

CHAPTER 1

Trauma and Growth

Benjamin Franklin is credited with saying “In this world nothing can be said to be certain, except death and taxes.” We would argue another certainty is that at some point, virtually everyone experiences a life event that is traumatic. Such events usually come as surprises, as if we were all immune to what other people experience. Granted, you can structure your daily routine and environment to provide you with some degree of predictability. Each day, you can go to bed and wake at the same time, check e-mails when you first get to work or eat dinner while watching your favorite television show. But in reality, we are all susceptible and vulnerable to the countless unknowns lurking in the different nooks and crannies of life. This is no better exemplified than by how trauma can emerge from these blind spots of life and hit us without warning.

Another certainty is that people respond to trauma differently. The psychological impact on an unsuspecting eighteen-year-old college student who is sexually assaulted while walking to her car in a dark parking garage will be different from the experience of the soldier who nearly dies after his vehicle is hit with a roadside bomb. The college student’s sense of safety and security within the world will likely be shattered. She may begin to have difficulty trusting other people or become overwhelmed with anxiety when she goes out in public. The soldier, a professional who has trained for years to deal with adversity, may be “fine” initially but go on to develop terrible nightmares and depression months or even years later. Both have faced terrible psychological and physical assaults. But the symptoms they experience, the personal narrative they tell themselves about what happened, and the trajectory of their recovery will differ. This book will explore why this is true, but for now, the key point to remember is that when faced with traumatic events, including events that may share many similarities, everyone’s experience and outcome will be different.

In spite of these differences, however, we all possess the same basic machinery that switches on in response to trauma. The primary goal of this chapter is to provide you with an understanding of this basic human response. Although it may seem illogical, you will learn how your responses to trauma can be both adaptive and protective.

Trauma and Its Effects

It's been estimated that about three-fourths of adults over age sixty-five have been exposed to at least one traumatic event during their lifetime, and depending on the definition of traumatic event, the figure may be even higher (Mills et al. 2011). Traumas include sexual and physical assaults, motor vehicle accidents, serious illnesses, combat, and a host of manmade and natural disasters. Furthermore, we have learned that for many people, other events may be traumatic as well, and it is hard to determine what events will be particularly difficult for an individual. Men experience trauma at a greater rate than women. This may be a result of the disproportionate number of men serving in combat or their tendency to engage in riskier behaviors. Women, however, tend to be more susceptible to developing psychological complications following trauma. This is due to the fact that the traumatic events suffered by women tend to be more severe, chronic, and of a personal nature. For example, sexual assault, especially during childhood, is often a repeated violation and wreaks tremendous emotional damage. Although men certainly experience sexual abuse as children, the reality is that most victims are women. And not uncommonly, men and women may experience multiple traumatic events in their lives, which leads to even greater psychological distress—just as a windshield will maintain its integrity after a single crack from a rock but break down over time with repeated hits (Norris 1992).

Early in his career, Bret learned an important concept as he provided care to soldiers in Iraq: psychological distress following trauma is not an abnormal reaction but rather a normal reaction to an abnormal event. Most anyone who is exposed to an unthinkable psychological or physical injury will struggle to some degree. This is to be expected and should not be thought of as a sickness or illness. This is why it may be useful to think of the difficulties experienced following trauma as a post-traumatic stress injury, as we mentioned in the introduction. PTSI is an obvious and expected reaction to an abnormal event. Most everyone will experience worry, fear, sadness, nightmares, and insomnia after witnessing a tragic car accident, surviving a natural disaster like a tornado, or losing a loved one unexpectedly. Our bodies and minds are knocked out of balance...for a while. Most of us return to normal with time, help from others, and reliance on our own internal strength. It's only when the struggle becomes

too great for too long that it becomes something more like post-traumatic stress disorder. But even those who meet the diagnostic criteria for PTSD have suffered an injury to their way of understanding their world, which results in the symptoms that have been called PTSD.

The immediate aftereffects of trauma vary. However, a number of emotional, mental, behavioral, and physical symptoms commonly appear within the initial hours and days following a traumatic event. These are listed in the following chart.

