

## THE TRAUMATIC EXPERIENCE FROM POSITIVE PSYCHOLOGY: RESILIENCY AND POST-TRAUMATIC GROWTH

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*The ability of human beings to face and overcome traumatic experiences and even to benefit from them has been generally ignored by mainstream Psychology, which has focused all of its attention on the devastating effects of trauma. Although the experience of a traumatic event is undoubtedly one of the most difficult moments some people must face, it is also an opportunity to take stock of and rebuild one's perspective on the world. This may constitute an ideal time to construct new value systems, as a great deal of scientific studies have shown in recent years. Some people tend to weather hard times with an astounding resiliency, and even faced with extreme events there is a high percentage of people who show great resistance and who survive them psychologically unscathed or with only minimal damage.*

*In this article concepts such as resiliency and post traumatic growth will be examined, concepts that have strongly emerged within Positive Psychology to highlight the human beings' impressive ability to resist and rebuild themselves when faced with the adversities of life.*

**Key words:** resiliency, post-traumatic growth, positive emotions.

*La capacidad del ser humano para afrontar experiencias traumáticas e incluso extraer un beneficio de las mismas ha sido generalmente ignorada por la Psicología tradicional, que ha dedicado todo su esfuerzo al estudio de los efectos devastadores del trauma. Aunque vivir un acontecimiento traumático es sin duda uno de los trances más duros a los se enfrentan algunas personas, supone una oportunidad para tomar conciencia y reestructurar la forma de entender el mundo, que se traduce en un momento idóneo para construir nuevos sistemas de valores, como han demostrado gran cantidad de estudios científicos en los últimos años. Algunas personas suelen resistir con insospechada fortaleza los embates de la vida, e incluso ante sucesos extremos hay un elevado porcentaje de personas que muestra una gran resistencia y que sale psicológicamente indemne o con daños mínimos del trance.*

*En este trabajo se revisan conceptos como la resiliencia y el crecimiento postraumático que han surgido con fuerza dentro de la Psicología Positiva para resaltar la enorme capacidad que tiene el ser humano de resistir y rehacerse ante las adversidades de la vida.*

**Palabras clave:** resiliencia, crecimiento postraumático, emociones positivas.

"The concept of resiliency has put an end to the dictatorship of the concept of vulnerability"

Stanislaw Tomkiewicz, 2001

**T**he interest in understanding and explaining how human beings deal with traumatic experiences has always existed, but it is in the wake of the terrorist attacks that rocked the world in the last few years

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that such interest has strongly re-emerged.

Beyond pathogenic models of health, there are other forms of understanding and conceptualizing trauma. In the immediate aftermath of a catastrophe the majority of experts and the general population focus their attention on the weaknesses of the human being. It is natural to conceive of the person who undergoes a traumatic experience as a victim who will potentially develop a pathology. However, from more optimistic models people are understood as active and strong, with a natural capacity to resist and rebuild themselves in the wake of adversity. This conception falls within the framework of Positive Psychology, which seeks to understand the processes and mechanisms underlying the strengths and virtues of the human being.

The conventional approach to the psychology of trauma has focused exclusively on the negative effects of the event on the person who experiences it, and specifically on the development of post-traumatic stress disorder (PTSD) or associated symptoms. Pathological reactions are considered as the normal form of responding to traumatic events; indeed, people failing to display such reactions have been stigmatized, assumed to be suffering from strange and dysfunctional disorders (Bonanno, 2004). However, the reality is that while some people who experience traumatic situations do develop disorders, in the majority of cases they do not, and some are even capable of learning from and benefiting from the experience.

Concentrating exclusively on the potential pathological effects of the traumatic experience has contributed to the development of a "culture of victimhood", which has seriously biased psychological research and theory (Gillham & Seligman, 1999; Seligman & Csikszentmihalyi, 2000) and led to a pessimistic view of human nature. Two dangerous assumptions underlie this culture of victimhood:

- 1) that trauma always brings with it serious damage, and
- 2) that damage always reflects the presence of trauma (Gillham & Seligman, 1999).

