Post Traumatic Growth: Examining an Increase of Optimism Amongst Targets of Bullying in Ireland by Jolanta Burke, Ph.D.



Abstract

raumatic events, such as bullying, may lead to both distress and enhanced levels of well-being. In order to test this theory, a study was carried out to measure optimism in 2,441 participants aged 12-19 across 13 Irish schools, 312 of whom were bullied on a daily basis, whilst the additional 454 experienced perpetration "once a month" or "once a week". The results showed that Targets of bullying scored lower on the level of overall optimism, in comparison to those who have not been bullied. However, further analysis found that young people who experienced bullying on a daily basis reported the highest levels of optimism in negative situations. This result suggests that experiencing bullying may have helped participants develop symptoms of Posttraumatic Growth. The implications of this finding, in relation to therapists, are discussed.

Introduction

It is universally known that experiencing life adversities may lead to an increase of pathologies, such as depression, aggression (Mitchell, Tynes, Umana-Taylor & Williams, 2015), anxiety (Kendler, Hettema, Butera, Gardner, & Prescott, 2003), and suicidal ideation (Serafini et al., 2015). However, what is not often mentioned is that pathologies are not an inevitable consequence of adversities. Studies show that after facing a traumatic event such as illness diagnosis, only 5 to 35

per cent of people experience symptoms of Post-Traumatic Stress Disorder, whilst the vast majority report resilience and even a measure of psychological growth post-trauma (Cordova, 2008; Jospeh, 2011; Kangas, Henry & Bryant, 2002). Trauma is defined as an unexpected, out of the ordinary occurrence that disrupts individuals' personal narratives (Tedeschi & Calhoun, 2006), as opposed to intermittent stress. which may be both manageable and beneficial to individuals (Charney, 2004).

Moreover, research shows that those who experience moderate life adversities appear to be happier than those who have been completely protected (Seery, Holman & Silver, 2010). This may be due to the stress inoculation that occurs when people cope with life challenges, which in turn enhances their self-efficacy and preparedness to tackle subsequent life difficulties. This "positive" side to adversity is often neglected by researchers and practitioners; yet, it has slowly begun to emerge as a field of research within Positive Psychology.

Positive Psychology Perspective

Positive Psychology is a science that aims to study individuals' and groups' positive traits (Seligman & Csikszentmihalyi, 2000), the conditions that contribute to having a good life (Gable & Haidt, 2005), as well as examining the dark side of life that may induce positive



outcomes (Ivtzan, Lomas, Hefferon. & Worth, 2016). Thus, the "positive" in positive psychology does not refer to the promotion of positive thinking and disregard of all that is negative; rather, it examines all life experiences and individual qualities that may serve as a resource for creating positive outcomes. This may include, such factors as life adversities and traumas, as well as potential growth from them. There are many life events that may be considered traumatic, one of them is school bullying (McGrath & Noble, 2003).

Bullying

Bullying is a "repetitive behaviour that is intended to harm and which is characterised by an imbalance of power between a Target and Perpetrator, where it is difficult for the Target to defend himself or herself" (Burke, 2016, p. 12). The effect of bullying can be very traumatic for individuals, as Targets often re-live the disturbing memories of their perpetration (Sharp, 1995), which may lead to increases in experiencing symptoms of depression (Hawker & Boulton, 2000), as well as suicide ideation (Mills et al., 2002; Roland, 2002). However, whilst bullying is associated with increases of ill-being symptoms, such as depression, anxiety and other psychiatric disorders, experiencing ill-being does not automatically exclude the existence of well-being symptoms, such as engagement, sense of achievement, meaning in life, or optimism (Burke & Minton, in press). Therefore, the current study measured one aspect of wellbeing, namely optimism, amongst young people who have been Targets of school bullying.

Optimism

Optimism can be perceived either as a stable personality trait

Dathologies are **f** not an inevitable consequence of adversities.

(Scheier & Carver, 1985) or a thinking style (Seligman, 2006). In the current research, optimism was viewed as a thinking style that individuals can learn over their lifespan. The way people explain the causes of both, their positive and negative life events, makes their thinking style either optimistic or pessimistic. If they explain their life events in a pessimistic way, it can result in experiencing helplessness, inertia, and potential depression. On the other hand, when individuals explain their life circumstances in an optimistic manner, they are more likely to take action to change their situation, gain increased levels of motivation, and experience more symptoms of well-being.