Emotional	Mental	Behavioral	Physical
Feeling alone	Loss of concentration	Withdrawal from others	Aches and pains
Feeling afraid	Disorientation and confusion	Impulsive behavior	Fatigue and tiredness
Anger and frustration	Memory loss	Aggression	Racing heart
Mood swings	Obsessive thoughts	Crying	Nausea and vomiting
Difficulty sleeping	Distractibility	Arguing with loved ones	Shakiness and trembling
Feeling sad	Indecisiveness	Increased sleeping	Headaches
Feeling hopeless	Thoughts about death and dying	Changes in appetite	Numbness and tingling
Helplessness	Racing thoughts	Being easily startled	Diarrhea
Feeling numb		Increased drug or alcohol use	Hot flushes
Anxiety and panic			
Nightmares			
Lack of confidence			

These symptoms are normal immediately following trauma, and in most cases, they will go away after time. This is not to minimize the many and varied effects of trauma but rather to reassure anyone reading this book who has recently experienced a traumatic event—or knows someone who has—that these reactions are to be expected. Information and awareness can be very powerful and therapeutic. In the following exercise, you will identify the symptoms that you experienced after a traumatic event. This exercise will help you normalize the event and its effects as well as identify any symptoms you may be experiencing. Our hope is that many of the symptoms you

identify have either gone away or lessened over time. Please pay particular attention to those symptoms you have battled and overcome. It speaks to the strength and resilience you have within you. If some symptoms remain, acknowledge the impact they have on you, but also identify how you manage them on a daily basis. Even though you may feel that you can't manage some of the more difficult ones, the reality is that you have likely developed various coping strategies over time that keep you in the fight to survive and live a satisfying life after trauma.

Being Reluctant or Being Surprised by Your Emotions

Looking at your own reaction to a traumatic event can be difficult. You may find that you become emotional as you recall a traumatic event and write out the details of it. You might feel at some point that your vivid memories of an event make you feel as if you were reliving it. We understand that you may wonder if this is a good idea, as you may feel worse when completing this exercise. If this exercise causes you a great deal of distress, you can certainly stop and reconsider if you are ready to continue. However, one of the things that is most helpful to people who have experienced trauma is to confront it directly. The accompanying distress is not an indication that this is a destructive process. In fact, your distress probably indicates that your rethinking the event will lead to posttraumatic growth.

EXERCISE: Your Reaction to the Traumatic Event

First write out a brief narrative about a past traumatic event. Which event you choose is up to you. Even if you have experienced repeated trauma, there will be one or two events that stand out more than others. In our clinical work, we have found, especially in those who have suffered many repeated traumas, that it's best to start with the trauma that has had the biggest effect on you. If you aren't sure which one that is, it may be helpful to ask yourself, *Which event do I spend the most time thinking about?* Or if you tell yourself, *If event X had not happened, my life would be different*, then event X would be a good place to start. If you are still not sure which past traumatic event to choose, just choose the most recent one or the one that is most vivid. There really is no right or wrong choice. Plus, if you find this exercise helpful, you can use it to explore other past traumatic events.

Describe the traumatic event in as much detail as possible, and use extra space by writing in your journal, if necessary.

After you have described the trauma, identify any emotional, mental, behavioral, or physical symptoms you experienced in the immediate aftermath or over a long time afterward. You can refer to the chart that appeared earlier in this chapter for a list of possibilities. Note whether or not the symptoms persist. If the symptoms have gone away, estimate how long it took for them to disappear. And finally, if symptoms have gone away or even lessened in severity, identify what you did to overcome them. If a symptom is still present, you may also write about how you continue to cope with it. Write in the space provided or in your journal if you need more room.

Emotional symptoms:

1. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

2. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

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3. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

Mental symptoms:

1. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

2. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

3. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

Behavioral symptoms:

1. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

2. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

3. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

Physical symptoms:

1. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

2. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

3. _____

Is the symptom still present? If no, how long did it take to go away? How did you cope and overcome it? If still present, how do you cope with the symptom now?

After completing this exercise, take a few minutes to reflect on what it was like for you and how you feel. An exercise like this is easy for some people while emotionally draining for others. If you have a tendency to distance yourself from your emotions (which many trauma survivors do), you may have whipped through it as if checking off items on a grocery list. If this is the case, consider returning to the exercise and focusing on your feelings that are tied to the event. If you are someone who tends to get deeply emotionally invested and feel overwhelmed, now would be a good time to take a break from the book and talk with someone you trust, take a walk, or sit quietly. If you are alone, acknowledge your emotions and let them pass through your mind without any judgment or labels.

