

## Response

### Posttraumatic Growth: Action and Reaction

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We respond to the commentators who raise several key issues. Points of agreement include the need to incorporate several new concepts within the broader umbrella of posttraumatic growth (PTG), a need to understand more of the context under which PTG might have positive, negative, or limited influence, and a need to understand aspects of persons and populations who might use PTG in different ways. A major point of disagreement remains with the original formulation of PTG which poses PTG as a universally positive contribution to well-being, or even that it is beneficial in its own right. Illusion may have positive aspects, but we remain interested in the idea that it is most beneficial when translated into action. Some of these actions may be cognitive, but they

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should in such instances have lasting meaning for individuals' lives. Too often, PTG represents the belief that one has grown in some deep way, without validation of that depth of experience.

Il nous faut répondre aux commentateurs qui soulèvent plusieurs questions importantes. Les points d'accord concernent la nécessité d'introduire de nouveaux concepts sous la notion générale de développement post-traumatique (PTG), de mieux cerner les contextes où le PTG peut avoir une influence positive, négative ou limitée et d'évaluer les dimensions des personnes et des populations susceptibles d'exploiter le PTG de différentes façons. Le désaccord majeur porte sur la définition originelle du PTG qui implique que celui-ci contribue au bien-être de façon universellement positive, ou même qu'il est en lui-même source de bénéfices. L'illusion peut avoir des retombées positives, mais nous restons convaincus qu'elle est plus efficace quand elle s'investit dans l'action. Certaines de ces actions peuvent être d'ordre cognitif, mais elles doivent en ce cas revêtir une signification durable pour l'existence de l'individu. Trop souvent le PTG se résume à la conviction que l'on a mûri en profondeur sans qu'il y ait la moindre preuve de cette évolution profonde.

Offering a breadth of perspectives on posttraumatic growth (PTG), our original manuscript (Hobfoll et al., 2007) and these six comments reveal three basic themes. First, we share an understanding that growth following traumatic experiences is something that requires the thoughtful and dedicated analyses of diverse dimensions of posttraumatic growth (PTG) and its complex relationships to its antecedents and consequences. Second, following directly from this diversity and complexity, there are some divergent points of view that lay out the study of PTG framed as critical of the lead article. We will address some of these major divergent points of view in this reply, mainly by recognising the important way in which they contribute to the study of PTG, but also largely to show how they do not refute the actual findings we present. Third, following from the shared understanding, there are many convergent points of view that bolster our understanding of PTG and analyses of its relationship to other key psycho-social constructs, some of which the commentators draw themselves and some of which we will attempt to draw from them. In doing so, we will avoid summarising the major findings that are readily available in this issue, but instead frame these convergent views as a foundation for future research that will lead to a deeper conceptual understanding of PTG. We will make our reply to each commentary in serial fashion.

#### **BUTLER: FINDING THE NEW AND INTRIGUING HYPOTHESES**

A major goal of ours is satisfied when we learn that our colleagues who read our findings are able to incorporate them to inform their own new and

intriguing hypotheses. Butler's comments certainly take us in many new and compelling directions. Specifically, she provided thoughtful comments that offer the opportunity to reinforce and clarify our analyses and framing of PTG, also, in part, with respect to theorists who focus on the self-awareness and past reflection of change as the constitutive definition of PTG. To be sure, our use of terms like "sought", or "used" or "assert[ed]" are not intended or viewed by us as orthogonal to self-awareness and reflection. We believe that processes including "seeking, using, and asserting" occur rarely, if at all, in the absence of self-awareness or reflection. And we believe further that the clarification of precise meanings in this regard is imperative. We point out that the construct we employ seeks simply to find one of these meanings and the necessary precision in a unidimensional, valid, and reliable construct that is related both to the putative antecedents and common consequences of trauma. That other related constructs exist is not denied by us, and assuredly they are also recognised and addressed by others who agree in the comments we see here.

Butler's reference to Yalom's work is appropriately supportive of our major thesis. When she discusses his notion of flirting with decision, it speaks directly to the existential dilemma of negation of opportunities, and the negation of limitless potential (to accept limits). She uses this in support of staying in Gaza as action itself. We found her thoughts intriguing and providing many ideas for further opening this field of research and understanding. The depth of Butler's language and ideas can be read on many levels, and they have enormous heuristic value. At the same time, as she herself appreciates, many of these ideas will be challenging to translate to research.