In the field of mental health, it is customary to find schematic ideas about the human response to adversity (Avia & Vázquez, 1999), preconceived ideas about how people react in given situations, generally based on prejudices and stereotypes, rather than on verified facts and data. An example of this is the deep rooted belief in Western culture that depression and intense desperation are inevitable when a loved one dies, or that the absence of suffering after a loss indicates negation, avoidance and pathology.

Such ideas have led to the assumption that the response of people who suffer loss or undergo traumatic experiences is one-dimensional and largely invariable (Bonanno, 2004), and to ignoring individual differences in the response to stressful situations (Everstine & Everstine, 1993; Peñacoba & Moreno, 1998).

A pioneering study by Wortman and Silver (1989), summarizing empirical data, demonstrates that such assumptions are incorrect: the majority of people who suffer irreparable loss do not become depressed, intense reactions of mourning and suffering are not inevitable, and their absence does not necessarily mean that the person has a disorder or will develop one. The point to

be made is that people tend to resist life's onslaughts with remarkable strength, and even in the case of extreme events there is a high percentage of people who show great resistance and who come through them psychologically unscathed or with only minimal damage (Avia & Vázquez, 1998; Bonanno, 2004).

Positive Psychology reminds us that human beings have a great capacity for adapting to and making sense of the most dreadful traumatic experiences, a capacity that has been ignored by psychology for many years (Park, 1998; Gillham & Seligman, 1999; Davidson, 2002). Numerous authors propose reconceptualizing the traumatic experience from a healthier model which, based on positive methods of prevention, takes into account the individual's natural ability to cope, resist and even learn and grow in the most adverse situations (Calhoun & Tedeschi, 1999; Paton, Smith, Violanti & Eräen, 2000; Stuhlmiller & Dunning, 2000; Gist & Woodall, 2000; Bartone, 2000; Pérez-Sales & Vázquez, 2003).

#### REACTIONS TO TRAUMATIC EXPERIENCES

People's reaction to traumatic experiences can vary along a continuum and adopt different forms:

##### *Disorder*

Mainstream psychology has focused chiefly on this aspect of the human response, assuming that anyone exposed to a traumatic situation can potentially develop post-traumatic stress disorder (PTSD) or other pathologies (Paton et al., 2000), and designing early-intervention strategies aimed at all those affected by an event of this nature. However, the percentage of people exposed to traumatic events that develop pathologies is minimal. Moreover, it should be borne in mind that of the percentage of those who in the early months may be diagnosed with some pathology, the majority recover naturally, and in a relatively short time regain their normal level of functioning.

In a study carried out after the attacks on New York on 11th September 2001 it was shown that, while a first assessment made one month after the events recorded a prevalence of PTSD in the general New York population of 7.5%, six months later this figure had fallen to just 0.6% (Galea, Vlahovm, Ahern, Susser, Gold, Bucuvalas & Kilpatrick, 2003), indicating that the vast majority of people had followed a process of natural recovery in which the symptoms disappeared and they returned to a normal level of functioning. It is important to point out in

passing, though here is not the place to deal with this issue fully, how results such as this call into question the true utility of the PTSD diagnosis, since we are talking about a disorder that gradually disappears over time. It may indeed make more sense to think of this prevalence of 7.5% as the reflection of a set of initial reactions that are normal after an extremely adverse event, and which have mistakenly been considered as pathological symptoms and grouped together to convert them into a psychiatric disorder. It is not surprising that a person exposed, directly or indirectly, to a traumatic event should experience nightmares, recurring memories, associated physical symptoms, and so on. The vast majority of affliction and suffering responses experienced and reported by victims are normal, and even adaptive. Insomnia, nightmares, intrusive memories (some of the behaviours and thoughts taken as symptoms of PTSD) reflect normal responses to abnormal events (Summerfield, 1999).

#### ***Delayed disorder***

Some people exposed to a traumatic event and who did not develop pathologies initially may do so much later, even years later. However, such cases are infrequent.

