

## HEALTH, ENVIRONMENT, DEVELOPMENT

## THEORETICAL APPROACHES TO UNDERSTANDING POSTTRAUMATIC GROWTH IN CONTEMPORARY PSYCHOLOGY

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**Summary**

This article provides an analytical overview of theoretical approaches to posttraumatic growth (PTG) in contemporary psychology. Drawing on peer-reviewed Ukrainian and international research, it traces the development of PTG as a psychological concept, from its origins in positive psychology to its current multidimensional models. The paper examines key definitions, conceptual boundaries, and the relationship between PTG, trauma, and posttraumatic stress disorder (PTSD). It highlights the principal theoretical frameworks, including cognitive-existential, developmental, and narrative approaches, and evaluates their contributions to understanding the mechanisms underlying PTG. The review identifies core psychological factors associated with PTG, such as meaning-making, cognitive restructuring, resilience, and the role of social support. Special attention is paid to methodological challenges in PTG research, including reliance on self-report measures, the distinction between perceived and actual growth, and the need for longitudinal designs. The analysis also considers the cultural and contextual influences shaping PTG, emphasizing the importance of accounting for socio-historical conditions and collective experiences, particularly in societies affected by large-scale crises. The article concludes by outlining research gaps and recommending future directions for the development of empirically grounded, culturally sensitive PTG models that can inform both theoretical discourse and applied psychological practice.

**Key words:** posttraumatic growth, trauma, PTSD, psychological factors, resilience.

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**1. Introduction**

Posttraumatic Growth (PTG) is a phenomenon that arises from an internal transformation following trauma: individuals do not merely revert to their pre-trauma level of functioning but instead achieve a qualitatively elevated psychological state. The development of this concept is historically associated with the pioneering work of Tedeschi and Calhoun, who studied veterans, disaster survivors, and other impacted populations, and created the Posttraumatic Growth Inventory (PTGI) as its measurement instrument (*Tedeschi & Calhoun, 1996, 2004*).

For decades, psychological perspectives on trauma emphasized pathology and loss. However, contemporary literature increasingly focuses on the positive aftermath of trauma, highlighting growth that emerges from crisis rather than merely resilience or adaptation. Recent

studies point to PTG as part of a broader continuum of post-traumatic well-being, stressing the importance of distinguishing it from resilience, positive adaptation, or psychological immunity (Hyun *et al.*, 2021; Del’Osso, 2022).

Several theoretical frameworks propose different lenses for understanding PTG. The functional–descriptive model emphasizes the role of cognitive restructuring in growth (Tedeschi & Calhoun, 1996, 2004). Existential–humanistic perspectives highlight meaning-making in the wake of trauma, while biopsychosocial approaches interpret PTG as the result of interactions among biological, psychological, and social factors (Christopher, 2004). Recent integrative work also suggests possible neural mechanisms, with studies showing electrophysiological correlates that distinguish PTG from resilience and PTSD (Glazebrook *et al.*, 2023).

This diversity demonstrates that PTG is a complex, multidimensional construct that cannot be confined to a single paradigm. The lack of synchronized definitions, inconsistent terminology, and conceptual discrepancies underscores the need for comparative and integrative models of PTG.

Purpose of the article: to systematize and compare the leading theoretical approaches to understanding posttraumatic growth, in order to identify their similarities, differences, strengths, and limitations.

Objectives:

- To outline the historical origins and main definitions of PTG.
- To examine in detail key theoretical models: cognitive–transformational, existential–humanistic, biopsychosocial, etc.
- To analyze how each approach explains the internal structure of the phenomenon.
- To identify gaps, contradictions, and promising directions for further research.

## 2. Historical and Theoretical Background of Posttraumatic Growth

The construct of posttraumatic growth (PTG) took shape in the mid-1990s as an attempt to describe systematic positive psychological changes that emerge from the struggle with events that radically disrupt one’s assumptions about self and world. R. G. Tedeschi and L. G. Calhoun proposed an operational definition of PTG and developed the 21-item Posttraumatic Growth Inventory (PTGI), which captures five domains of change: new possibilities, relating to others, personal strength, spiritual change, and appreciation of life (Tedeschi & Calhoun, 1996, 2004). In subsequent work the authors emphasized that PTG is not a mere “return to normal,” but the outcome of deep cognitive restructuring during meaning-making in the aftermath of trauma (Tedeschi & Calhoun, 2004).

