Investigating posttraumatic growth with those whose experiences of it have been under-researched

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Acknowledgements

This blackthorn tree is a work of art created by Elijah Centifanti

The blackthorn tree is associated with overcoming adversity in Celtic mythology. True to form, its berries ripen after the first frost of the year. The tree is a symbol of getting through adversity, or posttraumatic growth.

As a child I gathered its berries with my Mum to make jam being cautious of its vicious thorns. My Mum dealt with adversity as opportunity, valuing the voices of the vulnerable and advocating for improvement in our community. The work I do attempts to follow in her footsteps.

This piece of work was a collaborative effort with the young people who shared their stories. I am so grateful to Luna Centifanti and Sarah Gaskell for their time, guidance and commitment to the research. Conversations with Lynsey Gregg were so helpful in finding the way forward.

To my family, in particular for Teresa, whose support and belief in me kept me afloat and whose strength and full-heartedness is an inspiration to behold.

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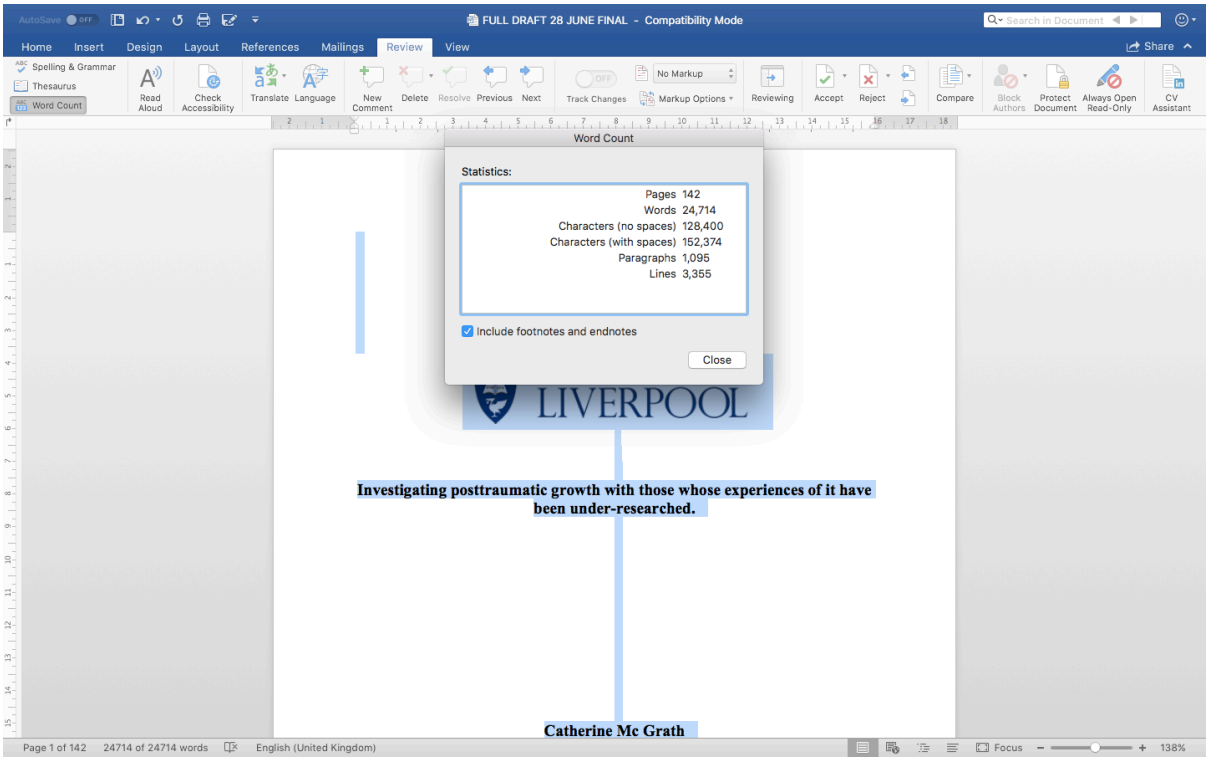
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Introductory Chapter: Thesis Overview

Introductory Chapter

"We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation . . . we are challenged to change ourselves." —(Frankl, 1963, p. 112)

This thesis is about the unheard voices in society. It prioritises the narratives of two of society's most vulnerable populations: people who are forcibly removed from their homelands and young people. It chronicles an emerging concept, posttraumatic growth, which suggests that we can grow from challenging experiences (Joseph & Linley, 2006, 2008; Tedeschi & Calhoun, 2004b).

Firstly, the meta-ethnography outlines the experiences of refugees who have come through traumatic events. The refugees speak about the paradoxical nature of their journey in that it is both highly distressing and an experience from which they fostered valued qualities. The review explores whether their collective voices, as reflected through the lens of researchers' and the main author's interpretations, can offer further insight into posttraumatic growth, examining the functions of social support in the process of growth which could also be important for young people, given their developing social worlds.

