

THE ROUTLEDGE INTERNATIONAL HANDBOOK OF POSTTRAUMATIC GROWTH

Edited by Roni Berger

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Roni Berger

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THE GOAL, RATIONALE, AND ORGANIZATION OF THE BOOK

Roni Berger

Conceptualizing Posttraumatic Growth: The Concept, the Model, and Critique

The main tenet of posttraumatic growth (PTG) is the idea that exposure to and struggle with adversity can, in addition to negative outcomes, be a catalyst to changes that generate positive ones and sometimes radical transformation. Highly stressor circumstances that significantly challenge people's life have the potential to create an opportunity for growth, transformation, and thriving. This idea is as old as the Bible. The capacity for human resilience and actualization following the struggle with adversity has been acknowledged throughout history. It is incorporated in the world's major religions (e.g., Christianity, Buddhism, Judaism, Hinduism, and Islam), recognized by leading philosophers (e.g., Nietzsche and Schopenhauer), and in various cultural contexts. The philosophical concept of PTG is rooted in personal construct theory, schema theory, and assumptive world models (Tedeschi et al., 2018). Since the 1970s the idea of traumatic life events as catalysts for positive life change has been increasingly recognized and the fields of helping professions have witnessed mushrooming of studies, articles, books, and training that focus on understanding the nature, processes, and dimensions of PTG as well as offering strategies for facilitating it.

The Concept

The conceptual underpinnings of PTG appear in various disciplines including psychology, sociology, and philosophy, hence calling for an interdisciplinary approach. Multiple theoretical conceptualizations were offered for thinking about post-trauma positive outcomes. They include resilience (Garmezy, 1994; Luthar et al., 2000; Rutter, 2007; Werner & Smith, 1992), sense of coherence (Antonovsky, 1998), hardiness (Kobasa, 1979), ecological resilience (Ungar, 2013), positive psychological change (Aldwin, 1994; Calhoun & Tedeschi, 2006; Weiss & Berger, 2010), stress-related growth (Park et al., 2012), adversarial growth (Linley & Joseph, 2004), perceived benefits (Helgeson et al., 2006; Tennen et al., 1992), thriving (O'Leary & Ickovics, 1995), action-focused growth (Hobfoll et al., 2007), adversity activated development (Papadopoulos, 2007), and redemptive narratives (McAdams et al., 2001). These models employ diverse languages, offer different assumptions about the nature of

positive post-trauma outcomes, identify various mechanisms that generate such outcomes, correlates associated with them (O’Leary & Ickovics, 1995), broader environmental processes that shape them, and interventions to foster them. Many of these theories and models include varied combinations of similar elements (O’Leary et al., 1998). While earlier writers acknowledged that crisis can offer opportunities for transformational change (e.g., Caplan, 1964; Frankl, 1963), recognition of the positive nature of the change became dominant later.

A major development in the field materialized when in the mid-1990s, Tedeschi and Calhoun coined the concept of PTG, developed a model to describe positive cognitive, emotional, and potential behavioral transformations following the struggle with highly stressful events, and developed an instrument (the Posttraumatic Inventory, PTGI, which has several revisions) to measure it (Tedeschi & Calhoun, 1995, 1996). They emphasized that rather than the event itself, it is the struggle following the hardship that leads to PTG. PTG is an experience of improvement above and beyond mere survival, resistance to damage, adaptation, or recovery to the pre-stress baseline. Rather than a goal, PTG is a by-product of the attempt to cope with suffering, which in some people can be profound and significant; further, the pathways to PTG differ from the pathway to recovery from post-stress symptoms (Tedeschi et al., 2018).