Early explanatory frameworks for PTG drew on theories of meaning-making and the reconstruction of core assumptions. In C. L. Park’s model, the shift from intrusive to deliberate rumination plays a central role in integrating the event into one’s meaning system, thereby enabling the qualitative shifts captured by the PTGI (Park, 2010). A humanistic-positive perspective by S. Joseph and P. A. Linley conceptualizes PTG as an opportunity for personal development through confronting fundamental threats, highlighting the role of “organismic valuing” of experience (Joseph & Linley, 2006). In parallel, the two-component model by A. Maercker and T. Zoellner distinguishes constructive (authentic) growth from “illusory” growth understood as a potentially self-protective positive reconstruction that may mask unresolved distress (Maercker & Zoellner, 2004). A complementary lens is provided by the Conservation of Resources (COR) theory, which posits that spirals of resource loss and gain particularly social support shape overall adaptation as well as the likelihood of PTG (Hobfoll, 1989, 2011).

PTG and psychological trauma. In clinical usage, trauma denotes exposure to events of exceptional threat involving threatened or actual death, serious injury, or sexual violence or repeated occupational exposure to their consequences (*American Psychiatric Association, 2022; World Health Organization, 2019*). Trauma is a condition of risk, but it does not determine the emergence of either PTSD or PTG.

Posttraumatic stress disorder is a clinical syndrome with well-defined diagnostic clusters (re-experiencing in the “here-and-now,” avoidance, and heightened threat/arousal), whereas PTG refers to positive changes in meaning systems, relationships, and a sense of personal efficacy. PTG may occur in the absence or presence of PTSD; meta-analytic evidence indicates a small and often nonlinear (U-shaped) association, with the highest PTG frequently observed at moderate levels of distress (*Shakespeare-Finch & Lurie-Beck, 2014; Tedeschi & Calhoun, 2004*).

In this context, resilience is a process of relatively rapid restoration of everyday functioning after a significant stressor without the necessity of deep restructuring of beliefs or identity. Operationally, it presents as maintaining (or swiftly regaining) the capacity to meet social and occupational role demands, sustain relationships, and regulate emotions through adaptive coping strategies, access to resources, and social support. Unlike PTG, resilience does not entail qualitative transformation of meanings: the person may experience transient distress, yet their overarching “life coordinate system” ultimately remains essentially intact (*Bonanno, 2004; Masten, 2001*).

Meta-analytic reviews consistently document a weak and often nonlinear relationship between the severity of posttraumatic distress and levels of PTG, supporting the relative autonomy of these constructs (*Shakespeare-Finch & Lurie-Beck, 2014*). Against this backdrop, there is growing emphasis on multimethod assessment: combining self-reports of outcomes (PTGI) with indicators of meaning-making processes such as types of rumination measured by the Event-Related Rumination Inventory (intrusive vs. deliberate) and with behavioral/longitudinal indicators to distinguish authentic change from illusory growth (*Cann et al., 2011; Jayawickreme & Blackie, 2014*).

The historical and theoretical evolution of posttraumatic growth delineates it as a distinct, process-dependent phenomenon that arises not from simple functional recovery but through sustained meaning-making: the deconstruction and subsequent reconstruction of core assumptions, the re-evaluation of values, and the integration of experience into a new autobiographical narrative. In contrast to traumatic exposure (which denotes the event) and PTSD (which specifies a syndrome characterized by particular symptom clusters and impairment), PTG indexes qualitative shifts in worldview, relationships, and felt capability; and unlike resilience, which reflects the preservation or rapid restoration of functioning without deep reorientation of meanings, PTG signifies transition a movement toward new ways of seeing self and world. Empirical findings on the weak and often nonlinear linkage between distress and PTG reinforce their relative independence and justify multimethod evaluation combining self-report with behavioral and long-term indicators to differentiate authentic transformation from its illusory forms (*Shakespeare-Finch & Lurie-Beck, 2014; Jayawickreme & Blackie, 2014*).

### 3. Theoretical Approaches to Understanding Posttraumatic Growth

Contemporary theorizing converges on the idea that posttraumatic growth (PTG) is not a mere absence of distress but a qualitative reorganization of meanings, commitments, and identity that can follow profound disruption. The approaches below differ in the mechanisms

they foreground cognitive accommodation, existential meaning, narrative reconstruction, and the social-contextual resources that scaffold change but they are complementary rather than competing, and together specify when and how growth is most likely to emerge.