In the exploration of PTG, previous studies have shown its evolving status as a concept which has led to questions about its definition and whether there are further areas of growth as yet unaccounted for (Picoraro et al., 2014). Here, I queried the concept of PTG as applied

to young people – another vulnerable population whose stories are told for them. With this in mind, the empirical study set out to hear what young people had to say about PTG.

Participants' voices in the studies in both the meta-ethnography and in the empirical paper are heard by utilising methodologies which can prioritise their perspectives, rather than the perspective of the researcher. Social constructionism is the philosophical approach underlying both papers, proponents of which propose that reality is socially constructed. This challenges the assumption that there is an objective truth to be uncovered: it is proposed that what we know is derived from the way in which we think about the world (Burr, 2015).

Participants in both papers make sense of their experiences of adversity. These experiences are influenced by the dominant cultural narratives of their lives. The participants come to re-evaluate these narratives and, in so doing, experience PTG. Thus, the views of those relegated to the side-lines were examined in a systematic review and in an empirical study to add to what is already known about PTG.

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Chapter 1: Meta-ethnography

In what ways does social support facilitate posttraumatic growth according to those who have been forcibly removed from their homelands? A meta-ethnograp

Empirical paper and meta-ethnography to be submitted to *International Journal of Qualitative Studies on Health and Well-Being*

Abstract

"No one leaves home unless / home is the mouth of a shark. You only run for the border / when you see the whole city / running as well." (Shire, 2011, p. 5)

Background: Previous research has explored posttraumatic growth (PTG) in the lives of those forcibly displaced from their homelands. Some of these studies have considered whether social support can facilitate PTG; however, the authors of these studies did not focus on the ways in which social support facilitates growth. This review is focused on the perspective of those forcibly displaced. Their experiences of how PTG is facilitated by social support was explored across studies that have been conducted in this area. Being able to understand their experiences could illuminate the functions of social support by which the process of PTG is facilitated. This highlighted some directions for future research.

Aim: The aim of this meta-ethnography was to identify and synthesise qualitative studies on this topic. Those who are forcibly displaced have experiences that can be inadvertently silenced by the dominant narrative about refugees in the country in which they have sought refuge. By synthesising their experiences, this review can offer some insight into the ways in which social support can facilitate growth. The understanding of PTG that emerged was based on the experiences of the forcibly displaced. On consideration of the insights from this review, implications for clinical practice and directions for further research are discussed.

Method: Five databases were used to conduct a systematic search for qualitative studies. Ten studies were identified that met the inclusion criteria. These articles were synthesised.

Results: Eight themes emerged: 'Having sources of support', 'Helping others is helping myself', 'Belongingness', 'Sharing my experience of distress with others'/Reciprocity', 'Normalising Distress', 'A Source of Hope', 'Adaptability' and 'Barriers to Social Support'.

Conclusions: While there are ways in which social support can be facilitated as part of the process of posttraumatic growth, immense barriers may be encountered.

Empirical paper and meta-ethnography to be submitted to *International Journal of Qualitative Studies on Health and Well-Being*

Keywords: Meta-ethnography, refugee, posttraumatic growth

Introduction

"We become wiser by adversity" (Seneca, trans 2017)

"Someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion." (Refugee Convention, 1951)

Over the past decade, there has been a steady increase in the number of people who have been forced to leave their homelands. To put this into perspective, over the last decade more people have been displaced with force than at any period in history since the Second World War (United Nations High Commissioner for Refugees, 2019). In 2019, more than 80,000,000 people were displaced with force. Over 20,000,000 of these people were forced to flee their homelands and half of those displaced were children (UNHCR, 2019). Many of these children flee their homes unaccompanied by an adult (Refugee Council, 2018). The most common reasons that people are forced to leave their homes are persecution, inequality, war and the impact of climate change. These circumstances can make it impossible for people to remain in their homeland. Thus, people are left with no choice but to seek asylum in another country (UNHCR, 2019).

Having undertaken an immensely dangerous journey, people can endure statelessness, face detention and a lack of access to services or a means by which to make a living. People are commonly subjected to systemic racism and a lack of cultural awareness in the country in which they have sought refuge (United Nations, 2016). This is a vulnerable position for any individual to be placed in. When the narrative of those who become refugees is told, the challenges faced can be minimised by political arguments that focus on legalities. The

experience of these individuals can be illuminated through a psychological view of their journey (Derluyn & Broekaert, 2008).