The model was originally informed by the authors’ experience with adults who had become physically handicapped and with older women who lost their spouses and has been evolving ever since. Concurrent with the advent of positive psychology in the early 2000s, the construct of PTG has been evolving and become increasingly influential in the trauma literature (Jayawickreme & Blackie, 2014). This is evidenced by the numerous citations (Tedeschi et al., 2017), studies informed by it, and translations and employment of the instrument (Weiss & Berger, 2010). A recent special issue of the *Journal of Personality* was dedicated to Post-Traumatic Growth as Positive Personality Change (Volume 89, Issue 1), and a capstone conference at Wake Forest University in 2019 focused on improving the quality of research on PTG.

The Model

PTG has been defined as both a process and an outcome of the attempt to cope with trauma and its aftermath and has been examined via multiple theoretical lenses. Dominant among those are a trauma perspective and a personality viewpoint. The basic components of the model include a potentially seismic event, resulting challenges and emotional distress, rumination, and growth. *The seismic event*, which is the precursor to PTG is disruptive, and can severely shake and threaten many of the schematic structures that have guided understanding, decision-making, and meaningfulness, unsettling people’s core beliefs and shattering their basic assumptions (also called schemas) about the self and the world (e.g., that the world is benevolent, just, and controllable). The seismic event may challenge, contradict, or nullify the way in which people make sense of life, why adverse circumstances happen, and the purpose and meaning of life (Shivali & Dilwar, 2018). The perceived threat that accompanies or follows the exposure is a trigger that creates cognitive and emotional *challenges* potentially causing *distress*. Processing these cognitive and emotional challenges and trying to make meaning of the traumatic experience can help disengage from the shattered assumptions. The process of a shift in core beliefs has been shown to be a catalyst for *rumination*, i.e., processing the traumatic experience and its consequences, which is a main precursor to PTG (Calhoun & Tedeschi, 2013). Rumination can be brooding, i.e.,

intrusive thoughts that are often automatic, undesired, or deliberate, constructive, and reflective (Matsui & Taku, 2016). Predominately intrusive and unintentional rumination relating to traumatic events is positively associated with distress and a failure to cope. When this type of rumination gives way to deliberate and contemplative rumination there is a potential for PTG to occur (Tedeschi et al., 2017). This process allows people to change their narrative, disengage from prior beliefs and assumptions, develop acceptance of the “changed” world and come to terms with the new reality while rebuilding new beliefs, goals, and identities that incorporate the trauma. The changed perspective may lead to reduced distress and eventually facilitate *growth*. The growth connotes the development of a new meaningful life narrative into which the traumatic event can be incorporated. Indications of PTG may include observable behavioral changes, cognitive elements, changes in personality, and more recently, biological changes (Tedeschi et al., 2018).

Support by people in the social environment who are good listeners, patient, accepting, and humble and who may serve as *expert companions* is critical in processing the trauma as it helps decrease the automatic rumination and consequently the emotional distress. Additionally, self-disclosure to trusted and empathetic others may help people derive meaning from the event and facilitate PTG (Tedeschi et al., 2017). It is important to remember that while PTG has been reported by a considerable number of traumatized people, it does not occur always and its absence does not indicate anything negative about the person. Further, negative trauma reactions and PTG are not mutually exclusive; rather they are two separate processes that can be seen as a double track and may coexist. However, typically, PTG, if it occurs, is reported later in the process of struggling and coping with the traumatizing stressor.

The idea of possible growth post-trauma has been supported by interdisciplinary literature. For example, there is an emerging body of research combining self-report approaches with technology for assessing neural mechanisms (e.g., EEG, MEG, and MRI), and producing evidence for PTG and its impact on cognitive functioning and physical health (Tedeschi et al., 2018). A few studies found a neural basis for psychological growth following adverse experiences. One study reported an association between left frontal brain activity and PTG in survivors of severe motor vehicle accidents (Robe et al., 2006). Another study reported in individuals with higher PTG stronger functional connectivity between brain areas that control memory and social functioning and suggested that they use more memory for mentalizing during their daily social interactions leading to better sociality (Fujisawa et al., 2015).