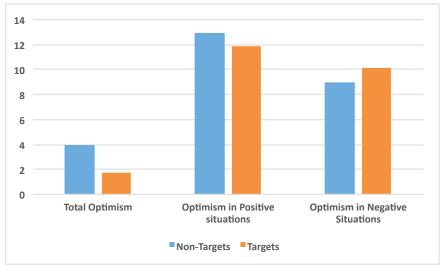
Current Study

The current research was carried out with 2,441 students aged 12-19 from 13 schools across Ireland. It was a part of a larger study, the aim of which was to examine positive psychological

characteristics of students participating in school bullving (Burke, 2016). Bullying was measured using the Corcoran (2013) version of netTEEN questionnaire, which identified the frequency of bullying behaviours, such as verbal and physical abuse, threats, gossip, exclusion, and extortion experienced by participants over 3 months. Optimism, in the current study, was measured using the Children Attributional Style Questionnaire (CASQ: Kaslow, Tannenbaum, & Seligman, 1978).

The participants' overall optimism score was calculated by subtracting individuals' levels of optimism in negative situations from their levels of optimism in positive situations. The result of the study showed that when compared with those who have not been bullied, Targets of bullying scored the lowest in overall optimism, however, they also reported the highest scores in optimism displayed in negative situations (Graph 1).

Since the study identified correlation, rather than causation, there is a possibility that Targets of bullying had higher levels of optimism in negative situation prior to being bullied. However,



Graph 1: Optimism scores for non-Targets and Targets of bullying.



another possibility is that they may have developed optimistic thinking style, as a protective mechanism to "survive" bullying after their perpetration occurred.

In order to test this presupposition, further analysis was carried out, which showed that those who have been bullied daily reported the highest levels of optimism in negative situations compared to those who have been bullied less frequently, or not at all (Graph 2). Therefore, it may suggest that the ordeal of having to bear daily perpetration may have helped Targets advance their life skills, such as optimism, which help them survive their torment. Thus, experiencing bullying may have helped Targets develop more optimistic thinking style in difficult situations. However, further research needs to be carried out to confirm this finding.

Optimism is associated with a belief that Targets of bullying are not to be blamed for being bullied, rather the circumstances and other people, such as their Perpetrators, are responsible for this. Also, optimism is connected with thinking that the bullying situation is only temporary, thus will not last forever. Such a belief may

Optimism is associated with a belief that Targets of bullying are not to be blamed for being bullied.

be particularly useful for Targets of frequent bullying, as it allows them to have hope that all will be resolved, and take steps to change the situation. Finally, optimism is linked to the conviction that Targets have a life outside of being bullied, therefore, they may be haunted by their Perpetrators, yet they might still enjoy their school, engage in activities and have a support of good family and friends. Being able to see bullying as one of many aspects of one's life is an indicator of optimism.

Nonetheless, it needs to be noted that, in the current study, some participants did not share a more optimistic view of their lives in negative situations, and scored lower in this domain than those who have not been bullied. However, on average, young people bullied "once a month", "once a week" and "daily" reported higher levels of optimism in negative situations than those who have not been bullied at all, or have been bullied "once or twice" in the last three months. Their score may be

a sign of Posttraumatic Growth that developed as a result of being bullied.

Posttraumatic Growth (PTG)

There are several models of PTG (e.g. Hobfoll et al., 2007; Joseph & Linley, 2005; Pals & McAdams, 2004). However, the most frequently applied model comes from Tedeschi and Calhoun (2006), according to which people experience "positive psychological changes as a result of the struggle with highly challenging life circumstances" (p.1). These positive changes can be obtained in the following five domains:

1. Perceived changes in self

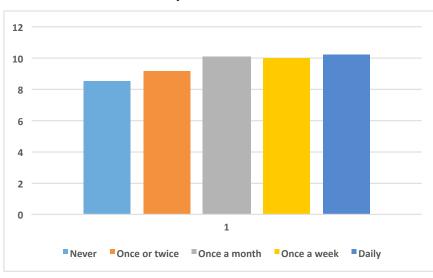
After experiencing an adversity, people report feeling stronger, more confident, more aware of the "authentic" them; in other words, they become a better version of themselves.

2. Improved relationships

Their relationships with people becomes stronger. Some report that the trauma made them realise who their "true" friends are. They also feel a stronger affinity towards people who have gone through similarly traumatic events.

3. Changes in life philosophy

Another important change that might occur in Posttraumatic Growth is that people begin to reflect upon their mortality, as well as meaning and purpose in their lives. This allows them to make meaning from the trauma they experienced. Some talk about the benefits of their trauma and realise their vulnerability in life, as well as the shortness of time.



Graph 2: Optimism in negative situations across frequency of bullying.



4. Altered priorities

Some individuals report that after traumatic events their life priorities have changed. How they want to spend their time and who they want to spend it with might have altered. As a result, they may want to go back to college, enjoy the simple life, change their jobs, spend more time with their family, or appreciate the "here and now".

5. Enhanced spiritual beliefs

Another significant change might occur in their spiritual beliefs. Post-trauma they may return to faith, and engage in spiritual practices. These changes depend on the religion and the culture of individuals undergoing adverse events in their lives.

