

**Posttraumatic Growth in a  
Non-Clinical Sample of College and Graduate Students**

**by  
Leah R. Younger, M.S.Ed.**

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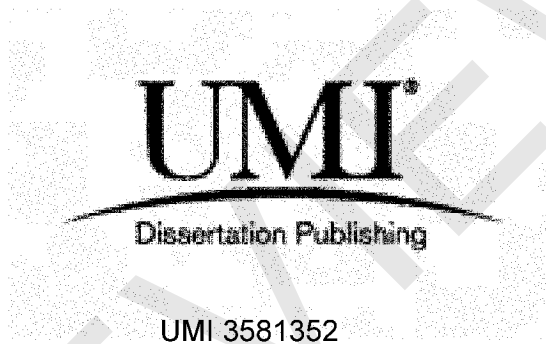
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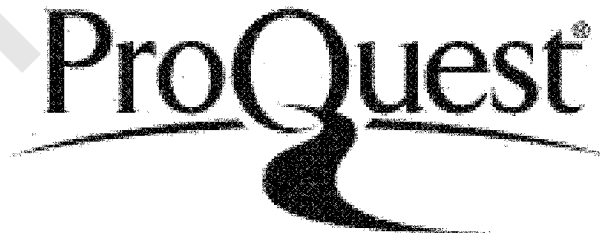


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## PSY.D PROJECT FINAL APPROVAL FORM

NAME: Leah R. Younger

TITLE OF PROJECT: Post Traumatic Growth in a Non-Clinical Sample of College and Graduate Students

### DOCTORAL PROJECT COMMITTEE:

PROJECT ADVISOR: Anastasia E. Yasik, Ph.D.  
Name

Professor  
Title

Pace University  
Affiliation


PROJECT CONSULTANT: Jane Chisholm, Ph.D.  
Name

Professor  
Title

Pace University  
Affiliation

### FINAL APPROVAL OF COMPLETED PROJECT:

I have read the final version of the doctoral project and certify that it meets the relevant requirements for the Psy.D. degree in School-Clinical Child Psychology.

Anastasia Yasik   
Project Advisor's Signature

7/28/14  
Date

Jane F. Chisholm  
Project Consultant's Signature

7/28/14  
Date

PREVIEW

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“One day, we’ll write a book called *The Normal Traumas of Everyday Life*.” June (aka Dr. Chisholm), you said that to me in my second year of graduate school and inspired the direction of the next three years.

One year later, I was reviewing journal articles on the hunt for something of relevance to teach to my undergraduate class. I came across an article on Posttraumatic Growth (PTG).

Over the ensuing months, I searched, gathered, and read every print, electronic, and microfilm article relating to positive trauma sequelae that Brendan P. Plann-Curley and the Birnbaum library staff helped me access, as well as measures and articles on psychometrics that Janell Carter helped locate.

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## **ABSTRACT**

Posttraumatic Growth (PTG) represents growth in the aftermath of an extremely stressful event beyond one's previous level of adaptation, psychological functioning, or life awareness (Zoellner & Maercker, 2006). The idea of personal growth found in suffering is explored from early philosophical roots; through existential psychological theory and preventative psychiatry; to modern day empirical research on PTG theory, process, assessment, correlates, and clinical application. Through administration of surveys to college and graduate students, the current research explored the various mediating, moderating, and predictive relationships between PTG and related variables of demographic information, personality characteristics, and religion and spirituality. Contrary to what was hypothesized, results of the statistical analyses did not indicate a significant gender difference in overall, or domain-specific, PTG. Of all the personality variables, only extraversion and optimism significantly correlated with PTG, and pessimism was found to indirectly affect the likelihood of PTG. Religiousness alone significantly inversely predicted PTG, whereas spirituality alone, or combined religiosity and spirituality, did not significantly predict PTG. These results have theoretical and practical implications relevant to researchers and clinicians alike.