Applicability of the Model beyond Individuals

Theoretically, the scope of possible growth after trauma can extend to encompass families, communities, organizations, and entire cultural subgroups or societies, impacting collective processes in addition to individuals (Bloom, 1998; Calhoun & Tedeschi, 2006; Waller, 2001). Despite the recognition that human systems of any size may grow in the process of addressing stressful events, a significant part of the knowledge to date has focused on individuals. However, recent years have witnessed a growing body of knowledge about PTG of relational systems of all sizes. Berger and Weiss (2008) presented a conceptual analysis of expanding Calhoun and Tedeschi’s model of PTG to the family system level. While originally the family was viewed mostly as providing a

context for individual growth, later developments acknowledged the couple, family, organization, or community as the unit that grows.

PTG on the systems level includes changes in collective narratives, attributing meanings by community members to shared traumatic experiences in a process that mirrors schema reconstruction on the individual level (Calhoun & Tedeschi, 2006). Tedeschi and his colleagues (2017) suggested that “There may be a reciprocal relationship where individuals and larger social systems experience PTG by continually influencing each other through the exchange of narratives, reconsideration of social norms, and breaking apart of traditions” (pp. 145–146). However, with a few exceptions, most research to date focused on individuals and to a limited degree on couples. This research has consistently shown that if and when PTG occurs, it is typically later in the process and the journey to achieve it can be long. While there are those whose life change temporarily or permanently for the worse following traumatic exposure, many eventually thrive.

There has been increasing recognition that in addition to PTG in those directly exposed to traumatizing stressors, there is a possibility for vicarious PTG (VPTG) by affiliation. Family members, mental health practitioners, emergency workers, medical personnel, and others who have been in intense contact with survivors of trauma exposure who reported PTG, can experience positive outcomes and growth as a result of this interaction. Witnessing direct survivors overcome adversity can lead to a transformation in those associated with them. VPTG can be manifested in a more positive self-perception, better interpersonal relationships and self-care, higher ability to tolerate negative experiences (Killian et al., 2017).

Critique

The idea of PTG encountered some skepticism. Specifically, concerns were raised regarding the multiple definitions and what some view as limited clarity of the concept (Jayawickreme & Blackie, 2014) as well as regarding methodological issues in studying PTG (Jayawickreme et al., 2021). Most PTG research is cross-sectional and employs retrospective measures of self-reported growth, whereas longitudinal knowledge about PTG over time remains scarce, generating concerns regarding the scientific validity of the construct and ideas for improved methodologies to enhance the study of the phenomenon (Jayawickreme & Blackie, 2014; Tedeschi et al., 2017). “The questions of what posttraumatic growth actually is and what retrospective reports of posttraumatic growth reflect remain undefined and murky” (Jayawickreme & Blackie, 2014, p. 316).

Because it is based mostly (though not exclusively) on subjective reporting, questions have been raised if rather than real “authentic” change, PTG reflects self-deception, wishful thinking, social desirability resulting from the cultural narrative, inaccurate memory, a coping strategy or a positive illusion constructed by theorists, practitioners, and trauma victims. Critiques pointed to the possibility that reports of PTG may represent a self-enhancing cognitive bias optimism, an effort to protect the self against anxiety by creating a favorable self-image, and a desire to restore self-esteem and a sense of control in threatening situations rather than an actual “real” positive change and some have suggested that PTG should only be considered “real” if it involves positive personality change that can be supported by objective evidence (Christiansen et al., 2015; Ho, 2016; Hobfoll et al., 2007; Jayawickreme & Blackie, 2014).

Responding to this critique, studies documented observations of significant beneficial behavioral and psychological changes in those reporting PTG by individuals in their social

network. For example, a study by Reynolds and colleagues (2022) has shown that a modest agreement exists between traumatized individuals and close others regarding overall levels of PTG. Additionally, there is evidence that PTG trajectories tend to remain stable over time and are associated with better long-term adjustment following trauma (Tedeschi et al., 2017). Nevertheless, multiple questions requiring further conceptual development and empirical research remain.