#### ***Recovery***

Traditional psychological approaches have tended to ignore the process of natural recovery; this process initially involves the experience of post-traumatic symptoms or dysfunctional reactions to stress, but over time these disappear. The data indicate that around 85% of people affected by a traumatic experience follow this process of natural recovery and do not develop any kind of disorder (Bonanno, 2004).

#### ***Resiliency or resistance***

Resiliency is a widely observed phenomenon that has traditionally been paid little attention, and which includes two relevant aspects: resisting the event and rebuilding oneself from it (Bonanno, Wortman et al, 2002; Bonanno & Kaltman, 2001). In the face of a traumatic event, resilient people succeed in maintaining a stable equilibrium, so that their performance and everyday life are unaffected. In contrast to those who recover naturally after a period of dysfunctionality, resilient individuals do not experience this dysfunctional period, but rather remain at functional levels in spite of the traumatic experience. This phenomenon is considered extraordinary or characteristic of exceptional people (Bonanno, 2004), and yet there

is a large body of data indicating that resiliency is a common phenomenon among people who have to deal with adverse experiences, and which arises from adaptive functions and processes that are normal in human beings (Masten, 2001).

The accounts of many people reveal that, even having gone through a traumatic situation, they have succeeded in assimilating it and in continuing to manage quite effectively in their environment or context.

#### ***Post-traumatic growth***

Another phenomenon overlooked by theorists of trauma is the possibility of learning and growing from adverse experiences. As in the case of resiliency, research has shown that it is a much more common phenomenon than we might be led to believe, and that many people succeed in accessing latent and unsuspected resources (Manciaux, Vanistendael, Lecomte & Cyrulnik, 2001) in the process of struggle they have had to undertake. Indeed, many survivors of traumatic experiences find paths leading to benefits from their struggle against the abrupt changes that the traumatic event causes in their lives (Tedeschi & Calhoun, 2000).

In sum, what can be deduced from current research on trauma and adversity is that people are much stronger than psychology has considered them to be. Psychologists have underestimated the natural capacity of survivors of traumatic experiences to resist and rebuild themselves (Bonanno, 2004).

The reasons why the positive side of coping with trauma is continually ignored merit some consideration. Some authors maintain that there is a social process of a cognitive nature, called social amplification of risk, involving a general tendency to overestimate the magnitude, scope and duration of others' feelings (Paton et al., 2000; Brickman, Coates & Janoff-Bulman, 1978). This tendency may go some way to explaining the victimhood applied to people who suffer traumatic experiences.

Mental health professionals themselves, on applying indiscriminately diagnostic concepts such as PTSD reflect a view of human beings as detached from the world around them, and seek in the persons themselves all the keys to the disorder. They ignore the influence of external factors in the origin and maintenance of the so-called disorder of post-traumatic stress – that is, the psychosocial dimension of trauma that situates the sufferer in a social context (Blanco & Díaz, 2004), proceeding as though diagnostic categories were negative realities that

have to be explained. Such beliefs would explain the high rates of incidence of PTSD found in some studies.

In this process it is also considered that people who go through a traumatic experience, on being invaded by negative emotions such as sadness, anger or guilt, are incapable of experiencing positive emotions. Historically, the appearance and potential utility of positive emotions in adverse contexts has been considered a less-than-healthy form of coping (Bonanno, 2004) and as an impediment to recovery (Sanders, 1993). Recently, however, research has shown that positive emotions co-exist with negative ones in stressful and adverse circumstances (Folkman & Moskowitz, 2000; Calhoun & Tedeschi, 1999; Shuchter & Zisook, 1993), and can help to reduce the levels of anguish and affliction that follow the experience of such circumstances (Fredrickson, 1998).

In this regard, some studies offer novel and conclusive results. In 1987 a group of people with spinal cord injuries were interviewed at different points after having sustained the crippling injury. The results showed that the experience of positive emotions occurred from the very first days after the accident, these positive feelings being more frequent than negative ones from the third week onwards (Wortman & Silver, 1987).