According to Joseph (2011) approximately 70% of individuals, who have undergone a traumatic event, experience at least one of the PTG symptoms. Moreover, some people may report as many as all the five symptoms, at the same time. Therefore, it is an outcome experienced by majority of people, rather than a selected few. Sadly, researchers and therapists focus predominantly on the negative effects of trauma. This creates an imbalanced view of a person, whose deficits are highlighted, whilst their resources are ignored. Considering that therapists are facilitators for change, it is important that they offer their clients the whole picture of who they are. That said, unless therapists are familiar with the symptoms of PTG, the positive changes that occur in a client might be left unnoticed.

Furthermore, research found that when five minutes prior to the session therapists focus on clients' strengths, such as the symptoms of PTG, they report an improved relationship with a client as well as better therapy outcomes

The emerging I symptoms of well-being can help clients recover faster post-trauma, as well as psychologically flourish.

(Fluckiger, Caspar, Holtforth, & Willutzki, 2009). Therefore, it is critical for therapists to consider PTG symptoms along with clients' deficits.

Also, it is important to note that experiencing Posttraumatic Growth is not exclusive of distress. Therefore, clients may experience both the presence of distress, as well symptoms of growth at the same time, which is why it is crucial that whilst therapists work with clients on reducing their symptoms of ill-being, they also attempt to enhance the symptoms of well-being (Burke & Stephens, in press). The emerging symptoms of well-being can help clients recover faster post-trauma, as well as psychologically flourish.

At the same time, PTG is a like a butterfly, the more it is chased, the more elusive it becomes. Thus, experiencing PTG should not become a therapeutic goal: rather a side effect of a therapeutic journey. Joseph (2011) developed a process that helps evoke PTG, which includes such steps as taking stock of all that has happened to them, harvesting hope, re-authoring their past, identifying change, valuing that change, and expressing their change in action. Therefore, it is important for therapists not only to notice PTG symptoms, but also take steps to improve clients' likelihood of experiencing them.

Conclusions

Taking everything into considera-

tion, depression, anxiety, and other psychiatric conditions are not the only outcomes of traumatic life events, such as bullying. Most individuals are resilient, thus able to bounce back promptly from adversities; furthermore, some experience Posttraumatic Growth that enables them to transform their lives for the better after a traumatic event. The current study showed some preliminary evidence suggesting that such traumatic event as experiences of daily bullying may result in participants enhancing their skills of optimistic thinking in negative situations. Therapists need to be vigilant to positive changes in their clients, not only negative outcomes, as noting such changes may help clients recover from their adversity faster and allow them to subsequently flourish.

References

Brunwasser, S. M., Gillham, J. E., & Kim, E. (2009). A meta-analytic review of the Penn Resiliency Program's effects on depressive symptoms. Journal of Consulting and Clinical Psychology, 77(6), 1042-1054.

Burke, J. (2016). Positive psychology and bullying: Examining well-being, character strengths, and optimism amongst participants of bullying and cyberbullying in Ireland. Doctoral dissertation, Trinity College Dublin, Ireland.

Burke, J., & Minton, S.J. (in press). Re-thinking well-being measures in bullying and cyberbullying research. In C. Mc Guckin & L. Corcoran (Eds.). Bullying and cyberbullying: Prevalence, psychological impacts and intervention strategies. Hauppauge, New York: Nova Science.

Burke, J. & Stephens, E. (in press). Applying positive psychology in sexual addiction therapy. In T. Birchard & J. Benfield (Eds.), The international handbook on sexual addiction. New York, NY: Routledge.

Calhoun, L. G., & Tedeschi, R.



G. (2006). The Foundations of Posttraumatic Growth: An Expanded Framework. In L. G. Calhoun, R. G. Tedeschi, L. G. Calhoun, R. G. Tedeschi (Eds.), Handbook of posttraumatic growth: Research & practice (pp. 3-23). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.

Charney, D. S. (2004). Psychobiological Mechanisms of Resilience and Vulnerability: Implications for Successful Adaptation to Extreme Stress. The American Journal of Psychiatry, 161(2), 195-216. doi:10.1176/appi.ajp.161.2.195

Corcoran (2013). Bullying and Cyberbullying. Doctoral Dissertation, Trinity College Dublin, Ireland.

Cordova, M. (2008). Facilitating posttraumatic growth following cancer. In S. Joseph & A. Linley (Eds.), Trauma, Recovery and growth: Positive psychological perspectives on posttraumatic stress (pp.185-206). Hoboken, NJ: John Wiley & Sons, Inc.

