, and better control over their lives after the termination of the abusive

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relationship. This is worth mentioning as the current study comprised of 4 participants who experienced IPV.

Additionally, IPV survivors highlighted a new ‘sense of self’, and the ability to take up any future challenges post their trauma. This is a journey moving from denial to identification as a victim and eventually regarding oneself as a survivor. Participants no longer let the past experiences alter their present or future reactions. Since their fundamental beliefs about relationships, or people in general have been shattered (Tedeschi et al, 2004) they develop new beliefs about life. This results in strengthened self-confidence, internal locus of control and taking charge of one’s life- all of which are fundamental to PTG. Hence meaning-making is a significant theme emerging in most studies of PTG. As stated by Frankl, “suffering ceases to be suffering at the moment it finds a meaning” (p.117) documented by Taylor’s work (2020).

A participant, a childhood sexual abuse (CSA) survivor indicates immense posttraumatic growth as she was able to find meaning in her experience. She also worked extensively in the field raising awareness against sexual abuse, and appeared in various campaigns and interviews. These findings are consistent to those of Weisel (2008), who states that, female survivors of CSA document positive changes. They appear to be stronger, resilient, willing to help other survivors, and enjoy a greater self-esteem. These survivors grow beyond mere surviving. A study conducted on CSA survivors showed that 49% of them reported positive outcomes. The participant initially experienced guilt and immense self-blame but was able to convert the distress to benefit finding.

The results are consistent to those of Tzadok and Arad (2016), who argued that women experience self-blame which acts as a catalyst in attaining PTG. In addition, women who are abused as a child or adult reported positive changes in self- perception and 20% reported positive changes in their relationship.

Participants who witnessed loss of their spouses eventually experienced an improved sense of self, and gratitude towards life. These findings also support those of Taylor’s (2020) which suggests that two years after losing their partner, widows were less affected by trivial matters, and were more appreciative of important things. Similarly, another participant reported an improved relationship with her boyfriend and a new found sensitivity towards people after the loss of her mother. In a study of 312 individuals who experienced a loss of a loved one, found that one third of its participants reported greater maturity, increased empathy and improved communication and relationships (Taylor, 2020).

A participant who lost her son to suicide has written a book on her journey. She acknowledges that it was her grief that stirred her to put her feelings into words. In relation to this finding, other researches have also emphasized that cognitive processing during journal writing or self-disclosure in supportive environments, can potentially increase PTG.

She also chooses to view the challenge as a means to be reminded of her strength and not weakness. This finding is in line with those of Smith et al., (2011) who reported that adults bereaved by suicide of a loved one eventually experience personal growth and increased knowledge of self. While another study reported that mothers experience posttraumatic growth after losing their child- in the form of a changed relationship to others, personal strength and a reciprocal desire to help (Martincevoka et al., 2016).

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It was observed that participants who had a near death experience such as surviving a gun shot in a terror attack were more appreciative of life. While participants who experienced distress in relationships were more likely to account for their new found strength.

Participants mentioned having a ‘turning point’ in their lives which pushed them to recovery. In most cases, the turning point was in the form of commitment they derived for the sake of a loved one. This is captured in Theme 7.

An important cornerstone of successful coping has been the individual’s commitment to change. It was seen that all 15 participants were proactively involved in improving their situation. This could be facilitated by their desire to hold onto something which is highlighted in theme 8.

It seemed like participants sub consciously found opportunities or ways which acted as a catalyst for change. For instance, one participant talks about enrolling in a course immediately following her husband’s demise while another got into a magazine publishing work following the end of a toxic relationship. Through these, participants were able to distract themselves and more importantly had something to do apart from grieving.