## **CHAPTER I**

### **INTRODUCTION**

Historically, religious texts, classic tragic literature, and philosophical traditions have relayed that suffering has an important role in individual development, and that there is personal gain potentially found in suffering (Linely, 2003; Linely & Joseph, 2004). Across these writings, one's quest for meaning is explored (Otto, 1958) and his/her suffering is noted as bringing him/her closer to wisdom, truth, and God (Tedeschi, Park, & Calhoun, 1998). Existential literature (Frankl, 1946; Yalom, 1980), as well as studies of preventative psychiatry (Caplan, 1964) and qualitative research (Ebersole & Flores, 1989; Jaffe, 1985) furthered the idea of growth following adversity. This area of study was continually explored over the late 20th century, and subsequently resulted in theoretical recognition and empirical support of Posttraumatic Growth (PTG; Tedeschi & Calhoun, 1995).

Currently, researchers in the field of psychology are examining the subjective experience of positive psychological change reported in the aftermath of stressful, negative events (McMillen, Smith, & Fisher, 1997; Zoellner & Maercker, 2006). Most of the extant research has examined adversarial growth in various clinical samples, such as victims of child sexual abuse (McMillen, Zuravin, & Rideout, 1995), patients with multiple sclerosis (Mohr et al., 1999), breast cancer survivors (Cordova, Cunningham, Carlson, & Andrykowsky, 2001), victims of sexual abuse (Woodward & Joseph, 2003),

cancer patients (Scrignaro, Barni, & Magrin, 2011), and individuals with posttraumatic stress disorder (Gerber, Boals, & Schuettler, 2011). This growth includes adaptations in perceived changes in self, relationships with others, and philosophy of life (Tedeschi & Calhoun, 1996). Additionally, recent research has focused on correlates of growth between characteristics of the event (Fontana & Rosenheck, 1998), demographic variables (Weiss, 2002), personality traits (Linley & Joseph, 2004), and religion and spirituality (Schaefer, Blazer, & Koenig, 2008).

To that end, the present study examined the relationship among some associations of PTG including demographics, personality traits, religion, and spirituality. Additionally, the relative contributions of each variable toward PTG were examined. By not solely focusing on negative consequences, this study continued the research efforts to paint a *complete* picture of natural adjustment following a highly stressful event. Further, by understanding PTG's facilitating variables, clinicians can more readily encourage growth and positive changes via clinical interventions.

## **CHAPTER II**

### **LITERATURE REVIEW**

This chapter consists of a review of the literature that pertains to development of PTG as a construct. Historical notions of growth, psychological theories, and empirical research are presented. Information on models of PTG and its components are also discussed. Last, measures of PTG and its correlates are also described.

#### **Early Roots**

The notion that suffering and distress can be a catalyst for positive change is an ancient concept, starting thousands of years ago (Tedeschi & Calhoun, 2004). Historical work, namely religious texts, tragic literatures, and ancient philosophies serve as a source of accumulated wisdom regarding trauma and suffering and an individual's subsequent psychosocial advances (Tedeschi & Calhoun, 1995).

**Religious texts.** Religious writings relay the potentially transformative power of suffering (Tedeschi & Calhoun, 1995). The intimate relationship between religion and suffering prompted Little (1989) to declare that each religion has a mission of explaining suffering. Specifically, Judaic and Christian writings embrace and support retributive suffering where pain is viewed as punishment, such as "I will bear the indignation of the Lord because I have sinned against him" (Michah 7:8-9). Judeo-Christian writings also espouse therapeutic suffering where trying times can be used as opportunities to express continued faith (Brueggemann, 1984), such as:

Count it all joy, my brothers, when you meet trials of various kinds, for you know that the testing of your faith produces steadfastness. And let steadfastness have its full effect, that you may be perfect and complete, lacking in nothing. (James 1:2-4)