Research about PTG

A growing body of interdisciplinary and recently transdisciplinary empirical research offers support to the idea that positive changes may take place after potentially traumatic events (Sleijpen et al., 2016; Tedeschi et al., 2018). A considerable number of people from diverse cultures report viewing their traumatic exposure as an experience by which they were transformed and from which they gained benefits and grew (Weiss & Berger, 2010). While estimates of prevalence vary, probably as a result of methods used, PTG is widely reported with 70% of survivors of various forms of trauma conveying experiencing some positive change in at least one aspect of their life (Jayawickreme & Blackie, 2014). Further, reporting PTG has been found to be correlated with positive outcomes such as reduced revictimization following sexual assault, increased social affiliation and reduced avoidant coping with a diagnosis of breast cancer, better psychological well-being, and reduced distress following a diagnosis of cardiovascular disease, better self-reported physical health in HIV/AIDS and cancer patients, decreased suicide ideation in military personnel post-deployment and increased life satisfaction in a variety of samples (Tedeschi et al., 2017). Thus, PTG may be functioning as a buffer against negative outcomes of traumatic exposure. However, PTG does not and should not be expected to occur in everybody; thus, it may not occur at all or occur in some dimensions but not in others.

In addition to studying the phenomenon of PTG, research indicated multiple interventions as potentially enabling and fostering it. They include psychoeducation about trauma and diverse traditional trauma therapies such as exposure therapy, cognitive restructuring, stress management training, and couples' therapy (Roepke, 2015), as well as a community-based intervention that creates supportive community settings that adopt a mentorship and peer-based approach (Paloma et al., 2020). Such interventions help develop strategies to manage emotional distress and intrusive rumination and encourage written or spoken self-expression and disclosure, which create opportunities to reorganize and reconstruct the system of core beliefs and the life narrative (Berger, 2015; Calhoun & Tedeschi, 2013). Specifically, psychosocial group interventions have been documented as potentially increasing PTG by providing a supportive group environment that may enhance motivation toward growth, fostering emotional disclosure, providing opportunities to process a shared experience, and exposure to modeling behavior that can promote growth (Ramos et al., 2018). Thus, a meta-analysis of 12 studies concluded that group interventions fostered higher levels of PTG, irrespective of whether PTG was a goal of the intervention (Roepke, 2015). For example, participation in a group for cancer survivors promoted significant long-term PTG (Ochoa et al. 2017).

Research regarding PTG left some questions requiring further clarity and yielded some inconsistent findings. For example, the relationships between negative and positive outcomes of exposure to and struggle with traumatic events remain unclear. Some researchers found a significant positive relationship (Hall et al., 2010), others reported a

negative relationship (Frazier et al., 2001), and yet others documented no relationship at all (Widows et al., 2005). Similarly, there is no consensus regarding the relationship between PTG and other indications of quality of life. Sleijpen and colleagues (2016) suggested that conflicting findings regarding PTG might imply that a curvilinear relationship exists between PTG and PTSD. A comprehensive review of empirical findings regarding changes in personality following adversity by Jayawickreme and colleagues (2020) provided a critique of current research about PTG, identified challenges and questions that researchers of PTG should consider, and recommended research practices for enhancing and improving it, possibly helping clarify some of the inconsistencies in findings. Specifically, longitudinal or prospective (rather than cross-sectional) research would allow the development of more nuanced knowledge about processes that allow PTG, mechanisms that enable and promote it, and interventions that are effective in fostering it in diverse population groups and contexts.