An essential finding from this study has been the importance of social support systems of individuals, often overlooked in previous studies of PTG. My findings highlight the role played by primary care givers in facilitating an individual towards recovery. A large number of participants credited their self -improvement to their family or siblings. Respondents indicated social support of any kind, allowed them to recover and cope following a loss. The support provided to them was simply in the form of a presence of a loved one, having someone to share their feelings with or ‘fall back on’. Social support also assists individuals by providing them fresh schemas and socially accepted coping strategies through which they easily perceive the loss/crisis that has occurred (Tedeschi et al., 2004). A participant who reported having no proper support from her parents, emphasized that having her parents understand her, or be by her side would have made her ordeal less painful. Abraham et al., (2018) has found the same results in his study suggesting that social support was significant in coping with stress and developing resilience.

The quantitative results rejected both the hypothesis proposed for the study. A weak correlation was found between PTG and age and PTG and social support. This could be due to the sample size of the study which failed to offer any real evidence in this regard and due to the heterogeneous sample of the study. Each participant had undergone a different experience, each being perceived differently and that could result in the skewed data. While the Wilcoxon tests indicated a strong significance between PTGI and social support suggesting a strong dependency of the two on each other.

Although, the age range of participants was wide between 20-65, this could suggest that PTG is not strongly associated with age. PTG in fact occurs for every age group, excluding early childhood (Taylor, 2020).

The findings of my study are akin to previous findings on PTG with minimal differences. Although few themes emerging from this current study were not found in previous studies as per the best of my knowledge. Few observations are worth mentioning which I found compelling. For instance, while narrating their experiences most of the survivors experienced



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catharsis. Individuals mentioned ‘feeling good’ or ‘relieved’ at the end of the interview, with majority of them weeping during the interview process. A participant acknowledged that it was ‘wonderful’ to just being ‘heard and not questioned’, while another felt that through her participation she was forced to view things from a different perspective. These instances are a testimony to the fact that silence is powerful and catharsis has the ability to relieve tension and anxiety.

### ***Limitations and Future Directions***

A major limitation to the study was the sample size. While this was ideal for a qualitative study, it was challenging to perform a quantitative analysis with limited number of participants.

Another challenge was encountered in recruiting participants. Some often came forward to share their experiences but were uncomfortable to have them recorded and chose to drop out of the study. Additionally, measuring the degree of trauma-exposure is challenging. Each participant had undergone a different traumatic experience and hence reported a different impact which was challenging to collate in an IPA study.

Posttraumatic growth and posttraumatic stress may fluctuate with time; hence it is advisable that future longitudinal studies are carried to investigate the path. Further research in this arena will shed light on the trajectories of PTG and its components, as it is a complex phenomenon.

Similar to posttraumatic growth, there is an emerging concept of ‘post traumatic transformation’ which researchers can explore further. The latter includes the same psychological processes as PTG, but in-depth studies can help in understanding how transformation differs from growth. At present, they both involve a dissolution of the normal sense of self and the emergence of a new identity or an ‘improved version’ of oneself.

### ***Clinical Implications***

Majority of the participants of the study had not undergone therapy except for 2 participants. Both of which recognized the role of a professional intervention in recovering from post-traumatic stress. The present research has implications for psychological therapists. Firstly, adding to the literature of positive psychology it has been recognized that traumatic events don’t always lead to a damaged life. Secondly, therapists can work to enhance their clients own ‘vehicles of change’ as in most cases it was seen that individual themselves had an innate ability to progress towards prosperity. What they needed the most was to be heard, accepted and not judged. It is also crucial that professionals are cautious not to imply that growth is necessary or expected.

*“Out of suffering have emerged the strongest souls; the most massive characters are seared with scars”* Khalil Gibran.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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## **Appendix C**

### **Interview Schedule**

1. Which phase of your life would you describe as the most painful and would you be open to sharing that experience with me?
2. What happened/ Can you please elaborate?
3. How did it impact you?
4. Could you tell me about your life story after this incident? / What was your main take away from this incident?
5. Did you witness any positive growth post the incident?
6. What has helped you the most in dealing with this?
7. What was the social support system like which you held?
8. Do you think it helped you or added to your recovery? How was it beneficial to have a loved one around?
9. Could you talk about any specific turning point in your life after this incident?
10. What would you describe as your strengths and weaknesses in challenging situations after having dealt with this event?
11. Do you have any last comments to add on?