Cognitive-transformational account (Tedeschi & Calhoun). Tedeschi and Calhoun's formulation begins with the premise that highly stressful events destabilize the "assumptive world," prompting intensive cognitive work aimed at restoring coherence (Tedeschi & Calhoun, 1996, 2004). Two forms of post-event thinking are central: intrusive rumination, which is uncontrolled and distressing, and deliberate rumination, which is purposive and reflective (Cann et al., 2011). PTG is theorized to arise when intrusive cycles give way to deliberate meaning-making that accommodates rather than merely assimilates the experience i.e., core beliefs are updated rather than defended. The Posttraumatic Growth Inventory (PTGI) operationalizes five domains that typically register change new possibilities, relating to others, personal strength, spiritual change, and appreciation of life and remains the field's benchmark outcome measure (Tedeschi & Calhoun, 1996). Importantly, this account predicts that growth is most likely when cognitive disruption is substantial enough to require belief revision yet buffered by resources (e.g., support, regulation skills), a pattern consistent with evidence that PTG often peaks at moderate levels of distress rather than at extremes (Shakespeare-Finch & Lurie-Beck, 2014).

Existential-humanistic account (Frankl; logotherapy). From an existential perspective, traumatic disruption forces confrontation with the "tragic triad" of suffering, guilt, and mortality; growth is possible when individuals choose an attitude that reorients life around personally discovered meanings (Frankl, 1959/2006). Meaning functions as a primary motivational force: values are clarified, priorities are reprioritized, and self-transcendence can reframe suffering as a site of purpose. Empirically, this lens aligns with work showing that meaning-making and the presence of meaning are prospectively associated with better adjustment after adversity and with higher PTG (Park, 2010). Conceptually, the existential account adds a normative direction to cognitive change: accommodation is not only structurally coherent but axiologically guided.

Narrative and interpretive account. Narrative approaches treat PTG as a process of reconstructing the life story such that the traumatic chapter is integrated rather than cordoned off (McAdams, 2001; Adler et al., 2016). Mechanistically, narrating and re-narrating experience whether in dialogue or through expressive writing can reduce disorganizing arousal, foster temporal and causal coherence, and support new identity commitments (Pennebaker & Seagal, 1999). This work dovetails with the cognitive account: deliberate rumination provides raw material for narrative reconfiguration, and the content of stories (e.g., redemption sequences, themes of agency/communion) tracks changes captured by PTGI domains. Methodologically, narrative coding schemes and longitudinal text analyses complement self-report by indexing how people talk about change, thereby addressing concerns that some reports of growth reflect self-enhancement or demand characteristics rather than durable transformation (Jayawickreme & Blackie, 2014).

Integrative and resource-sensitive models. Integrative models explicitly link cognitive, emotional, social, and behavioral layers. Shattered-assumptions theory specifies the initial cognitive injury that necessitates accommodation (Janoff-Bulman, 1992, 2010). The Janus face model distinguishes constructive (authentic) growth from illusory growth, the latter reflecting defensive positivity that can co-occur with unresolved distress (Maercker & Zoellner, 2004). The Conservation of Resources (COR) theory situates PTG in resource dynamics: losses trigger spirals of further loss unless countered by resource gains (e.g., social support, mastery experiences), which enable the sustained effort required for meaning-making and identity change (Hobfoll, 1989, 2011). Finally, the organismic valuing theory proposes that, given a supportive

context, individuals are intrinsically oriented toward positive accommodation integrating threat-consistent information while moving toward personally valued directions (Joseph & Linley, 2006). Together, these accounts predict heterogeneity across individuals and cultures (e.g., variation in valued domains of growth) and underscore the need to model time (growth as a trajectory) and context (resources and constraints) rather than treating PTG as a static trait.

Synthesis. Across approaches, PTG is best understood as a multi-determined process in which profound disruption initiates cycles of cognitive work, existential evaluation, and narrative reconstruction, all scaffolded (or impeded) by social and material resources. The field's central measurement implication follows directly: PTG should be assessed multimethod and longitudinally pairing PTGI (outcome) with process indicators (e.g., intrusive vs. deliberate rumination), narrative markers of integration, and contextual resources, in order to distinguish authentic, behaviorally instantiated change from illusory positivity (Tedeschi & Calhoun, 1996, 2004; Cann et al., 2011; Maercker & Zoellner, 2004; Hobfoll, 2011; Jayawickreme & Blackie, 2014).

