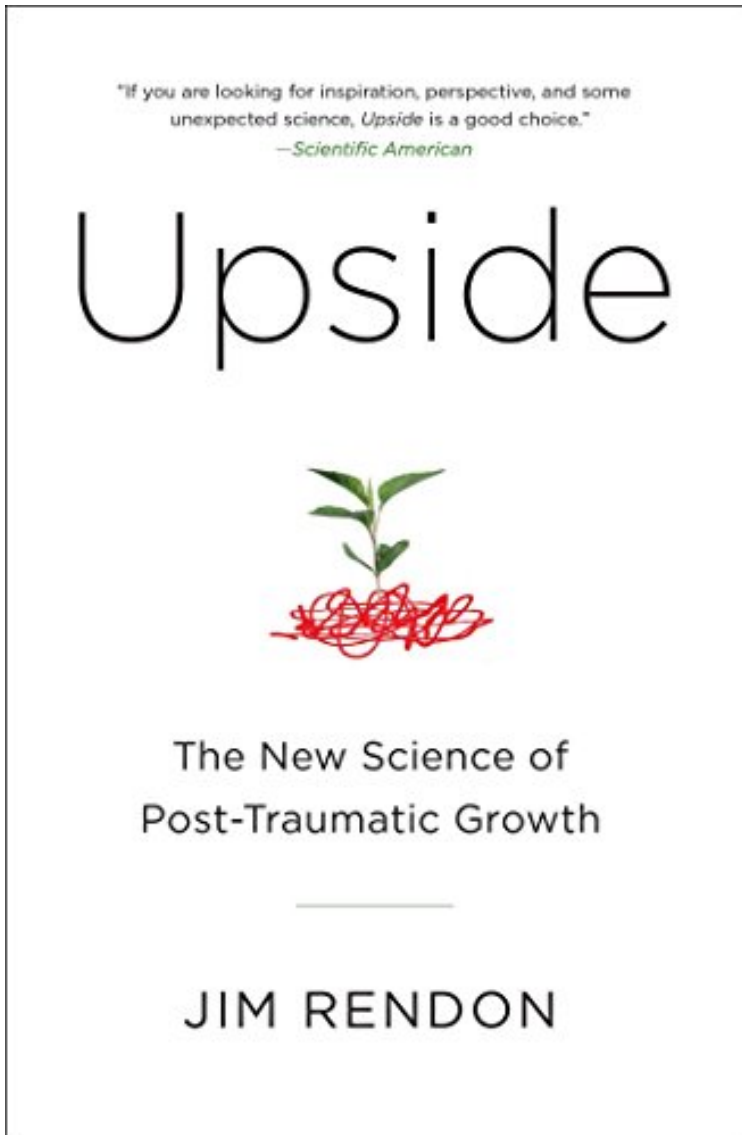


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Upside: The New Science of Post-Traumatic Growth (English Edition)



Par Jim Rendon
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Description :

Prsentation de l'diteurThrough cutting-edge research and thoughtful personal stories comes a compassionate, friendly, and empathetic (Kirkus s) exploration of post-traumatic growththe emerging idea that psychological trauma doesnt destroy a person, but can instead spark future growth, self-improvement, and success.What if theres an upside to experiencing trauma? Most survivors of traumawhether they live through life-threatening illnesses or accidents, horror on the battlefield, or the loss of a loved one can suffer for months, even years. But recently, psychologists have discovered that PTSD, or Post-Traumatic Stress

Disorder, is only a piece of the whole experience. With the right circumstances and proper support, many trauma survivors also benefit after a terrible experience. They emerge stronger, more focused, and with a new perspective on their future. In the tradition of Po Bronson and Paul Tough, journalist Jim Rendon delivers a deeply reported and unique look at the life-changing implications of post-traumatic growth. The pain and anguish caused by traumatic events can become a force for dramatic life change. It can move people to find deeper meaning in their lives and drive them to help others. But how can terrible experiences lead to remarkable, positive breakthroughs? Upside seeks to answer just that by taking a penetrating look at this burgeoning new field of study. Comprised of interviews with leading researchers and dozens of inspiring stories, Rendon paints a vivid and comprehensive portrait of this groundbreaking field and offers a roadmap for anyone trying to understand how personal tragedy can lead to a more hopeful and positive future.