The Useful Side of Trauma

One last point we'd like to make about trauma is that it can be useful to a degree. Yes, believe it or not, trauma can serve an adaptive and protective purpose. Take Alison, for example. As a newly licensed teenage driver, she had a habit of driving too fast and sometimes outright recklessly. One evening while driving home from a friend's house, she entered a curve too fast and crashed into a guardrail. The force of the impact flipped her car over the rail, and she landed twenty feet below in a creek bed. Although Alison suffered physical injuries that were not life threatening, the wreck had a tremendous psychological impact on her for many months. Specifically, she became anxious approaching curves and bridges whenever she drove anywhere. Although the anxiety was not severe enough to stop her from driving, it did prompt her to slow down when she drove, and she became a more conscientious and safer driver. In fact, during her senior year of high school, she travelled around to local schools to talk with other students about the importance of driving safely.

Alison's story highlights the complexity of the psychological impact of trauma. Even within the darkness and despair that can follow trauma, if you look hard enough, it's possible to see some positive aspect to it. However, we are far from trying to sell you on a "when life gives you lemons, make lemonade" or "turn that frown upside down" type of psychology. The human psyche is more complex than that. We are, instead, trying to make you aware that you don't have to take a fatalistic view of trauma. There can be more than a glimmer of light in the darkness. And as you will learn in this book, something much more positive can come from the aftermath of trauma if you approach this time with care and deliberate action.

What Is Post-Traumatic Stress Disorder?

When the psychological and physiological effects of trauma continue for months after the event and cause significant disruption in your work, family, social, and/or spiritual life, a diagnosis of post-traumatic stress disorder may be diagnosed by a mental health professional. PTSD develops after exposure to a traumatic event and includes psychological and behavioral symptoms such as reexperiencing the trauma through flashbacks or nightmares, avoidance of reminders of the trauma, and being easily startled. The following chart lists the clinical symptoms of PTSD (American Psychiatric Association 2013).

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Intrusive Symptoms	Avoidance Symptoms	Negative Thoughts and Mood	Arousal and Activity
Pervasive and intrusive memories	Avoidance of trauma-related thoughts, memories, or feelings	Trauma-related memory problems	Irritable, angry, or aggressive behavior
Nightmares		Negative beliefs and expectations about self, others, and the world	Reckless behavior
Flashbacks/dissociation	Avoidance of reminders of the event (people, places, things)	Persistent blaming of self or other people	Always on guard
Extreme distress associated with reminders of the event		Negative and distressing emotions	Easily startled
Increased physiological reaction to reminders of the event		Loss of interest and pleasure in things	Difficulty concentrating
		Feeling disconnected from others	Difficulty falling and staying asleep
		Lack of positive emotions	

Roughly one in twelve (or 8 percent) of Americans will develop PTSD at some point in their lives, with some groups experiencing higher rates (Kilpatrick et al. 2013). Estimates of PTSD in veterans are as high as 30 percent. And because of a variety of factors, such as the often chronic and personal nature of traumatic events, women are approximately twice as likely as men to develop the disorder (Nebraska Department of Veterans' Affairs 2007).

There are a number of factors that influence whether or not someone develops PTSD. These factors are usually referred to as *risk*, *protective*, and *maintenance* factors. The following list of examples was largely adapted from Johnson and Thompson (2008) and Freeman and Freeman (2009).

Risk factors for PTSD include those things that make you more likely to develop the disorder:

- Lower financial and educational status
- Experiencing a mental illness in the past
- Suffering a physical injury
- Seeing people hurt, killed, or maimed
- Feeling a sense of helplessness, horror, or fear after the trauma
- Having little or no support from family, friends, or the community
- Managing additional stress, such as the death of a loved one, unemployment, health issues, loss of a relationship, or financial or legal problems

Protective factors, sometimes referred to as resilience factors, are those things that provide protection from psychological problems following trauma. Some factors are things you can change (such as level of social support), and some factors are things you cannot change (such as age):

- Being part of a support group
- Relying on family or friends
- Absence or low levels of shame, guilt, or embarrassment related to the event
- Being naturally optimistic
- The ability to maintain a sense of humor
- Being older and having more life experiences
- Successful experience dealing with past difficult life events
- Effective coping strategies