Table 1

Comparative overview of theoretical approaches to Posttraumatic Growth

| Approach                   | Core idea (driver)                                                                   | Key processes                                                                                                                  | Primary targets of change                                                                                      |
|----------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Cognitive-transformational | Trauma shatters core assumptions; growth via <b>accommodation</b> of beliefs         | Shift <b>intrusive</b> <b>deliberate</b> rumination; meaning-making; schema revision                                           | PTGI domains: new possibilities; relating to others; personal strength; spiritual change; appreciation of life |
| Existential-humanistic     | Growth when suffering is oriented by <b>chosen meaning/values</b>                    | Meaning discovery/creation; attitude choice; value clarification; self-transcendence                                           | Reprioritized values/purpose; broadened life orientation                                                       |
| Narrative-interpretive     | PTG as <b>life-story reconstruction</b> integrating trauma into identity             | Storying/re-storying; coherence building; agency/communion (redemption) themes                                                 | Coherent autobiographical narrative; strengthened identity commitments                                         |
| Integrative models         | PTG as <b>multi-layer</b> change shaped by cognition, affect, resources, and context | Assumption repair; distinguish <b>authentic vs. illusory</b> growth; resource loss/gain dynamics; autonomy-supportive contexts | Durable value/behavior shifts; mastery/self-efficacy; relational functioning                                   |

The discussion of these approaches demonstrates that, in contemporary psychology, PTG is viewed not as an automatic individual process but as the outcome of a complex interplay of cognitive, existential, narrative, and social factors.

#### 4. Key Psychological Factors and Conditions of Posttraumatic Growth

**Social Support.** Social support is widely recognized as one of the strongest predictors of posttraumatic growth (PTG), a finding consistently supported by meta-analyses (Brewin et al., 2022). In studies of healthcare professionals exposed to secondary traumatization, higher levels of support from colleagues and family were positively associated with secondary PTG (SPTG). Cognitive processing emerged as a mediating factor in this relationship, highlighting the importance of both interpersonal and intrapersonal mechanisms.

**Cognitive Processing of Trauma.** Positive coping strategies such as cognitive reappraisal, acceptance, and planning serve as key mechanisms of growth. In healthcare populations, this mediation is often complete: without positive cognitive processing, the link between social support and growth becomes nonsignificant (*Schubert et al., 2016*). These cognitive practices facilitate the integration of traumatic experiences into new psychological structures, thereby creating conditions for the development of PTG.

**Hope and Optimism.** Hope functions as a moderator in channeling anxiety and perceived threat toward growth rather than distress. For example, research conducted on a Czech population during the Russia–Ukraine war showed that high levels of hope amplified the positive impact of anxiety and perceived threat on PTG, even though hope did not directly enhance well-being (*Kotera et al., 2023*).

**Personal Resources: Resilience, Belief in a Just World, and Empathy.** Reviews indicate that PTG is strongly linked to internal resources such as resilience, empathy, and belief in a just world (BJW). Social support may foster PTG not only directly but also indirectly by strengthening BJW and empathy, which in turn contribute to greater social engagement and prosocial behavior (*Dalbert & Prieß, 2019*).

**Age, Sociocultural, and Life Contexts.** Research on Ukrainian citizens, including educators and students during wartime, demonstrated that the dynamics of PTG vary across the lifespan. Older participants more frequently reported growth in domains of values and relationships, whereas younger individuals showed more dynamic and fluid manifestations of growth, particularly in recognizing new possibilities (*Banić, 2023*). These findings underscore the interaction between developmental stage, cultural context, and growth trajectories.

**Impact of Psychotherapy and Models of Growth.** Structured therapeutic interventions can actively facilitate PTG. Klymchuk (2016), for instance, proposed a psychotherapy model encompassing five stages: harvesting hope, re-authoring life narratives, identifying change, valuing change, and expressing change in action. Such models illustrate how deliberate therapeutic processes can intentionally foster posttraumatic growth by combining cognitive, emotional, and behavioral dimensions of healing.

Table 2

**Key Factors of Posttraumatic Growth**

| Factor               | Description                                                                  | Role in PTG                                                                                                  |
|----------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Social Support       | Emotional and practical help from family, peers, and colleagues.             | Strong predictor of PTG; fosters growth directly and indirectly via cognitive processing.                    |
| Cognitive Processing | Strategies such as reappraisal, acceptance, and planning.                    | Mediates the link between support and growth; integrates trauma into new meaning structures.                 |
| Hope & Optimism      | Future-oriented positive expectations and motivation.                        | Moderates the effect of anxiety and threat, channeling them toward growth rather than distress.              |
| Personal Resources   | Internal capacities such as resilience, empathy, and belief in a just world. | Provide a foundation for growth; enhance prosocial engagement and social activity.                           |
| Age & Context        | Developmental stage, sociocultural background, and life circumstances.       | Shape the form and dynamics of PTG; older individuals emphasize values, younger highlight new possibilities. |
| Psychotherapy        | Structured interventions (e.g., re-authoring, valuing change).               | Can intentionally activate PTG processes through guided therapeutic work.                                    |

PTG is not a passive process of occurrence but rather the outcome of active interaction between social support, trauma appraisal, internal resources, and psychotherapeutic interventions.