In two studies carried out by Keltner and Bonanno with the same sample of 40 individuals whose partner had died, it was shown that people who displayed genuine smiles (those in which the orbicular muscle of the eye is activated) on talking about their recent loss presented better functional adjustment, better interpersonal relations and lower levels of pain and anguish 6, 14 and 25 months after the loss (Keltner & Bonanno, 1997; Bonanno & Keltner, 1997).

In another study with 29 survivors of accidents with damage to the spinal cord, it was found that although the victims perceived their situation as relatively negative, they also reported that their feelings of happiness had not disappeared, and that they were considerably stronger than they would have expected (Janoff-Bulman & Wortman, 1977).

In a more recent work on the 11th September attacks on New York (one of the few studies on 11-S that have not focused on pathology and vulnerability), it is explained that the experience of positive emotions, such as gratitude, love or interest, after going through the traumatic event, in the short term increases one's access to subjective positive experiences, stimulates proactive cop-

ing and promotes physiological de-activation, whilst in the long term it minimizes the risk of depression and strengthens one's coping resources (Fredrickson & Tugade, 2003).

All of these studies demonstrate the incontrovertible presence of positive emotions in contexts of adversity and indicate their potential beneficial effects.

## RESILIENCY

Resiliency has been defined as the capacity of persons or groups to continue projecting themselves into the future in spite of destabilizing events, difficult life conditions and traumas that may be serious (Manciaux, Vanistendael, Lecomte & Cyrulnik, 2001).

This concept has been treated differently by French and American authors. Thus, in the French approach, resiliency is related to the concept of post-traumatic growth, based on an understanding of resiliency as being the same as the capacity to come out of an adverse experience unscathed, to learn from it and to improve. The concept of resiliency used by US authors, however, a more restrictive one, refers to the coping process that helps the person to remain intact, distinguishing it from the concept of post-traumatic growth. From the American approach it is suggested that the term resiliency be reserved to denote subjects' homeostatic return to their previous condition, whilst terms such as thriving or post-traumatic growth are used for referring to the obtaining of benefits or to change for the better after the traumatic experience (Carver, 1998, O'Leary, 1998).

The terminological confusion in the use of these words can be attributed to the recency of appearance of the current that studies the potential positive effects of the traumatic experience (Park, 1998), as indeed can the present lack of a standardized vocabulary with which to work and unify interests.

It is important to distinguish the concept of resiliency from that of recovery (Bonanno, 2004), since they represent different processes over time. Thus, recovery implies a gradual return to functional normality, whilst resiliency reflects the ability to maintain a stable equilibrium throughout the process.

Early works on resiliency involved looking at individual behaviours of overcoming adversity that appeared to be isolated and anecdotal cases (Vanistendael, 2001), as well as the developmental study of children who had lived in difficult conditions. One of the first scientific works that promoted resiliency as a research topic was a

longitudinal study over 30 years with a cohort of 698 children born in Hawaii in highly unfavourable conditions. Thirty years later, 80% of those children had developed in a positive way, becoming competent and well-integrated adults (Werner & Smith, 1982; 1992). This study, not actually developed within the framework of resiliency, has nevertheless played an important role in the emergence of the research field (Manciaux et al., 2001). Thus, in contrast to the deep-rooted traditional belief that an unhappy childhood necessarily determines the child's subsequent development towards pathological forms of behaviour and personality, studies with resilient children have shown that there are some scientifically unfounded assumptions, and that a harmed child is not necessarily condemned to be a failure as an adult.

Resiliency, understood as the capacity to maintain adaptive physical and psychological functioning in critical situations, is never an absolute characteristic; nor, once acquired, does it necessarily remain forever. It is the result of a dynamic and developing process that varies according to the circumstances, the nature of the trauma, the context and one's stage of life, and can be expressed in quite different ways in different cultures (Manciaux et al., 2001). As the concept of resistant personality, resiliency is the fruit of the interaction between individuals and their environment. To talk of resiliency in individual terms is a fundamental error: we are not more resilient or less so, as though we had a catalogue of qualities. Resiliency is a process, a becoming, so that it is not so much the person that is resilient as her evolution and the process of structuring her own life story (Cyrulnik, 2001). Resiliency is never absolute, total, achieved once and for all – it is a capacity that results from a dynamic process (Manciaux et al., 2001).