ExtraitUpside CHAPTER 1 Reversing Psychology How Two Researchers Discovered the Transformative Power of Trauma ON A SPRING MORNING IN 2009, Luther Delp sat on his pearl-white 1600 Kawasaki Vulcan motorcycle at a stoplight in Jacksonville, Florida. He loved that bike. Delp, who was fifty-nine years old at the time, had just put a thousand-dollar LED light system on the motorcycle so it could flash a multicolored glow on the road as he barreled down the highway. Even the wheels lit up. That spring morning he was on his way to Daytona Bike Week to buy a motorcycle for his wife, Debbie. As Delp idled at the stoplight, a woman sped down the road in her car. She hadn't noticed the line of cars waiting for the light in front of her. And she never saw the motorcycle at the end of that line. She hit Delp at full speed.

He was launched over three cars and landed on the fourth one with such force that he broke his back, multiple ribs, and his hips. He punctured his lung, and broke several teeth and his nose. His injuries were so catastrophic that he died right there at the intersection. Paramedics managed to revive him and then rushed him to the hospital. There he flatlined again and was revived once more. Doctors gave him twelve pints of blood. It poured through him. Delp's blood pressure was so low that he couldn't take any painkillers for a torturous week while his doctors waited until he was strong enough to undergo surgery. The pain was overwhelming. I was in so much pain. I told God, If this is all it is, please take me now, he says. Butch and Cindy Davis were among the close friends who gathered in the waiting room with Delp's wife, Debbie. We didn't think he was going to make it, says Davis. We stayed in the hospital and held a vigil. Davis and her husband met the Delps at a square dance thirty years before the accident. The couples quickly became close friends, vacationing together in their motorhomes. The Delps would stay up until two or three in the morning talking about their lives and planning new trips. They had plenty of time for whatever pursuit they could dream up. Delp had worked as a welder for twenty-seven years. He invested in real estate and retired in his forties. Now he and his wife were living comfortably off their investments. All I did was play, says Delp. I had a lot of time to go jet-skiing, ride motorcycles, go four-wheeling. We used to go dancing three or four nights a week. We camped and traveled all over the U.S. In the summers they went scalloping and waterskiing with Davis and her husband. They took cruises together with their children and grandchildren.

Delp's parents had died when they were young and so he felt like he needed to experience as much as he could while he had the chance, says Cindy Davis. We called him Lying Luther because you never knew what he was going to say next; he was a big kidder, she says. Delp had been so active, so physical always the first to slide under the camper to fix something that Cindy couldn't imagine how he could live after such a catastrophic accident. After such a trauma to his body, I didn't think that he wanted to pull through it, she says. But Delp did survive. In the beginning he couldn't even sit up on his own. He lost movement and feeling in his legs and had little control over his torso. He developed bedsores. One on his backside grew so large and deep that Debbie could just about see through to the bone. She tried to keep things positive. When I'd clean it and drain it, he'd ask, How does it look? Does it look any better? and I'd tell him, Yeah, a little bit. A little bit, she says. I didn't want to discourage him. If he saw it, he would have completely given up on life. I really believe that and so I didn't tell him. Delp developed repeated infections. Sometimes his fever would be so bad that he'd be shaking and I'd go over there and put blankets on him and lay on him and try to keep him warm, says Debbie. Pressure sores continued to plague him. Psychologically he wasn't doing much better. He was angry with the world, with the woman who had put him in the hospital. I was real mad about it, he says. She should have been watching where she was going and then I'd still be riding my motorcycle. Like many people in this situation, Delp thought that he would walk again. When a year passed and he was still in a chair, it was another blow. In my mind I thought it was only temporary, he says. Debbie bought a van and put a lift in it and I got mad. Nobody could have ever told me that it was going to be permanent. I figured a couple of weeks and I'd start walking. I thought, We can always get rid of the van. But Delp was