Moreover, suffering has been viewed as a test of faith and an opportunity for spiritual advancement and atonement (Bowker, 1970), such as “after the suffering of his soul, he will see the light” (Isaiah 53:11). Judeo-Christian text additionally expresses that there are elements of vicarious suffering, whereby one learns from the suffering of another. For example, “Now I want you to know, brothers and sisters, that what has happened to me has actually served to advance the gospel” (Philippians 1:12). Last, according to some within the Christian perspective, suffering is believed to be the path to wisdom and strength (Tedeschi & Calhoun, 1995): “And after you have suffered a little while, the God of all grace... will himself restore, confirm, strengthen, and establish you” (1 Peter 5:10). Some elements of Islamic, Buddhist, and Hindu teachings similarly relay the beneficial effects of suffering. According to Shiite tradition, suffering is seen as instrumental to the purposes of Allah (Bowker, 1970), such as:

Verily, We shall put you to test with some fear, and hunger, and with some loss of wealth, lives, and offspring. And (O Muhammad) convey good tidings to those who are patient, who say, when inflicted by hardship. Verily we are of God and verily to Him shall we return; upon them is the blessings of Allah and His mercy. (Quran 2:155)

In Buddhism, suffering is instrumental in the journey toward wisdom (Little, 1989).

Finally, Hinduism is concerned with suffering because suffering is viewed as part of the unfolding of karma and the consequence of former incarnations (Whitman, 2007).

**Classic literature.** From the ancient Greeks to the present day, tragedy as a theme has long dominated literature (Tedeschi & Calhoun, 1995). In a tragedy, the protagonist is often forced to confront life's incomprehensible mysteries whilst struggling with different tribulations. As the audience follows the hero, they repeatedly relate to the hero's situation by noting the crises confront them (Berlin, 1981). Together, the hero and the audience tackle the threatening events. Essentially, the main character in the tragedy voices the audience's personal experiences and concerns (Schier, 1983). Therefore, the hero is used as a mechanism to illuminate the tragedies and mysteries of the audience's personal lives.

Taken together, Krook (1969) outlines four universal elements of tragedy as related to both the character's and the audience member's individual growth that results from trauma. First, is a precipitant, such as a character flaw that begins the process. Second is the suffering that generates insight and understanding of the human condition. The result of acquiring and understanding the experience of suffering, is the third element known as knowledge. In Athenian tragedy, the knowledge was similarly shared by the character and the audience, which was composed of traumatized soldiers (Shay, 1994). The soldiers gained advanced knowledge of man's nature as it related to their recent battles. For example, in *Agamemnon* from the trilogy *Oresteia*, Aeschylus utilizes the story of Orestes to question cruelty, loss, and suffering. The chorus in *Agamemnon* states that evil is inescapable, loss is irretrievable, and suffering is inevitable; however, the key

message is that Orestes can learn, or become wise, through suffering (Ferguson, 1972):

“Zeus, whose will has marked for man the sole way where wisdom lies, ordered one eternal plan: Man must suffer to be wise” (Agamemnon, lines 174-178). Finally, the forth element is that the acquired knowledge provided affirmation for the worthwhile nature of human life. By extension, the mold of the Greek tragic hero conveyed that suffering leads to an understanding of the self, of the character’s fellows, and of the conditions of existence (Agamemnon, 2014). This element spoke to psychological growth, or the notion that there is an objective order in the world (Tedeschi & Calhoun, 1995). The suffering, therefore, was necessary to gain the knowledge and affirmation that succeeded it.

**Philosophy.** Early philosophers believed human beings experience the desire to create personal meaning, especially in the shadow of eventual death (Eliason, Samide, Williams, & Lepore, 2010). Along with this, the philosophers desired to understand the human being’s situation and experience in the world. Overall, they were concerned with the meaning of life and the self (Pervin, 1960). Therefore, they described the usefulness of suffering for personal development (Kierkegaard, 1983; Nietzsche, 1955).