We do disagree with her assertion that PTSD is an adaptive response to terrorism. Within the first couple of weeks post-event, one can argue that an adaptive process is taking place. However, one year post-event, with a continued decrease in functional impairment, and deep emotional pain, it is no longer a positive or adaptive response. Rather, it is a debilitating, chronic condition that requires treatment (and incidentally, the state of the art, exposure-based treatments are oriented toward confrontation, overcoming avoidance, and thereby reducing unbidden thoughts)—PTSD is a failure of the system to adapt to traumatic events.

### PAT-HORENCZYK AND BROM: BOUNCING FORWARD IN PTG RESEARCH

This comment makes the most of the findings we reviewed by highlighting all three themes we bring into our reply: the complexity of the concept and process, the divergent points of view, and the substantial convergence of views to use these and other findings to bounce forward in our efforts to

study and understand PTG. In that regard, the complexity of the process is apparent in the introduction of resiliency here, echoing others' comments. The distinction between resiliency as "bouncing back" and PTG as "bouncing forward" is an apt one that provides some clarification. It also introduces a vexing problem: it fails to account for the findings in which PTG is related to greater symptoms of PTSD. Resiliency indicates a move from higher to previous lower levels of symptoms of distress and disability, but even though PTG represents an increase in some psychosocial resources related to the experience of a trauma, it does not return the individual to lower levels of PTSD symptoms in many of these studies. This divergence in understanding PTG is at the core of these findings, and provides the requisite motive to pursue further studies in the vein they suggest.

Being in Israel, and indeed Jerusalem, they have seen this challenge first hand. Their comments illustrate the complexity of the task of studying PTG. In particular, their comments underscore that PTG includes several constructs that must themselves be more clearly distinguished. This, in turn, would suggest that we need further measures of PTG that are not tied to a single homogeneous thematic, and indeed that may be paradoxical or dialectical. We are not used to studying constructs that suggest that someone could move forward and back and that this could appear to occur simultaneously.

### STASKO AND ICKOVICS: CHRONICITY, SEVERITY, AND TYPE OF TRAUMA

A new direction for research and an attempt to understand divergent findings lie at the heart of Stasko and Ickovics' comments. The intriguing logic is that war and terrorism are so irrational as compared to other trauma that PTG loses its salutogenic effects because a threshold of trauma has been crossed that moderates the effect. This argument can be extended beyond moderation of the strength of the association to a moderation of its direction as well, an idea they address later in their commentary. Those who take their advice to target this line of research can be advised to understand what conditions and types of trauma lead to moderation of strength as well as direction of the effect of PTG on PTSD.

It is notable that Ickovic's work has often focused on people with HIV/AIDS. On one hand, this is similar to cancer as a chronic, life-threatening disease. On the other hand, it shares some of the senselessness of war and terrorism, as it destroys young lives sometimes as a byproduct of love-making and enjoyment. It would be odd, indeed, if PTG affected cancer, HIV/AIDS, and terrorism uniformly, especially if it has a central cognitive component. Their comments do much to clarify these questions for future research and may be especially heuristic.

## TEDESCHI AND COLLEAGUES: SEEKING DEEPER AND BROADER UNDERSTANDINGS

We owe a great and continued debt to Tedeschi and Calhoun, for not only their original work on PTG, but their ongoing exploration. We hope that even our differences with them are heuristic, as we and they raise questions and make inferences that are still formative and require much more clarification through investigation. Frankl's comments, as excerpted early in their comment, might be best understood as reflecting on PTG as a continuous variable and not a binary phenomenon. The "sit back and accept" reaction would place such individuals at or near the "zero" end of the PTG scale. We can agree that a fuller appreciation of Frankl leads to a broader recognition of the many forms of growth, but in addition to that, we find it meaningful to focus on the range of potential growth along the dimension we analysed in our original papers and reviewed in the lead article. It is not action versus inaction, but the range of action in this dimension.

The "assumptive world" argument is an enticing one, but in the end it leads us astray from the central thesis and is a "one side of the coin" point of view. The common-sense axiom that "the only constant is change" represents the other side of the coin, and it is indeed change models that focus on the thesis of growth. Even in the strictest "assumptive world" argument, both behaviors and cognitions must react to perturbations in the homeostasis in order for the individual to return to it or to move on and grow.