not going to walk again. After I got out of the hospital, I realized that I'm not going to get any better. What am I going to do? Am I just going to lay here and eat and watch TV? Delp is a big man, over six feet tall, broad-shouldered and barrel-chested, with close-cropped gray hair and a goatee. He loved traveling, getting outdoors, being active. And now he hated being in a wheelchair. Even more, he hated being seen in a wheelchair. After the accident, he avoided most of his old friends, a reminder of the outgoing, energetic life that he once had. He wouldn't even eat in a restaurant. Instead of going in, he'd wait in the van while Debbie picked up takeout. I didn't want to be around somebody or see somebody that knew me and have them see me in a chair, he says. That was a real hard thing. And that is where most people would expect Delp's story to end, with him stuck in a wheelchair, miserable, angry, depressed, stewing over all that had been so violently taken from him. Whatever life he could build after his accident would surely not match up to the able-bodied one that he had lost: his happy and healthy retirement with nothing to do but accumulate motorized toys, travel with his wife, and indulge in the pursuits that he enjoyed. He had lost a lot, and he had every right to be upset about it. Perhaps Delp would be left with lingering post-traumatic stress symptoms such as anxiety, depression, insomnia, or even full-blown post-traumatic stress disorder. For decades nearly all of the psychological research into trauma and recovery focused on the debilitating problems that people like Delp can face: anger, guilt, hypervigilance, emotional numbness, flashbacks, even suicidal impulses that can last for years. Trauma survivors like Delp suffer through psychological pain every bit as terrible and challenging as the physical pain they must face. And that is the story that everyone is the most familiar with. But something different happened with Delp. Despite his depression and bitterness, he continued to work at his rehabilitation, exercising and lifting weights. One evening while Delp was working out, one of the staff members at Brooks Rehabilitation, where Delp did his physical therapy, encouraged Debbie to take her husband bowling. It was a program sponsored by Brooks just for patients like Delp. Debbie brought it up, but Delp had no interest. Going out in public in his chair and trying something new, challenging, and likely awkward was a perfect combination of everything he had been avoiding since his accident. He didn't want to go, she says. So I got him dressed and got him in his chair and he'd say, Well, I'm not going out. And I'd say, That's fine, and I'd just humor him and get him out. Once in the van, Delp agreed to go in, but just to watch. Then he rolled into the bowling alley and saw two dozen people bowling, talking, laughing, and having a good time. Most of them were in wheelchairs. Debbie got him a bowling ball and wheeled him next to a man with no arms who pushed his ball with a stick held up to his chin. The person on the other side of Delp had no hands. With little choice, Delp wheeled himself up to the line across the end of the lane, picked up the ball from his lap, and rolled it toward the pins. He started to talk to the people around him. He bowled some more. He stayed all evening. In the van on the way home, he started laughing. When Debbie asked what was so funny, he told her, You know, the reason I didn't want to come here was that I didn't want to be around a bunch of handicapped people, he says. Somehow I didn't realize that I was going to be one of them. That realization changed Delp. He had just found his community. The programs at Brooks and the people he met there would change his perspective on his life, and his own understanding of what he had to offer the world. I feel normal because I can help these people. I have the use of my hands. Some people can't feed themselves, says Delp. I think that helped me get out of the depression more than anything else. Delp began volunteering at both the hospital and the rehabilitation center. He started talking to new spinal cord injury patients about what to expect, how the injury would change their lives, even how to manage basic things like bodily functions that would become complicated. Sometimes he's on the phone until two o'clock in the morning with friends who are wheelchair-bound. He began giving talks to college students to recruit interns for Brooks from a nearby university. Before I got hurt, I would never have gotten up in front of a bunch of people and talked. Now I look forward to it, says Delp. To go up to someone's hospital room, I never would have done stuff like that. I hated going to the hospital. I don't feel sorry for myself anymore. Davis has marveled at the changes in her old friend. He's not the same person that we knew, she says. He's found a new way of life, of wanting to help others who are less fortunate than him. She says that before, he was outgoing, a fun and active person, but never the center of attention. He would have never considered getting up in front of people to discuss serious topics; he just wasn't confident that he had anything to offer others. His identity was the fun-loving, active, outgoing guy who just soaked up life. But that has all changed. Delp isn't happy in the same way that he used to be. It's a different type of fulfillment that he's getting now, she says. Materialistic things have gone away and now he is giving of himself; the true love, the true happiness that he is making others feel is where he is coming from. Delp leads a full and meaningful life. He participates in several activities a day, everything from archery and skeet shooting to horseback riding or playing pool. He