Søren Kierkegaard, acknowledged as the father of existentialism (Hoeller, 1990), outlined a theory of personality functioning. He focused on the concept of angst, or dread. He believed angst was humanity’s reaction to undetermined nothingness, or nihilism (Kierkegaard, 1844). In turn, to avoid this, he proposed we construct meaning out of our experience of life (Eliason et al., 2010). However, different experiences present varied opportunities. Kierkegaard believed the more an individual is shaken by misfortune, the more he or she is likely to be introduced to possibilities that would not otherwise be



available (Schneider & May, 1995). He noted anxiety was a catalyst for reflection and changes in one's life (Hoeller, 1990). Crises, therefore, can be viewed as openings to facilitate an individual's awareness of formerly unknown capacities (Kierkegaard, 1844).

Martin Heidegger, inspired by Kierkegaard continued to explore the meaning of existence and reality (as cited in Halling & Carroll, 1999). He investigated the nature of being in two states: being in the midst of the world and being in the world (Olson, 1962). These states of being correspond with inauthentic living, or functioning as an instrument to do others' bidding, and authentic living, or responsiveness to the moment, the world, and the "call within" (Heidegger, 1962; Schneider & May, 1995). By confronting situations we experience, or will inevitably experience, we live authentically (Halling & Carroll, 1999). Heidegger's message was about looking for meaning in the moment, every moment.

Jean Paul Sartre may have been the first existential philosopher whose theory was informed by personal experiences, in his case being a member of the French resistance. He furthered the idea of being and living authentically. According to Sartre (1966) people constantly re-negotiate their identities and create new attitudes. Sartre was completely antideterministic (against the belief that all actions, thoughts, and decisions result from previous events) and believed humans have the freedom to make choices based on current experiences (Tomer, Eliason, & Wong, 2008). Taken together, Sartre was alluding to the idea of questioning and reforming one's attitudes and beliefs in the aftermath of an experience.

## **Existential Psychology**

Similar to these philosophers, Existential theorists united in acknowledging the individual's need for understanding and the meaning of existence (Pervine, 1960). This trend toward individuation entails perceiving the meaning of the events in life, and results in growth (Sanford, 1977). Specifically, existentialists espoused that adaptation to trauma, and the recognition of the potential for positive change embedded in traumatic devastations, moves one closer towards fulfillment (Valent, 1998). Additionally, each theorist followed Sartre's lead by utilizing their own personal strife to inform their Existential theory (Eliason et al., 2010). Thus, they exemplified growing from a challenge.

Based on his experiences in a concentration camp, Victor Frankl highlighted a fundamental difference between death camp survivors and those who died. He believed that finding meaning was the essential motivational event for their lives (Frankl, 1946) and for the lives of humans in general. In regards to this idea, he is noted for saying "our most powerful longing is not the longing for pleasure... it is the longing for meaning" (as cited in Weisskopf-Joelson, 1978, p. 277). Frankl postulated that psychopathologic symptoms occur when people experience their lives as meaningless (Frankl, 1946). He called this condition existential frustration (Pervin, 1960). Therefore, he believed people do not despair because of any suffering in itself; rather, people despair when they doubt their suffering is meaningful (Tedeschi & Calhoun, 1995). For Frankl, healing constitutes creating meaning in the creative, experiential, and attitudinal realms (Halling & Carroll, 1999) so that psychological health consists of living a life centered on finding meaning- which he believed changed from man to man (Frankl, 1986). Essentially, this was the

premise of logotherapy, which sought to help patients finding meaning and acceptance in their existence (Eliason et al., 2010).

Rollo May similarly attributed meaning to the negative experiences in his early life, such as his parents divorced in his youth, his sister suffered from mental illness, and he suffered from tuberculosis for two years in his early 30s (Eliason et al., 2010). May accepted “personal responsibility for the fact that it was I (he) who had the tuberculosis” (May, 1972, p.14) and then used that experience as an impetus to examine the concepts of existential crisis and anxiety (Eliason et al., 2010). He studied the words of earlier philosophers and then combined his experience and his knowledge to publish *The Meaning of Anxiety* (1950). Throughout his life, May promulgated the notion of using anxiety in a fruitful way to promote the searching process (Schneider, Galvin, & Serlin, 2009). Further, according to May, placing psychology in the human services sector and offering psychotherapeutic services not only allowed individuals to understand the meaning of their experiences (De Castro, 2009), but it allows the individual to deepen the experience itself (Schneider et al., 2009). Moreover, by not evading a given experience, individuals could develop a sense of responsibility, encounter their personal meaning, and accordingly, develop an authentic way of being (Schneider, 1999). Thus, May perceived the term existential as an approach to therapy: helping an individual understand him/herself and his/her world by exploring new possibilities (May, 1961).