One of the issues that arouses most interest in relation to resiliency is the determination of the factors that promote it, though this aspect has been scarcely studied (Bonanno, 2004). Some characteristics of personality and one's environment have been proposed as being favourable to resilient responses, such as self-confidence and confidence in one's ability to cope, social support, having a meaningful purpose in life, believing that one can influence what goes on around one and believing that one can learn from both positive and negative experiences. It has also been proposed that positive bias in one's perception of oneself (self-enhancement) can be adaptive and promote better adjustment in the face of adversity (Werner & Smith, 1992; Masten, Hubbard,

Gest, Tellegen, Garmezy & Ramírez, 1999; Bonanno, 2004). A study carried out with a civilian population living in Bosnia during the Balkan Wars showed that people with this tendency for positive bias presented better adjustment than those without this characteristic (Bonanno, Field, Kovacevic & Kaltman, 2002).

In studies with children, one of the factors that accumulates most empirical evidence in its positive relationship to resiliency is the presence of competent parents of caregivers (Richters & Martínez, 1993; Masten et al., 1999; Masten, 2001; Manciaux et al., 2001).

In the study carried out by Fredrickson (Fredrickson & Tugade, 2003) after the 11th September attacks on New York it was found that the relationship between resiliency and adjustment was mediated by the experience of positive emotions. These appear to protect people from depression and boost their functional adjustment. In a similar line, research has shown that resilient people conceive of and deal with life in a more optimistic, enthusiastic and energetic way, are curious and open to new experiences, and are characterized by high levels of positive emotionality (Block & Kremen, 1996).

At this point it could be argued that the experience of positive emotions is no more than the reflection of a resilient form of coping with adverse situations, but there is also evidence that these people use positive emotions as a coping strategy, so that we could speak of reciprocal causality. Thus, it has been found that resilient people cope with traumatic experiences using humour, creative exploration and optimistic thinking (Fredrickson & Tugade, 2003).

#### POST-TRAUMATIC GROWTH OR LEARNING THROUGH THE PROCESS OF STRUGGLE

The concept of post-traumatic growth refers to the positive change an individual experiences as the result of a process of struggle undertaken in the wake of a traumatic event (Calhoun & Tedeschi, 1999). For the American current, this concept is closely related to others such as hardiness or resiliency, but it is not synonymous with them, since on talking about post-traumatic growth, those holding this view refer not only to the notion that an individual facing a traumatic situation manages to survive and resist without suffering from a disorder, but also to the idea that the experience triggers a positive change in the person that leads them to a better situation than that in which they found themselves before the traumatic event (Calhoun & Tedeschi, 2000). From the French per-

spective, however, the concepts of post-traumatic growth and resiliency would be equivalent.

The idea of positive change as a consequence of facing adversity is one that already appeared in the existential psychology of authors such as Frankl, Maslow, Rogers or Fromm. Moreover, the conception of the human being capable of transforming the traumatic experience into learning and personal growth has been a central theme for centuries in literature, poetry, philosophy, and so on (Saakvitne, Tennen & Affleck, 1998), but has been ignored by scientific clinical psychology for many years.

It is important to recall that when we speak of post-traumatic growth we are referring to the positive change an individual experiences as the result of a process of struggle undertaken in the wake of a traumatic event, that it is not universal and that not everyone who goes through a traumatic experience finds benefit and personal growth in it (Park, 1998; Calhoun & Tedeschi, 1999).

Research has focused on identifying the personality characteristics that facilitate or impede a development or positive change in the wake of traumatic experiences. Optimism, hope, religious beliefs and extraversion are some of the characteristics that most frequently appear in studies as factors of resistance and growth. Calhoun and Tedeschi (1999; 2000), two of the authors that have contributed most to this concept, divide the post-traumatic growth people can experience into three categories: changes in oneself, changes in interpersonal relationships and changes in spirituality and philosophy of life.