Flückiger, C., Caspar, F., Holtforth, M. G., & Willutzki, U. (2009). Working with patients' strengths: A microprocess approach. Psychotherapy Research, 19(2), 213-223. doi:10.1080/10503300902755300

Gable, S.L., & Haidt, J. (2005). What (and why) is Positive Psychology? Review of General Psychology, 9(2), 103-110.

Hawker, D. S., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: a meta-analytic review of cross-sectional studies. Journal of Child Psychology and Psychiatry, 41, 441-455.

Hobfoll, S., Watson, P., Bell, C., Bryant, R., Brymer, M., Friedman, M., & ... Ursano, R. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. Psychiatry: Interpersonal & Biological Processes, 70(4), 283-315 33p.

Ivtzan, I., Lomas, T., Hefferon, K., & Worth, P. (2016). Second wave positive psychology: Embracing the dark side of life. Abingdon, Oxon: Routledge.

Jospeh, S. (2011). What doesn't kill us: A guide to overcoming adversity and moving forward. London: Little Brown Book Group.

Joseph, S., & Linley, P. A. (2006). Positive therapy: A meta-theory for positive psychological practice. New York, NY, US: Routledge.

Kangas, M., Henry, J.L., & Bryant, R.A. (2002). Posttraumatic stress disorder following cancer - A conceptual and empirical review. Clinical Psychology Review, 22(4), 499-524.

Kaslow, N.J., Tannenbaum, R.L., & Seligman, M.E.P. (1978). The KASTAN: a children's attributional style questionnaire. In S.J. Lopez & C.R. Snyder (Eds.), Positive Psychological Assessment: A Handbook of Models and Measures. Washington DC: American Psychological Association.

Kendler, K. S., Hettema, J. M., Butera, F., Gardner, C. O., & Prescott, C. A. (2003). Life Event Dimensions of Loss, Humiliation, Entrapment, and Danger in the Prediction of Onsets of Major Depression and Generalized Anxiety. Archives of General Psychiatry, 60(8), 789-796. doi:10.1001/ archpsyc.60.8.789

McGrath, H. & Noble, T. (2003). Bounce Back! Teacher's resource book. Frechs Forest, N.S.W.: Pearson Longman.

Mills, C., Guerin, S., Lynch, F., Daly, I., & Fitzpatrick, C. (2004). The relationship between bullying, depression and suicidal thoughts/ behaviour in Irish adolescents. Irish Journal of Psychological Medicine, 21(4), 112-116.

Mitchell, K. J., Tynes, B., Umaña-Taylor, A. J., & Williams, D. (2015). Cumulative experiences with life adversity: Identifying critical levels for targeting prevention efforts. Journal of Adolescence, 4363-71. doi:10.1016/j. adolescence.2015.05.008

Pals, J. L., & McAdams, D. P. (2004). The Transformed Self: A Narrative Understanding of Posttraumatic Growth. Psychological Inquiry, 15(1), 65-69.

Roland, E. (2002). Bullying, depressive symptoms and suicidal thoughts. Educational Research, 44(1), 55-67. doi:10.1080/00131880110107351 Scheier, M. F., & Carver, C. S.

(1985). Optimism, coping, and health:

Assessment and implications of generalized outcome expectancies. Health Psychology, 4, 219-247.

Seery, M.D., Holman, E.A., & Silver, R.C. (2010). Whatever does not kill us: Cumulative lifetime adversity. vulnerability, and resilience. Journal of Personality and Social Psychology, 99, 1025-1041.

Seligman, M.E.P. & Cikszentmihalyi, M. (2000). Positive psychology: An introduction. American Psychologist, 55, 5-14.

Seligman, M. E. P. (2006). Learned optimism: how to change your mind and your life (3rd Ed.). New York: Alfred A Knopf.

Serafini, G., Muzio, C., Piccinini, G., Flouri, E., Ferrigno, G., Pompili, M., & ... Amore, M. (2015). Life adversities and suicidal behavior in young individuals: A systematic review. European Child & Adolescent Psychiatry, doi:10.1007/s00787-015-0760-y

Sharp, S. (1995). How much does bullying hurt? The effects of bullying on the personal wellbeing and educational progress of secondary aged students. Educational and Child Psychology, 12(2), 81-88.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. Psychological Inquiry, 15(1), 1-18.

Jolanta Burke, Ph.D.

Dr. Jolanta Burke is a psychologist specialising in Positive Psychology. She is a lecturer in Masters of Applied Positive Psychology and Coaching at the University of East London, and a visiting researcher in Trinity College Dublin. Dr. Burke is also an Irish representative of the European Network for Positive Psychology. She writes extensively and speaks regularly at conferences in Ireland and abroad. She is currently co-writing a book with Eoin Stephens, senior lecturer and past president of PCI College, about applying Positive Therapy in Ireland. For further information, please go to www.jolantaburke.com.