### **Empirical Roots**

In the mid to late 20th century, the discipline of psychology turned its attention from the abnormal to the healthy personality (Karpf, 1953). This mental health movement

provided an impetus to understand the psychologically healthy and focused on primary and early secondary prevention (Caplan, 1961; Cowen, 1973). Additionally, accepting the existential theoretical emphasis that events are regarded in terms of their meaning for the individual, researchers began publishing descriptive reports of individuals growing from trauma.

**Preventative psychiatry.** By focusing on the significance of life crises, Gerald Caplan produced a model of prevention and early intervention based on public health (Erchul, 2009). According to Caplan (1961, 1964), life hazards, such as death of a loved person, loss or change of job, and/or illness, can be viewed as situational crises that produce psychological disequilibrium. This upset typically lasts four to six weeks and is a manifestation of adjustment and adaptation struggles. During these crisis periods, individuals are faced with potential life turning points, or opportunities for personal, psychological growth (Tedeschi et al, 1998). Depending on how the situation is handled, the distressing experience may be mastered, strengthen the individual, and help the individual deal more effectively with future stressors. For Caplan (1964), in order to prevent further deterioration, crises required definitive interventions directed at helping the individual expand his/her repertoire of problem-solving skills.

Norman J. Finkel (1974, 1975; Finkel & Jacobsen, 1977) similarly focused on crisis intervention. He adopted Hollister's (1967) term *stren* or the antonym of trauma, and researched health-enhancing experiences. In 1974, Finkel uncovered a trauma-stren phenomenon, or an experience that had both elements of stren and trauma. In these events, trauma was suddenly, cognitively converted into a stren experience, thereby quickly

resolving a crisis and simultaneously providing a personality enhancing experience. Thirty-six percent of the people in Finkel's 1974 study reported events that had elements of both stress and trauma. This prompted him to explore the process behind the transformation of trauma to stress (Tedeschi et al., 1998). He asked university students to describe significant positive and negative experiences (Finkel, 1975). Analysis revealed that conversion of trauma to stress was not a unique or rare occurrence. In fact, two thirds of the students in the study experienced traumas and successfully converted them to stresses. For Finkel, this represented primary prevention, or lowering the prevalence rate of a disorder, because the experiences were personality enhancing. Additionally, this represented secondary prevention, or reducing the duration of disorders, because the crises were quickly resolved. Finkel later found this conversion was more frequent in individuals in their 20s, and occurred via cognitive processes such as reinterpretation and cognitive restructuring (Finkel & Jacobsen, 1977).

**Qualitative research.** Jaffe (1985) highlighted a process he coined *self-renewal*, or the creative restructuring of the self, following a personal crisis or trauma. This pathway entails a transformation of personality structure as one's personality expands to accommodate the new experience. He studied individuals who regarded stressful life events as challenges and opportunities led him to individuals who not only survived trauma, but who were strengthened and renewed (e.g., May Sarton who faced three personal losses in one year and Elizabeth Leonie Simpson who awoke from a two-month coma with almost total amnesia and limited physical abilities). Jaffe (1985) found that self-renewal occurred within individuals who made some sense of, and did something

meaningful with, their adversity. These individuals maintained a sense of personal meaning for their existence. Jaffe suggested that self-renewal could be facilitated by interventions directed at encouraging the creation of meaning and promoted social interventions aimed at legitimizing, expecting, and supporting the self-renewal process and the rediscovery of the person's strengths.