*Changes in oneself:* it is common in people who cope with a traumatic situation to find an increase in confidence in their own capacity to deal with any adversity that may occur in the future. Having managed to cope with a traumatic event, the individual feels capable of dealing with anything that comes along. This type of change may be found in those people who, due to their particular circumstances, have found themselves subject to very strict or oppressive roles in the past, and who through the struggle they undertook against the traumatic experience have achieved unique opportunities to re-orient their lives. These ideas are consistent with works indicating that political and ideological convictions are the main positive factor of resistance in political prisoners and torture victims (Pérez-Sales & Vázquez, 2003).

*Changes in interpersonal relationships:* many people find their relationships with others strengthened in the wake of experiencing a traumatic event. It is common to find thoughts of the type “now I know who my real

friends are and I feel much closer to them than before”. Many families and couples who came through adverse situations together report feeling much more united than before the event. In a study carried out with a group of mothers whose new-born babies suffered from serious medical disorders, 20% of these women reported feeling closer to their families than before, and that their relationship had become stronger (Affleck, Tennen & Gershman, 1985). Also, having coped with a traumatic experience awakens in people feelings of compassion and empathy in relation to the suffering of others and promotes helping behaviours.

*Changes in spirituality and philosophy of life:* traumatic experiences tend to radically shake up the conceptions and ideas on which one builds one’s view of the world (Janoff-Bulman, 1992). This is the commonest type of change. When an individual goes through a traumatic experience he changes his scale of values and tends to appreciate the value of things he previously ignored or took for granted.

Although there is a tendency to assume that the majority of empirical evidence on the existence of resiliency and post-traumatic growth has been based on single-case studies of exceptionally strong or extraordinary people (Masten, 2001), there are indeed systematic studies that analyze large samples and that find results in support of the fact that they are common phenomena. Thus, for example, in a study carried out with 154 women who as children had suffered sexual abuse, almost half of them (46.8%) reported having extracted some benefit from the experience. These benefits could be grouped in four categories, as follows: capacity for protection of one’s children from abuse, capacity for self-protection, increase in knowledge about sexual abuse, and development of a more resistant and self-sufficient personality. This study contradicts the traditional belief that the majority of people who suffer sexual abuse in childhood develop a feeling of helplessness that makes them vulnerable, and suggests that many abused women appear to come out of their experience stronger and better equipped to protect themselves and their children (McMillen, Zurvain & Rideout, 1995). In line with the assertions of the authors cited above about the coexistence of positive and negative emotions, 88.9% of the women who perceived benefits from the experience of sexual abuse also reported perception of damage (Calhoun & Tedeschi, 1999; 2000).

In a retrospective study carried out with 36 survivors of

an oil-rig disaster, interviewed 10 years after the event, it was found that 61% perceived some benefit of their tragic experience, such as improved personal relationships, emotional growth and financial security (Hull, Alexander & Klein, 2002).

Other research has focused on individuals facing serious illnesses and long-term hospitalization. In this context, numerous studies provide solid evidence of the existence of processes of growth or learning. In the work by Taylor, Lichtman and Word (1984), people who had been diagnosed with cancer were asked if they had experienced changes in their life, and what specific changes they experienced. Seventy percent responded affirmatively to the first question, and of these, 60% considered the changes to be positive. In the majority of cases the patients reported having learned to look at life in a different way and to get more enjoyment from it.

In another study, carried out with mothers whose newborn babies had spent a long period in intensive care, 70% of these mothers reported that their marriage had been strengthened by the experience they had undergone (Affleck & Tennen, 1991).