Correlates of PTG

Multiple factors shape the experience of and reactions to traumatic exposure, including the potential for growing from the struggle with it. Three main factors relate to the WHAT, the WHO, and the WHERE and WHEN of the traumatic event. The WHAT refers to the event that activates the trauma reaction and its nature. This includes whether the source is internal or external and is humane-made or nature made, if the event is developmental or circumstantial, its frequency (one time, recurrent or chronic), duration, valence, predictability, and intensity (Luhmann et al., 2020). “The more ‘seismic’ an experience is, the more one is caused to question fundamental assumptions and schemas regarding safety, predictability, identity, and meaning.” (Calhoun & Tedeschi, 2013, p. 137). Additional relevant dimensions of the traumatic exposure are if it was direct, e.g., the person was actually where the road accident, earthquake, war, homophobic or racist attack occurred, or vicarious, i.e., the impact was generated via intensive affiliation with the direct victim because of family or social ties (e.g., a wife, child, parent, relative or friend of a wounded veteran) or professional role (e.g., therapist, medical personnel, or first responder).

The WHO connotes whether the exposure was by an individual, a couple, a family, a community, or an organization and what were the pre-trauma characteristics and history of those involved. Such characteristics include age, gender, personality traits (e.g., optimism, extraversion, bravery, self-efficacy, fortitude, mindfulness, emotion regulation, religiosity/spirituality, and perseverance), coping and attachment styles, and systemic structural aspects (Gleeson et al., 2021; Schmidt et al., 2019; Wu et al., 2019). For example, younger trauma survivors tend to experience greater PTG as do women, those employing problem (rather than emotion)-focused coping, persons with secure attachment, higher education, and more stable employment. However, these findings vary across types of traumatic exposure (Chan et al., 2016).

The WHERE and WHEN indicate the socio-political-cultural context within which the stressor event occurred including the availability and reception of and satisfaction with social support from different sources (e.g., partners, family members, friends), which is one of the most robust predictors of PTG (Schmidt et al., 2019; Tedeschi et al., 2017). While the universality of the phenomenon of PTG has been recognized and documented, its particular dimensions, meanings, manifestations, and impacts are culture-specific as societal values and narratives color coping with adversity. Both proximal (i.e., immediate

primary formal and informal reference groups) and distal (i.e., the community and larger society) socio-cultural political context within which the trauma is experienced impact on whether PTG develops, if it is acceptable to report it and what are its nature, manifestations, and correlates. Consequently, the general experience of growth, its specific features, and predictors vary across cultures and sub-cultures. Later chapters in the book are dedicated to addressing each of these correlates in depth.

How This Book Was Developed

I was first introduced to the concept of PTG in the late 1990s and it had an immediate appeal to me because of its compatibility with my personal and professional tendency to see what IS rather than what IS NOT. I have been involved in researching, teaching, and training in the field domestically and internationally ever since. Thus, the idea of editing a book on PTG was a natural next step. There are multiple developments in the world that make the subject of PTG relevant, including pandemics, life-threatening illnesses, global military conflicts, wars, oppression, human rights abuses, and inequalities. The *Routledge International Handbook of Posttraumatic Growth* has been conceived during one of the most stressful times that the world has known in recent memory, which some described as a world on fire. “Traditional” (hurricanes, earthquakes, technical accidents) and climate-change-caused collective catastrophes (extreme floods, heat, fires, and nature imbalance) as well as the global health crisis due to the COVID-19 pandemic intersected with extensive socio-political protests in multiple countries such as demonstrations to fight racism in the US, speaking out against racial injustice and calling for systemic reform in Hong Kong, France, the Middle East, and other parts of the world increase the need for the multidisciplinary understanding of processes leading to human growth, agency, commitment, and positive developmental trajectories as well as salient and multiple underlying mechanisms enhancing PTG.

I was intrigued by the opportunity to collaborate globally with those who focus on understanding and facilitating PTG following the struggle with such traumatizing stressors. The goal was to make this book as current and as inclusive as possible and to provide readers with a comprehensive reference book that synthesizes cutting-edge knowledge about theoretical perspective, empirical findings, practice and policy implications as well as future directions. The book is intended to equip academics, researchers, postgraduates, and practitioners with the most current culturally-sensitive theoretical and practice knowledge regarding PTG. The knowledge would also be important to professionals in low-income societies, the UN, World Bank, and human rights organizations.