They morph the putative causes and consequences of a valid construct of PTG with PTG itself. Clearly, the fact that the PTG construct is part of a complex process is fully intended in our research as the reader can determine by considering the complex models in which we place it. There is substantial agreement on this issue as we can see in many of the other comments. One example of this is the counterplay between PTG and resource gain. Our measure is meant to be a valid and reliable construct that lies in a process of multidimensional antecedents and consequences. Indeed, disentangling this process requires making such careful distinctions, and even in cross-sectional analyses this is a useful endeavor if we remain cautious with our interpretations.

We agree that in addition to carefully specifying the complexity of the relationships of PTG to its antecedents and consequences, measuring all domains of PTG is important. We focus on a concept in our analyses that we find very similar to theirs.

This brings us to a major point of divergence in this and some other comments, one which focuses on the consequences of PTG. In our models, PTG is not just a "co-traveler" with distress, nor simply related to negative outcomes in general. It is related to, and predictive of, symptoms of a debilitating, chronic psychological impairment (PTSD). It cannot be emphasised

enough—PTSD is a disorder or sign of deep psychological distress that is not in any way a marker of “well-being”. If one has PTSD, one experiences (to a varying degree) *significant impairment* in social or occupational functioning and this impairment significantly disrupts people’s lives, and it does so painfully. It is possible to experience a diminished capacity to work, live, and love and yet simultaneously to report having grown from their trauma, but the onus is on research to identify the “greater good” that is being achieved. Stating it is so, as Tedeschi and Calhoun do repeatedly throughout their work, does not make it so.

We find ourselves in agreement with them that PTG possibly leads to potentially better outcomes later. However, our research suggests that this is rare, and that it is a precarious path about which we still lack even the basic knowledge of the pathways by which it occasionally occurs. Current reviews are clear in indicating that we have poor ability to predict when and how PTG might sometimes result in positive outcomes. Seldom has an area of research gone this far and remained this murky. It is hard to have faith in the human condition and not believe in PTG, but like the concept of self-actualisation, the process is more confirmed by the rationale for it at this stage than by scientific evidence of it.

### WAGNER AND COLLEAGUES: STANDING TOGETHER AT THE BEGINNING OF AN IMPORTANT QUEST

Wagner, Forstmeier, and Maercker make important comments here and we frankly relied heavily on Maercker’s work in our formulations. They may be correct that the higher levels of political commitment and religious belief could be attributes that pre-selected the respondents in our Gaza study, but there may also be settlers who were pre-selected on the basis of “quality of life” factors (e.g. a house with a back yard for almost no money) and not because of ideological or religious motivations. Either way, the selection effects challenge the conditional strength and direction of the association if the relationships were non-linear across all levels of these variables, and this is something that is an empirical question for future investigation. It does not, however, challenge the conclusions about the nature of the association among the variables drawn from these data. In fact, as we argued, it was the unique selection factor that we relied on in accounting for these associations.

Their comments about PTG in relation to internal/external locus of control seem compatible with expecting a negative, not a positive, association between PTG and PTSD. The idea is intriguing, but difficult to reconcile with the findings in most of these studies except for the Gaza study. When not linked to action, PTG may represent a more externalising kind of coping, one that is matched with internal emotion-focused coping that is counterproductive.

We would agree with them that in all likelihood the process associated with PTG is a multidimensional one; but a multidimensional construct as a measure of PTG is not as useful to us as a valid and reliable unidimensional construct of PTG as we propose here. This said, a more multidimensional construct might emerge in the future, but would require specific hypotheses and process regarding each dimension. When we say this one is a useful dimension of PTG we are not saying other dimensions are not or cannot be found.

It is true that we cannot conclude with 100 per cent certainty that the mechanism for change is action in Gaza, but we argue with a preponderance of anecdotal evidence that suggests we are on to something here. Other comments have recognised that the settlers' decision to stay in Gaza represents action. It is, we believe, a fruitful avenue for our continued work, and food for thought for the general audience. We would underscore that there is variability even in this sample with regard to reports of PTG. What is essential here is that among the settlers who stayed in Gaza, those reporting PTG experienced fewer cases of PTSD (Hall, Hobfoll, Palmieri, Canetti-Nisim, Shapira, Johnson, & Galea, 2007). We would also like to clarify that the settlers in our sample were *not* immune to stress or disorder. If this were the case, we would not have seen such high comparative rates of PTSD and depression within the sample.

It may be true that our data and findings do not appropriately test the four-phase model they describe. But even though a test of this model clearly was not our intent, our results are certainly not inconsistent with it. In fact, as they suggest in their comments, PTG intentions lay at the most distal point in the process, and thus our findings are consistent with it and suggest potentially even stronger intermediary effects between the phases.