visits with patients, and helps to keep people motivated and engaged in the rehab center. He encourages people to get out to gatherings like the bowling night, and even gives some of them rides when they need it. He also lifts weights and swims to keep himself in shape so he can be as active as possible. My life changed that day, Delp said of the accident. I had a good life then, but I have a great life now. How could such a horrific accident with permanent, life-altering consequences transform a good life into a profoundly better and more meaningful one? Based on the conventional wisdom about trauma, Delp should have been left broken by his experience. But instead it transformed him. He left behind a happy life brimming with leisure and fun for a new life. Now he uses his time to help others. He finds meaning in his experiences and deeper value in his friendships. His life is different; he is different. Hes a person that he could never have imagined the day before he was hit by that car. It is only in the last thirty or so years that a handful of psychologists even began asking how this could be possible, how trauma could change a person so deeply. How could it upend everything someone knew about himself and force him to build his life and sense of self anew? How could someone come out the other side of such a terrible event better, wiser, and more fulfilled? Oddly enough, the ones who first delved into this topic, who gave the phenomenon a name, started out by looking at something else entirely. One winter day in the early 1980s, two psychology professors from the University of North Carolina at Charlotte, Richard Tedeschi and Lawrence Calhoun, drove to Atlanta, Georgia, for a conference. Calhoun had been a tenured professor for some time and Tedeschi was going to receive tenure soon. And with that promotion would come a certain amount of freedom. The door was open for each of them to pursue research projects that were a little more unorthodox, ones that they just found interesting. Calhoun is wiry and energetic. He has a bounce to his voice and an earnest, almost boyish enthusiasm about him. For most of his career he had studied how people respond to adversity in one form or another; his work included helping people overcome various life crises. It was something that had always interested him. I was never interested in long-term psychotherapy, says Calhoun. I wanted short-term solutions; I wanted to work with people who were not psychotic, with whom I could make a difference and I could see that difference right away. About the time that Tedeschi got tenure, Calhouns research partner left and he was looking for someone new to work with. Tedeschi is a sober counterpoint to Calhouns animated personality. Hes thoughtful and soft-spoken with a neatly trimmed moustache and a full head of graying hair. He fits just about anyones preconceived notion of a psychologist. Its easy to imagine him saying in an even and unbiased tone, So how does that make you feel? This slightly odd pair got along well and, more important, they had similar interests. Tedeschi was also looking for a new focus in his work, something not centered on pathologies like depression or anxiety. Over the course of the four-hour drive, they began talking about the possibility of working together and what they might study. Wouldnt it be really interesting to talk to old people and just ask them, What have you learned about life that is useful, that youd like to pass on to others? Calhoun remembers one of them saying. It wasnt long before they started doing just that. They began their research by speaking to a group of widows. They didnt have elaborate questionnaires or psychological scales or models. They just asked open-ended questions and listened to what their subjects had to say. The women, who were between about fifty and eighty years old, mourned the loss of their husbands. Many of them cried nightly. Calhoun still remembers one woman who said she would wake in the middle of the night thinking she had just heard her husband put his key in the door. Then she would realize that he was gone and shed cry all over again. But, at the same time, they told the researchers that their husbands deaths pushed them to discover how strong they could be. Some got together with friends more often, others grew much closer to their children. Some who had never driven a car got a drivers license and gained a new independence. Next Tedeschi and Calhoun began to speak with people who had been disabled through an accident or illness. One woman they met had become an advocate for disabled rights and saw her disability as an opportunity to find a new