To create a handbook that “casts a broad net,” I invited a diverse group of scholars, practitioners, and researchers from across the globe with different affiliations and scholarly foci and who are in different stages of their academic and professional journeys. This generated a choir that includes versatile voices about all aspects of PTG in relation to all types of traumatic exposure in all parts of the world. Contributors to this volume are diverse in multiple ways. They vary in their racial, ethnic, cultural, and personal backgrounds, they are different in their professional disciplines and the theoretical perspectives that guide their approaches to the topic, they are well-established renowned central figures in the field whose work is represented in the citations throughout the literature, mid-career, and emerging authors and they vary in their opinions regarding the construct of PTG. This diversity contributes to the creation of a tapestry that is rich,

multifaceted, inclusive, and colorful in understanding PTG. This interdisciplinary collective effort produced a volume that reflects what we know about PTG of human systems big and small that include individuals, couples, families, communities, and organizations in the aftermath of various nature-made and human-made stressors, in different socio-cultural contexts, at all developmental stages.

To make sure that it reflects the state of the art of knowledge in the field of PTG, the book was developed from the ground up. Rather than prescribing specific PTG-related topics, scholars who have published or presented about PTG were contacted and invited to contribute chapters based on the work that they are currently doing or have recently done relative to PTG. This open approach generated a rich fabric of current conceptual, empirical, and clinical knowledge. Further, it allows providing access to content that is often not accessible to readers, especially those in the North-Western culture. For example, by relying heavily on non-English resources, Zara and Akbudak present and illustrate PTG in survivors of child, early, and forced marriages.

The Structure of the Book

This book includes chapters that reflect the aforementioned aspects of PTG and their impact on the probability and the nature of PTG as well as its outcomes. The first section introduces issues related to illusory versus constructive PTG, the role of gender, race, and ethnicity in PTG, and some of the critiques regarding the concept and directions for necessary future research. The following sections include chapters that analyze PTG through individual and relational lenses in those who are impacted directly or vicariously due to personal or professional relationships. For example, chapters are dedicated to direct PTG in various age groups and following different stressors as well as to vicarious PTG in those affiliated with them personally or professionally. Regarding the WHAT is PTG, authors discuss the process following the struggle with stressors such as life-threatening and chronic diseases, the COVID-19 pandemic, racial and sexual discrimination, war related-traumas, genocide, infertility, traumatic loss, parenting a child diagnosed with Autism Spectrum Disorder, domestic violence, earthquake, and other natural disasters. Relative to the WHO grows following the struggle with traumatic exposure, chapters address PTG in individuals as well as relational systems of all sizes including couples, families, communities, and organizations. Consistent with the theoretical conceptualizing of trauma and its impact on child development and resilience by life span developmental theories (e.g., Masten & Wright, 2010), authors discuss PTG in diverse stages of the developmental cycle, i.e., unique age-specific characteristics, processes, preconditions, and outcomes in different ages including childhood, youth, emerging adulthood, adults and older adults.

That the discussion of PTG occurs in various ages and in diverse cultural contexts, adds a dimension of intersectionality to the examination of the role of multi-dimensional positioning in PTG. From the WHERE and WHEN perspectives, cultural representativeness is reflected in three ways. First, by global authorship. Authors from Australia, Canada, China, England, Greece, Hong Kong, India, Israel, Japan, New Zealand, Poland, Scotland, South Africa, Turkey, the USA, and Zimbabwe wrote about PTG in their unique contexts. Second, a specific chapter is dedicated to understanding and illustrating how and why cultural scripts impact the conceptualization of PTG, its correlates, and strategies to enable/foster it. Finally, four chapters are focused on discussing PTG in diverse cultural contexts while understanding cultural aspects is embedded in additional chapters in various parts of the book.