Finally, we agree that resilient outcomes could negate the need for PTG as those who are resilient may not experience the same shattered assumptions, distress, and need to make meaning from their events as those who are non-resilient. Contrariwise, those who pursue cognitive PTG do so in hopes of reconceptualising at least some aspect of their experience as positive. Those who find PTG and demonstrate this growth behaviorally do so by acting out PTG cognitions, making real the reconceptualisation that occurs at the cognitive level.

## WESTPHAL AND BONANNO: ENHANCING THE MODEL

Bonanno and his colleagues have opened up the literature to a more advanced level of discourse and research regarding resiliency. In their comments here, Westphal and Bonanno suggest that "PTG may reflect self-protective and self-enhancing processes", although we believe one can draw a distinction in many models between the self-enhancing psychosocial resources and

PTG. We often find that these two aspects of coping are related, but yet have distinct effects. The distinction between PTG and self-enhancing/self-protective processes is that we believe the latter would continue to have effects independent of PTG. Self-enhancing/self-protective processes would not be expected to eliminate the effects of PTG in models in which they are incorporated. Furthermore, self-enhancing/self-protective processes may be in response to a wide range of experiences (not being constrained to a trauma experience as is PTG). Adding self-enhancing and self-protecting constructs to these studies may increase the complexity of the models, and also may enhance our understanding of PTG.

The concept of resilience they introduce is certainly worthy of discussion, but it does not gainsay PTG. One distinction, however, is that resilience connotes two things. First, a return to a previous state such as recovery to baseline levels of PTSD. The second is the expenditure of resources to accomplish that return, which could imply the loss of some resources that contribute to resilience. Obviously, loss and growth are quite different outcomes.

The idea that meaningful action may not be feasible reverberates with some of the ideas in the lead article. They correctly note that meaningful action is situational and thus we should expect it to modify the strength and/or direction of the relationship of PTG to its antecedents and consequences. Finally, they make the important point that most people do not require such means as PTG to be resilient. Resiliency is, rather, a natural and common course. Their major insight may be that we have to learn where the common process of resiliency ends and more extraordinary processes must take on the burden of remaining resilient.

## CONCLUSIONS

If in the end all that we have accomplished is to stir this rich dialogue, we feel that we have accomplished much. Our work is not definitive; it is a beginning. It challenges several aspects of PTG that have too quickly become sacred cows. Like the concept of social support, the impact of PTG is not always salutogenic. Indeed, it may often represent a kind of coping that leads to greater distress and numbing inaction. This, in turn, might act to increased shame and guilt (“I was confronted with challenge, and I did nothing”). For this reason, we think action is critical. Action is in some sense always behavioral, but action also occurs in cognitions and emotions. We “work” on our thoughts, we “challenge” our emotions, we “fight” depression.

When we refer to illusion, we refer both to the illusion of inaction, when people say they have done something, but also the illusion that “I have found meaning” when nothing meaningful about the person’s life has changed. These illusions are everywhere and perhaps can be restorative.



Many of them, however, are rationalisations that mainly allow the person not to change. Some would say, “but that’s not *real* post-traumatic growth”. But if PTG was so successful, few people would suffer from trauma so long and so much. Further, measures must separate the true PTG from its imposture. This is not accomplished by including social desirability assessments, as people believe their own mythology. If someone believes that their trauma has made them a better parent, it is the onus of research to show that they indeed are.

Taken together, these thoughtful commentaries offer supportive and alternative perspectives on a fascinating and growing area of research. As we continue to seek refinement in our conceptualisation of PTG, we welcome the debate and inquiry generated by our work. We are delighted to be a part of the expansion of this area of research. As is true with all burgeoning research, only further investigation can unfurl the complex structure underlying the phenomenon of growth following trauma.

Perhaps it is appropriate to conclude by saying that we and the commentators have grown from this experience. The proof of that will only be testified through our future work. Belief alone has no value, unless self-complacency is an end goal for scientific inquiry. We fully believe that neither they nor we would endorse that viewpoint.

## REFERENCE

- Hall, B.J., Hobfoll, S.E., Palmieri, P., Canetti-Nisim, D., Shapira, O., Johnson, R.J., & Galea, S. (2007). The psychological impact of forced settler disengagement in Gaza: Trauma and posttraumatic growth. *Journal of Traumatic Stress*. Manuscript revised and resubmitted for publication.

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