focus and to help others. Another person they met was a former musician and drug abuser who had been paralyzed from the waist down in a car accident. They were surprised by his attitude. He was not saying, It shattered me; Im depressed and a shell of my former self, Calhoun says. Quite the opposite. While the musician was in the hospital, his doctor suggested he speak to some of the other patients who had been paralyzed and were struggling with their situation. He found some satisfaction from that, says Tedeschi. It ultimately became his lifes work. The man went back to school, got a masters degree, and started running a rehabilitation center for people with disabilities. In the opening of their first book on this phenomenon, Tedeschi and Calhoun quote the man as saying the accident was the one thing that happened in my life that I needed to have happen; it was probably the best thing that ever happened to me.... If I hadnt experienced this and lived through it, I likely wouldnt be here today.... If I had it to do all over again, I would want it to

happen the same way. The pair combed through psychology journals looking for other studies that might confirm their findings and provide some context for the positive changes they were recording. It was unforgiving work they were looking for a phenomenon without a name. But bit by bit they came across a study here and there that validated what they were hearing. It was, Calhoun says, a bit like panning for gold. One study they discovered was by a psychiatrist named William Sledge. Now a professor at the Yale School of Medicine and medical director of Yale New Haven Psychiatric Hospital, Sledge conducted a study of aviators captured during the Vietnam War. In the mid to late 1970s, after the Vietnam War was over, Sledge was a young psychiatrist in the U.S. Air Force who was assigned to evaluate the air force aviators who had been held by the North Vietnamese in horrific conditions at the prison nicknamed the Hanoi Hilton and other locations. United States senator John McCain was held there, as was Admiral James Stockdale. Sledge had access to their entire classified debriefings so before he even met them he knew in great detail what these men had been through. Some had been held in tiny cells in solitary confinement for years; others were chained together. They were beaten and tortured, deprived of food and medical care. When Sledge began talking to these men, he was startled by what he heard. At first I thought I had cotton in my ears or something. The things they told me didnt make much sense, says Sledge. They had a hard time, they were clear about that. But so often they would say things like, I kind of miss it. It was an intense experience. I learned a lot from it. Sledge was no stranger to the idea that adversity can push a person to be stronger or more resilient. He grew up in the Deep South. His father was an attorney, so his family was relatively well-off, but the people he knew in his small town worked incredibly hard in very demanding circumstances. There was a lot of tragedy, death, illness, alcoholism, he says. There was an idea that if you can get through lifes challenges with some grace and dignity, you would probably learn something from it. In my mind that wasnt a psychological issue; that was just human nature. But the things these prisoners of war had survived were so harsh, he had a hard time understanding how these men could take away anything positive from the experience. He wanted to conduct a study to learn more. The air force provided him with contacts for veterans who matched his POWs almost exactly in terms of age, rank, and time spent in Southeast Asia. The only difference was that these men had never been captured. They were a perfect control group against which he could compare the POWs. In the fall of 1976 Sledge mailed both groups questionnaires that asked about the problems they had faced in captivity or during their tour of duty, problems they faced when they returned home, and any perceived benefits and perceived problems that arose from their wartime experience, among other things. When the questionnaires were returned Sledge found support for everything these men had been telling him in their follow-up interviews. Sixty-one percent of the POWs indicated that they had undergone beneficial changes as a result of their captivity. Only 30 percent of the control group reported this. In addition, the POWs who were held the longest and received the harshest treatment were far more likely to report positive changes than those who were held for shorter periods of time. Those who reported benefits were more optimistic, had more insight into themselves and their motivations, were better able to discern what was important in life, and felt that they got along better with others. Some even said that they enjoyed life more after their confinement. They were finding real benefits several years after they had been released. Some of the changes make sense, Sledge says, given who these airmen