Continuing Jaffe's search, Ebersole and Flores (1989) attempted to empirically document the effects of trauma on existential issues. Their research focused on ordinary people and their ability to transcend their painful experiences by evolving a positive interpretation of the experience. In one particular study, undergraduate students reported on painful experiences, the long-term effect, and the impact on personal life meaning. They found most of the students who experienced long-term change, experienced the impact of the crisis as positive and as influencing their life meaning. They concluded that painful experiences could induce cognitive changes, which ultimately affect one's personal life meaning. Thus began the development of the theory behind the soon-to-be named study of posttraumatic growth.

### **The Evolution of PTG**

In the mid-1980s the examination of the reaction and adaptation to stressful events emerged (Tedeschi & Calhoun 1998). Specifically, researchers investigated the experience of growth in particular populations. For example, in 1985, Thompson surveyed individuals whose homes were damaged or destroyed by fire. She found those who reevaluated the situation and found positive meaning coped better. Focusing on the positive meaning in the event also correlated with more positive emotions, more pleasure

in everyday events, and fewer symptoms. Affleck and colleagues (1987) furthered the study of finding positive meaning by examining perceived benefits among heart attack victims. They found patients who cited benefits were less likely to have another attack and had lower levels of morbidity eight years later. By the end of the 20th century, there was an explosion of studies of stress-related growth among populations as diverse as cancer patients (Collins, Taylor, & Skokan, 1990), sexual abuse survivors (Draucker, 1992), individuals afflicted with HIV infection (Schwartzberg, 1993), victims of childhood sexual abuse (McMillen, Zuravin, & Rideout, 1995), bereaved individuals (Hogan, Morse, & Tason, 1996), and patients with multiple sclerosis (Mohr et al., 1999). Continuing into the beginning of the 21st century, researchers further studied traumatic life events that provided opportunities for personal growth: breast cancer (Cordova et al., 2001), divorce (Graff-Reed, 2004), burn victims (Wiechman Askay & Magyar-Russell, 2009) and individuals with posttraumatic stress disorder (Gerber et al., 2011).

In the interim, researchers conducted focused studies to analyze the process and content of PTG (Frazier, Byrne, & Klein, 1995; Joseph, Williams, & Yule, 1993; Tedeschi & Calhoun, 1996). The term posttraumatic growth (PTG) first appeared in literature in 1995 (Tedeschi & Calhoun, 1995). However, around that time other researchers were similarly exploring positive changes following adversity and labeled their variables heightened existential awareness (Yalom & Lieberman, 1991), positive changes (Joseph et al., 1993), thriving (O'Leary & Ickovics, 1995), stress-related growth (Park, Cohen, & Murch, 1996) perceived benefits (MacMillen & Fisher, 1998), and adversarial growth (Linley & Joseph, 2004).

Despite the multiple labels available, these terms are interchangeable, as researchers have not agreed on a single term for this field of study (Joseph & Linely, 2006). Additionally, these terms are united in their conveying of the idea that adversity can potentially be a catalyst for personal growth. However, Tedeschi and Calhoun's (1995) term, PTG, best and most clearly expresses the meaning of the phenomenon of growth beyond one's previous level of adaptation, psychological functioning, or life awareness that happens in the aftermath of an extremely stressful event (Zoellner & Maercker, 2006). Therefore, whereas the American Psychiatric Association (APA) defines traumatic events as events that involve actual or threatened death or serious injury, Tedeschi and Calhoun (2004) explain their usage of the terms *trauma*, *crisis*, *traumatic event*, and *highly stressful events* as roughly synonymous, broader, and more inclusive than *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; APA, 2013) definition. Tedeschi and Calhoun (2004) are referencing events that challenge one's adaptive resources. Accordingly, aside from experiencing the negative and/or psychiatric outcomes of trauma listed in the DSM-IV, Tedeschi and Calhoun (2004) purport that trauma survivors may also experience positive psychological change. Meaning, individuals can use periods of emotional distress as opportunities to further individual development and reap additional benefits relative to their pre-crisis level (Zoellner & Maercker, 2006). However, Tedeschi and Calhoun (2004) clarify the presence of growth does not remove the possibility of experiencing pain or distress.