## 5. Critical Analysis of Theoretical Approaches

Although the concept of posttraumatic growth (PTG) has gained substantial popularity, scholarly debate highlights several methodological, conceptual, and ethical limitations that complicate its interpretation.

Measurement remains a central issue: most studies rely on retrospective self-reports (e.g., PTGI), which cannot adequately distinguish between genuine and illusory growth. Jayawickreme and Blackie (2022) argue that reported changes often reflect a motivational attempt to restore meaning to adversity rather than authentic transformation. Boals (2023) similarly emphasizes that perceived PTG occurs more frequently than actual growth, functioning largely as a coping mechanism.

The “Janus Face” model addresses this tension by distinguishing between genuine and illusory PTG, yet critics note that without precise instruments this framework remains overly simplistic (Zoellner & Maercker, 2006).

Another significant limitation concerns the scarcity of longitudinal data. As Blackie and Jayawickreme (2022) demonstrate, long-term studies show minimal personality change following trauma, despite frequent self-reported PTG. This raises doubts about PTG as a stable marker of personality transformation (*Psychology Today*, 2023).

Methodological biases further complicate findings. Cognitive distortions such as downward comparison bias, positive selective attention, and socially desirable responding contribute to inflated PTG estimates in self-reports (Gower *et al.*, 2022). In these cases, perceived growth may serve as a protective mechanism rather than evidence of genuine psychological development.

Cultural limitations are also noteworthy. Core PTG frameworks (e.g., Tedeschi & Calhoun; Joseph & Linley) emerged in Western individualistic contexts, limiting cross-cultural applicability. As Lazarus (1999) and Mesquita (2001) caution, cultural differences in construing trauma and growth affect both measurement validity and theoretical interpretation.

Finally, a paradox remains: is PTG a paradigmatic shift in psychotraumatology or merely an adaptive cognitive strategy without proven long-term effects? Unlike PTSD, which has clear diagnostic criteria, PTG is less formalized, more flexible, and conceptually contested. Taken together, PTG provides a valuable lens for understanding posttraumatic adaptation but calls for integrative models, refined measurement tools, and greater sensitivity to cultural and clinical contexts.

## 6. Conclusions

Summary of key findings. The main theoretical approaches to posttraumatic growth (PTG) cognitive-transformational, existential-humanistic, narrative-interpretative, and integrative models offer distinct yet partially complementary paradigms for understanding the phenomenon. PTG is not a unidimensional process: it emerges at the intersection of cognitive restructuring, meaning-making, narrative identity reconstruction, and social support. Critical mediators and moderators include social support, cognitive processing, internal psychological resources, and therapeutic interventions.

Limitations and critical considerations. Most studies rely on retrospective self-reports (e.g., PTGI), which often fail to capture genuine growth, as perceived PTG may largely be illusory. Cognitive biases such as downward comparison, social desirability, and positive attention can lead to inflated self-reported PTG. Systematic reviews indicate that authentic growth occurs far less frequently than perceived growth and currently has limited empirical support.

Practical and therapeutic implications. In clinical practice, distinguishing between perceived and authentic PTG is crucial. Gestalt therapy can play a significant role in helping clients recognize and differentiate illusory perceptions from genuine psychological changes. Effective therapeutic interventions should incorporate structured methods: fostering awareness, facilitating reflection, re-authoring experience, and actively embodying change in actions (*cf. Klymchuk, 2016*). PTG may represent a pathway to healing, but only if validated by longitudinal assessments of concrete changes.

Recommendations for future research. Future research should emphasize longitudinal designs, such as latent change score models (LCSMs) and experience sampling, to track real changes (*Gangel et al., 2024*). There is a need to develop tools capable of distinguishing authentic from illusory PTG, taking into account cognitive biases and motivational dynamics. Cross-cultural studies, especially outside of WEIRD contexts, are essential to ensure the cultural validity of existing models. A promising direction lies in integrating cognitive, narrative, spiritual, and social components with clinical approaches, particularly within the Gestalt therapy framework.

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