were. The prisoners were the best of the best: fighter pilots and copilots. They were smart, well educated, brash, young, and filled with bravado, hardly people prone to introspection. The captivity, deprivation, and abuse forced them to spend years with little to do but reflect and to do so with the threat of death hanging over their heads. These were people who were not used to thinking about themselves or reflecting or being introspective and now they are in a prison cell where they wont see another person with hours and hours to just sit there and think, says Sledge. They learned to value their imagination. One of the things that may have helped these young men was their strong sense of camaraderie. Many of the prisoners were isolated from each other in separate cells. However, they managed to communicate using a complex system of taps on cell walls, similar to Morse code. Other prisoners were chained together and locked in a cell. They were forced to gain an intimate and deep understanding of each other. They shared their hopes about what it would be like when they got back; they talked about their families and gave each other advice. It was just an extraordinarily intense experience, says Sledge. In 1980, Sledges paper on the study was published. Some in the field thought it would turn heads and cause researchers to rethink their emerging understanding of the onslaught of cases of PTSD plaguing Vietnam War veterans. Sledge remembers being paired with some of the countrys top trauma researchers for a panel discussion at a conference. The organizers had booked an auditorium that seated three hundred. When the discussion started, Sledge looked up to see about fifteen people in the cavernous room.

And half of those were veterans. His fellow psychiatrists showed little interest in his findings. Sledge went on to other pursuits and assumed his research on the subject had been passed over. Sledge's study might have disappeared in the stacks were it not for Tedeschi and Calhoun. For them, this study was one of those rare nuggets of gold published paper that confirmed they were on the right track. It was part of a cluster of studies that had observed this phenomenon, Calhoun says of the Sledge study. And it was amazingly influential because it allowed us to have a bit more confidence that we had identified something that really existed that other people had found in other contexts. It gave us a little more foundation to go on, so we could look forward and see what we needed to do next. Like Sledge, Tedeschi and Calhoun are clinicians. They have had scores of patients who have been through traumatic experiences. And through their long talks with these people, they heard many of the same things that Sledge had heard from the POWs, sentiments that mirrored the responses to their open-ended research questions: events that were outwardly bad, even horrific, had spurred these survivors toward positive life changes. As they spoke to more and more people, they began to see that traumatic experiences certainly did cause suffering, but suffering was not the end of the change wrought by these events. Suffering, in fact, was part of a much larger experience. It proved to be a kind of catalyst that pushed people to find new meaning in their lives. Tedeschi and Calhoun began to do more targeted research to discover how, exactly, these people were changing. As they dug through the existing research and interviewed more than six hundred trauma survivors, patterns began to emerge. They started correlating those responses, grouping like ones with others. Eventually they determined that people were reporting positive change in one or more of the following five distinct areas as a result of their trauma: 1. Increased inner strength 2. An openness to new possibilities in life 3. Closer and often deeper relationships with friends and family 4. An enhanced appreciation for life 5. A stronger sense of spirituality. Tedeschi and Calhoun were able to discover this phenomenon and to uncover its manifestations in large part because they took a very different approach to their work than other researchers at the time. We were thinking in terms of what it's like for a person who's confronted with something that blows them out of the water and how can we understand that, given what we know as clinicians. That makes our thinking rare, says Calhoun. Some of the people I have talked to who do research on these things don't spend time with people in the therapeutic context. They don't talk to people, they assess them. Their first paper detailing these positive changes was published in 1989 and focused on the experience of the widows they spoke to. It was published in a journal that specialized in the kind of qualitative research they were using—open-ended questions much like a journalist would ask. At the same time, they realized that this approach would take them only so far. In order to spark research by other psychologists and to be accepted by the larger community of trauma researchers, they