Likewise, it has been shown how many heart-attack victims perceive benefits of their adverse experience (Affleck, Tennen, Croog & Levine, 1987). A study with 287 men who had suffered a heart attack, and whose aim was to assess causal attribution and perceived benefit 7 weeks after the attack and eight years later, showed that those individuals who had perceived benefits after the first attack were less likely to suffer a second attack, and showed better recovery 8 years later. The obvious explanation would be that the patients understood the advantages of a healthy life, but the perceived benefits went much further than that. Many of the patients found that the heart attack had caused them to reconsider their values, priorities and interpersonal relationships. The men who had suffered a further attack in the eight-year period tended to perceive more benefits than those who had not relapsed (Affleck et al. 1987)

People who experience post-traumatic growth also tend to experience negative emotions and stress (Park, 1998). In many cases, without the presence of negative emotions post-traumatic growth does not occur (Calhoun & Tedeschi, 1999). The experience of growth does not eliminate the pain or the suffering; in fact, they usually coexist (Park, 1998, Calhoun & Tedeschi, 2000). Thus, it is important to stress that post-traumatic growth should always be understood as a multidimensional construct –

the individual may experience positive changes in certain areas of life and not experience them, or experience negative changes, in other areas (Calhoun, Cann, Tedeschi & McMillan, 1998).

For many people, speaking of growth after a trauma, of personal gain, is unacceptable or even grotesque or obscene. However, the successful struggle for survival of the human species must have selected mechanisms of adaptation to extremely unrewarding circumstances that bring with them both benefits and costs (Saakvitne et al., 1998).

The nature of post-traumatic growth can be interpreted from two different perspectives. On the one hand, post-traumatic growth can be considered as a result: the subject sets in motion a series of coping strategies that lead her to extract benefit from her experience. On the other, post-traumatic growth can be understood as a strategy in itself, that is, the person uses this search for benefits to cope with his experience, so that it is more of a process than a result (Park, 1998).

Theories that support the possibility of post-traumatic growth or learning adopt the premise that adversity can sometimes lose part of its severity through, or thanks to, cognitive processes of adaptation, which succeed not only in restoring adaptive views of oneself, of others and of the world – which may have become distorted –, but also in encouraging the conviction that one is better than one was before the event. Thus, it has been proposed that post-traumatic growth takes place from cognition, rather than from emotion (Calhoun & Tedeschi, 1999). In this line, the search for meaning and cognitive coping strategies would appear to be critical elements in post-traumatic growth (Park, 1998).

We might ask ourselves at this point about the role of the psychologist. Bearing in mind that, at least for now, post-traumatic growth cannot be created by the therapist according to an established formula or procedure, we must assume that this has to be discovered by the subjects themselves. The psychologist should be capable of perceiving and identifying in each person the different small, early expressions of this growth so as to channel them and help them to develop (Calhoun & Tedeschi, 1999). Not everyone will be able to learn from their traumatic experience, but some will, and admitting this possibility is already a step in the right direction. In clinical practice, however, there is need for the utmost caution, since pressure to perceive benefits may bring feelings of frustration to people who are incapable of

finding such benefits (McMillen, Zuravin & Rideout, 1995).

The possibility of increasing levels of resiliency and growth after going through highly adverse situations is still a grey area for psychology (Bartone, 2000). Indeed, if we were able to understand how and why some people resist and extract benefit from such adverse events, and if we were able to teach this as a skill, the advantages for the world's health system would be enormous (Carver, 1998). There is a need, therefore, for a great effort of empirical research with a view to clarifying the nature of the processes of resistance and growth.

### CONCLUSIONS

Living through a traumatic experience is undoubtedly a situation that changes a person's life, and without wishing to belittle the seriousness and horror of such experiences, we should not overlook the fact that in extreme situations human beings have the opportunity to reconstruct the way they understand the world and their system of values. For this reason, we should build conceptual models capable of incorporating the dialectic of post-traumatic experience and accepting that apparently contradictory elements can coexist.

Psychology is not merely psychopathology and psychotherapy, it is a science that studies human complexity, and should concern itself with all its aspects. There is a need to broaden and reorient the study of the human response to trauma with a view to developing new forms of intervention based on more positive models, focusing on health and prevention, and which facilitate recovery and personal growth. It is a question of adopting a paradigm from a health model that would allow us to conceptualize, study, design and intervene in relation to trauma both effectively and efficiently.

The psychologist's work as seen from the perspective of Positive Psychology should serve to reorient people and help them find ways of learning from the traumatic experience and building on it, taking into account human beings' strength, virtue and capacity for growth.

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