Chapters also vary in their nature. Some emphasize conceptual issues related to PTG, others concentrate on research and reporting empirical findings, and yet others focus on practice and policy implications. For example, Whitney and Taku discuss PTG and illusory growth, Ogińska-Bulik and Juczyński highlight issues of measuring VPTG and present an innovative scale to assess it, Ai and Sabuncu provide a critical review of studies about PTG in cardiac patients and Paul presents a case example of PTG in the context of infertility. While they vary, all authors provide the reader with a rich picture and highlight aspects of PTG relevant to the population, context, and types of events based on contemporary theoretical, empirical, and practical knowledge regarding PTG.

The process of developing this volume was both a pleasure and an educational journey. While I thought that after two decades of researching, writing, teaching, and training on PTG, I know a lot, authors were able to expand my understanding and illuminate for me new and intriguing corners of the field and for this, I am humbled and extremely grateful. I hope that readers will find the book as informative, interesting, and helpful as I experienced while developing it.

Clusters and Gaps in the Current Knowledge about PTG

The structure of the book reflects the state of knowledge about PTG as well as the gaps in it. The process of mapping the knowledge and seeking to identify authors and the analysis of a recent comprehensive book by pillars in the field who summarized the theory, research, and practice implications of PTG (Tedeschi et al., 2018) revealed three major areas, which require further development. They are additional traumatic stressors, socio-cultural contexts, and effective interventions for enabling and fostering PTG. *Additional traumatic stressors.* In spite of a deliberate effort to identify and recruit chapters that are diverse and although PTG has increasingly been acknowledged, addressed, and studied, knowledge about PTG in relation to diverse stressors is uneven. Thus, a disproportionate body of currently available research about PTG is in relation to diseases and medical conditions (specifically cancer) whereas knowledge about PTG in immigrants, veterans, prison guards, survivors of rape, sexual assault, torture, and additional stressors is relatively skim and sometimes absent. *Socio-cultural context.* Most chapters were written by North Western authors whereas information about the conceptualization, meaning, applicability, characteristics, and correlates of PTG in other cultures is limited at best or totally absent. An intensive search for writers about PTG in Africa, South America, Eastern Europe, and the Arab world yielded a thin body of knowledge and a limited response to the invitation to contribute chapters. Knowledge about PTG in first nations people around the globe and in the context of different religions is also limited. Although the book includes chapters about the religious and spiritual aspects of PTG (Chapter 6) and about the importance of culture in PTG (Chapter 9), more specific knowledge in this field is very much needed. *Interventions.* Knowledge is relatively sparse regarding effective strategies for enabling and fostering PTG. The field could benefit greatly from more knowledge about micro and macro programs and policies designed to enable and possibly enhance PTG. To the degree that it exists, authors tend to discuss this topic within the context of addressing other issues rather than focusing exclusively on interventions. Thus, while Part 7 that addresses interventions for facilitating PTG may appear to be rather meager, content regarding effective strategies to enable and facilitate PTG as they apply to the particular respective traumas is interwoven in multiple chapters throughout the book. For example, in her

chapter about perinatal bereavement, Thomadaki introduces and illustrates the expert companion; similarly, in his discussion of serving survivors of the Gukurahundi genocide in Matabeleland, Zimbabwe, Dumisani Maqeda Ngwenya explains and illustrates the application of the Tree of Life (TOL) workshop; Zara and Akbudak point to therapies that can help survivors change trauma-related negative schemas, Hussain and Bhushan discuss cognitive-emotional regulation strategies in facilitating growth in Tibetan refugees, and LaRocca discusses potentially effective interventions with veterans. However, to the degree that such content is addressed, it is mostly encapsulated in the discussion of PTG following specific traumatic experiences rather than independently. The aforementioned gaps in the existing knowledge as manifested in the chapters of the current book point to topics that require further development and suggest directions where scholars should focus future research.

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