would need to be able to quantify the changes they were uncovering. Based largely on what they heard from these trauma survivors, they started to develop a standardized questionnaire designed to calculate how much of each type of change individuals reported. But Tedeschi and Calhoun had yet to come up with a name for the phenomenon or for this new quantitative scale. They had taken to calling their new questionnaire the perceived benefits scale. But that was such a lame name, says Calhoun. The pair bounced different ideas off one another running back and forth between their tiny offices in the psychology building at UNC Charlotte. Finally, one day, Tedeschi poked his head into Calhoun's office. He had written a long name: blah blah blah blah blah, post-traumatic growth, Calhoun recalls. I took one look at that and said, Dude, that is it. Their Posttraumatic Growth Inventory, first published in a journal in 1996, asks subjects to respond to statements linked to each of the five areas of growth. They rate each of the statements on a scale between zero (there was no change) and five (I underwent a lot of change because of the crisis) so the degree of change can be measured. The statements are simple and direct, for example, I developed new interests, or I have a stronger religious faith. As they conducted research and reviewed the research of others, they found to their surprise that experiencing growth in the wake of trauma is remarkably common. Half or more of all trauma survivors reported some positive changes. Growth, it turns out, is actually more common than the much better known and far better studied post-traumatic stress disorder, which researchers believe will affect about 8 percent of Americans in their lifetime and as much as 30 percent of certain groups like Vietnam War veterans. This kind of growth, the kind that can dramatically alter a life for the better, does not occur as a result of just any upsetting event. What is required is what Tedeschi calls a seismic event—a trauma that shakes you to your core, like the accident that paralyzed Delp and left him fundamentally changed. Growth is a rethinking, a reassessment of yourself and the world. You don't need to go through that if everything still makes sense to you, Tedeschi says. If a person is like a building built to a high standard to withstand an earthquake, if the quake comes and the building is still standing, you are okay. But if the building suffers

damage, it has to be rebuilt and the rebuilding is the growth. Not everyone grows from traumatic experiences. But those who do are able to see that the horror and misery of trauma also create the opening for change, just as Delp saw that he had an opportunity to create a whole new way of living after his old life was stripped away by the accident and his paralysis. The challenge is to see the opportunity presented by this seismic event. In the aftermath of the earthquake, why not build something better? Don't just live beneath the rubble, don't just build the same crappy building that you had before, says Tedeschi. I think we can do better than that. On a Friday evening in Jacksonville, Luther and Debbie Delp drove in their van to Bowl America, a large bowling alley in a strip mall alongside a busy four-lane road. Inside about twenty-five or thirty people took up about half of the lanes. Some people were in wheelchairs, some were in motorized chairs, some walked with crutches, and others moved slowly and stiffly with the help of a friend. Delp reached out and shook hands with each person he passed by, stopping to catch up or crack a joke. He knew just about everyone there. He wheeled himself down the ramp to the bowling lanes with a thirteen-pound ball in his lap. He stopped for a moment to talk with a mother of two children who both have spina bifida and were there bowling. (Those who can't hold a ball were using a metal track on stilts with a ramp for the ball to roll down, built by Delp's friend for the bowling alley.) Delp wheeled himself over to his lane, where he greeted a man with Parkinson's and his wife. The Delps were planning to spend a few weeks with the couple in their cabin in Maine over the summer. Bowling next to Delp was a young man who had crashed his car into a guardrail on the way to work and suffered a severe brain injury. The fact that he was up and walking and able to hold the ball was incredible, said Delp. Pointing to the person bowling on the other side of him, Delp said, When I saw this guy in the hospital he couldn't even move a finger. He fell off a roof. Now he was up and bowling. Another close friend, Chuck Frank, who had a stroke in 2011, was bowling with Delp. You don't know how many people he has helped out, driving people, picking them up and dropping them off, helping them with everything, Frank said. His friendship with Delp has helped him enormously as he struggles with the debilitating aftereffects of the stroke. He gets me laughing about a lot of things, Frank said. Here's a guy who lost so much and he goes