Maintenance factors are those characteristics, attributes, and behaviors that maintain psychological distress following trauma. In essence, these are the things that keep you stuck in the trauma instead of allowing you to heal. Many factors can maintain psychological distress, but there are some common ones:

- Drug or alcohol abuse (including some prescription and over-the-counter medications)
- Self-demeaning thoughts (*It was my fault, I will never get better or I'm damaged goods*)
- Withdrawal from family, friends, and other social supports (community and religious groups)
- Not seeking professional help (although not everyone needs to see a mental health professional)
- Anger, resentment, and depression

The next exercise helps you identify the risk, protective, and maintenance factors in your life.

EXERCISE: My Factors—The Good and the Bad

As you work through this exercise, think about any personal factors that played a role in your adjustment following a trauma, whether these factors are positive or negative. Pay close attention to any personal factors that promote negative emotions and behaviors, particularly anything that can be changed. Record these factors as risk or maintenance factors in the space provided. Consider ways in which you can minimize their influence on you, and record how you can reduce their impact. Likewise identify any protective factors, which promote positive emotions or resilience, and consider and record some ways in which you can develop or strengthen them. Note that our previous list of possible risk, protective, and maintenance factors is by no means comprehensive. You may be able to think of other factors that have played a role in your own response to trauma. Write in your journal if you need additional space.

Risk factors:

1. _____

Explain how this factor puts you at risk. _____

How can you reduce its impact? _____

2. _____

Explain how this factor puts you at risk. _____

How can you reduce its impact? _____

3. _____

Explain how this factor puts you at risk. _____

How can you reduce its impact? _____

4. _____

Explain how this factor puts you at risk. _____

How can you reduce its impact? _____

5. _____

Explain how this factor puts you at risk. _____

How can you reduce its impact? _____

Maintenance factors:

1. _____

Explain how this factor maintains your symptoms. _____

How can you reduce its impact? _____

2. _____

Explain how this factor maintains your symptoms. _____

How can you reduce its impact? _____

3. _____

Explain how this factor maintains your symptoms. _____

How can you reduce its impact? _____

4. _____

Explain how this factor maintains your symptoms. _____

How can you reduce its impact? _____

5. _____

Explain how this factor maintains your symptoms. _____

How can you reduce its impact? _____

Protective factors:

1. _____

Explain how this factor helps you. _____

How can you maximize its impact? _____

2. _____

Explain how this factor helps you. _____

How can you maximize its impact? _____

3. _____

Explain how this factor helps you. _____

How can you maximize its impact? _____

4. _____

Explain how this factor helps you. _____

How can you maximize its impact? _____

5. _____

Explain how this factor helps you. _____

How can you maximize its impact? _____

Hopefully you now have a clear idea of the roles that various risk, protective, and maintenance factors have played in your life. Some of these factors can help you and others can keep you stuck in the past and make it more difficult to fully heal. Understanding this may help to protect you from the ill effects of traumas in the future. Our request is that you spend time every day finding ways to increase those factors that promote strength while eliminating or reducing those that keep you pinned down. An example of the former is to develop new friendships and expand your social network. An example of the latter is to reduce or eliminate your use of alcohol or drugs as a way to cope with your emotions.

Trauma Recovery

You may have already picked up on an important point implied earlier in this chapter. If up to 75 percent of people have been exposed to a traumatic event at some point in their life, and only 8 percent or so develop PTSD, most people either have little negative impact following trauma or have some post-trauma difficulties from which they recover over time. The truth is that the vast majority of people who suffer a trauma do not develop PTSD, although many may have some PTSD symptoms. And although most people will have some problems adjusting to a traumatic event, things will return to normal for them over time, usually within weeks or months. This is in part due to the strength of certain protective and maintenance factors in their lives. It is also a testament to the strength and resilience of human beings.

One only has to watch the evening news to see the death and destruction that people face every day. As psychologists, we are privileged to see the flip side—an incredible sense of perseverance, fortitude, and hope that permeates the human spirit. As you read this book, you will learn more about this flip side. And in addition to learning about why and how people recover from trauma, you will gain an appreciation for the ways that people can grow and become stronger following trauma. You will learn about posttraumatic growth and how to promote this growth in your own life as a response to the trauma or traumas you have suffered.