out and does more than me. I can't keep up with him. After bowling, a group of about twenty drove to a nearby diner where a band was playing in the parking lot and a few dozen classic cars were on display. Delp wheeled around the lot, checking out the cars' gleaming engines and pristine vintage interiors while talking with friends over the loud music. Then they all went inside for dinner. The group took up four or five tables at the back of the fifties-themed diner. Everyone was talking and eating and having a great time. Delp was sitting at a table in the middle of the group, a club sandwich in front of him. Here, surrounded by this group of new friends, people he never would have known before his life-changing accident, he smiled, looking happy, like he belonged. Delp's dramatic transformation is exactly what Tedeschi and Calhoun have been studying all these years: someone who has reinvented himself after a terrible event, someone who has found new meaning and value in his life. And he is also someone they hope their research will help. The ability to say, There's a name for these things I have been experiencing or the way I have been thinking about this, is important, says Calhoun. Hopefully we have captured what these people have experienced, and now they know what it is. The basic principles that Tedeschi and Calhoun laid out in their first book and the inventory they developed to track growth have proven to be remarkably accurate. They and the legions of researchers who have followed have been able to learn more about the nuances of growth, how it works, who is likely to grow, and what can help to facilitate it, without doing much revision to the original theory. Part of why it's stood the test of time is because we just listened to people who had gone through these events, says Tedeschi. We let them teach us. We didn't come at this as people who consider themselves experts in the field. We knew we had a lot to learn. We were curious about it. And to a great degree we just put the scientific shine on the stories of people that we had been talking to. The theories evolved out of that work, which is why it worked out so well. In the two decades since Tedeschi and Calhoun published their first book on post-traumatic growth, researchers around the world have begun examining the phenomenon. Psychologists in China, Japan, Turkey, Iran, Italy, England, Australia, Israel, and other countries have conducted studies examining growth. They have studied cancer survivors and their spouses, prisoners of war, immigrants, survivors of natural disaster, and more. And over and over they are finding that more than half of trauma survivors grow. Growth seems to be a widespread phenomenon in the experience of trauma survivors everywhere, and even in the stories, old and new, told in cultures around the world. *Revue de presse* "No one gets out of life without some trauma. Jim Rendon delves behind the tragic face to find out why so many of us post-traumatic survivors emerge stronger, in search of more meaningful ways to live. Rendon's original psychological reporting and poignant writing points us to

the passage to hope and inspires us to help others." (Gail Sheehy, author of *Passages*)None of us wants it, but severe stress may not be as bad as we think. Upside provides authentic hope, grounded in science and enlivened by real-life stories, that it is possible to emerge from a traumatic experience not diminished, but somehow enlarged by it. This book offers scientific evidence, personal understanding, and practical tools to transform trauma into an occasion for growth. (Henry Emmons, MD, author of *The Chemistry of Joy*)Upside: The New Science of Post-Traumatic Growth presents the research data, too long ignored, behind the stories of peoples remarkable healing and thriving from trauma. . . . The key elements of healing and thriving, not in spite of but because of trauma creating a coherent narrative, reaching out for help and helping others, expressing the pain, focusing on the positive, bonding with those who share similar experiences, resourcing through religious faith, creativity, physical activity and therapy can all lead to experiences of meaning and fulfillment unimaginable before the trauma. Upside is a true gift to the field of trauma recovery. The message can no longer be ignored. Post-traumatic growth is not only possible; its our birthright." (Linda Graham, MFT, author of *Bouncing Back: Rewiring Your Brain for Maximum Resilience and Well-Being*)A remarkably readable blend of inspiring stories and research, Upside beautifully shows us how even our worst nightmare can profoundly enrich our lives. Well worth the read! (Glenn Schiraldi, Ph.D., Lt. Colonel (USAR, Ret.), author of *The Complete Guide to Resilience* and founder of Resilience Training International)Humorous, compassionate, friendly, and empathetic. Rendon offers not just a spoonful of medicine, but also a furtherance of works by Frankl, Abraham Maslow, and his new, revitalized acquaintances. (Kirkus)