Studies have explored the impact of these experiences on well-being. The stresses of being forced to leave home have been associated with depression, anxiety and post-traumatic stress disorder (Peconga & Høgh Thøgersen, 2019). In particular relation to the ongoing conflict in Syria, a systematic review found that Syrians who are refugees are ten times more likely to endure post-traumatic stress than are those who have not been subjected to the experience of being a refugee (Peconga & Høgh Thøgersen, 2019). The negative impact of this experience has been widely studied, with a review of 161 studies of 81,000 individuals confirming how distressing it is to be subjected to such adversity. The review outlined that around a third of individuals in these studies who had experienced torture or other potentially traumatic incidents had post-traumatic stress disorder or depression (Steel et al., 2009). However, the review did not consider that some people may experience growth from these traumatic experiences.

Bronfenbrenner's ecological model has been used in an attempt to consider the wider social and cultural impact that needing to flee and seek refuge can have on an individual (Cole, 1998; Lustig et al., 2004). Men are often confronted with changes in their employability and a lack of appreciation for their skills. Women can endure challenges that reflect a bias against their gender. They are at a greater risk of being subjected to gender based violent acts, particularly in contexts where attitudes and behaviours undermine women (Ward & Vann, 2002). The loss of a woman's cultural norms can be significant. For instance, women who have experience of being a refugee, are more likely to experience postnatal depression than the general population (Collins, Zimmerman, & Howard, 2011). Children and young people have to navigate the family's culture of origin and the culture of the place in which their

family has settled. Conversations that explore the contrast between a family's culture of origin and the culture of the place where they have settled provide opportunities for members of the family to choose what aspects of culture (relating to their roles and relationships) to adapt to and what aspects of their culture of origin to maintain. Doing so can instigate debate, conflict and consideration for families (Cook & Waite, 2016). When some parents adapt to practices, they report feeling that their power has been compromised. Others feel that these adaptations are an opportunity to explore alternative ways to parent. Families may lose parenting practices specific to their culture of origin too, though (Cook & Waite, 2016). There are likely to be individual differences in the way culture is expressed but in these ways socio-cultural issues can influence a person's experience of being forced to migrate.

The structural inequalities present in the society into which an individual settles can have an adverse impact on their adaption (Vasey & Manderson, 2009). Those who live in their country of origin can have assumptions about those who are refugees (Vasey & Manderson, 2009). Cultural misinterpretations and assumptions can inhibit opportunities for friendship and community (Vasey & Manderson, 2009). Furthermore, discrimination, bias and persecution can arise from ill-founded assumptions. Of the comparatively little research that has been conducted into the impact of racism on the health of those forced to migrate, 90 per cent of individuals with experience of being a refugee reported that racism had a negative impact on their health. Those who reported the same in this study were found to have poorer mental health than those who did not. They explained that experiencing discrimination made them feel as if they could not trust people and that they did not belong (Ziersch et al., 2020). The impact of structural inequalities on the lives of those who have been forced to migrate can, therefore, affect their well-being.

Accordingly, the experience of being a refugee is immensely challenging at each stage: when fleeing their homeland, when trying to obtain refugee status and when settling into their new home. Understandably, in the face of adversity and trauma, many individuals experience distress. Psychologists have traditionally studied the adverse impact of trauma on refugees in order to support people with the effect of traumatic experiences on their lives. Indeed, vulnerability and distress inform the predominant narrative, and the associated imagery, of being a refugee (Espiritu & Duong, 2018; Hyndman, 2010). However, although exposure to trauma can lead to distress, it is not inevitable (Hodes et al., 2018). In contrast, it can be possible for a person to grow from traumatic experiences. Posttraumatic growth (PTG) is an understanding of the ways in which psychological growth can occur as a consequence of adversity or trauma (Tedeschi & Calhoun, 2004b). PTG embodies the concept that trauma or adversity can precipitate growth to meet the demands posed by adverse circumstances (Joseph & Linley, 2008; Joseph, 2011).

The voices of individuals who have fled their homes and settled in a new home have not always been taken into account when trying to understand the impact their experiences have on them (Ingelby, 2005). The way in which these experiences are studied is important. The study of trauma has been critiqued as medicalising distress and pathologising understandable reactions to adversity (Joseph & Linley, 2006; Williamson, 2018). This has particularly been the case in the experiences of people from minority cultures not strongly represented in psychology (Craps, 2013). PTG is argued to have more conceptual cross-cultural validity than trauma because it embraces the individual's interpretation of their experience (Williamson, 2018). This may explain why PTG has been discovered across cultures (Tedeschi et al., 2018).

Research continues to illuminate our understanding of PTG (Silva et al., 2012). Theoretically, it is suggested in the functional descriptive model of PTG that growth emerges when an adverse or traumatic event is significant enough to challenge a person's fundamental assumptions about themselves, others and the world (Tedeschi & Calhoun, 2004b). The focus of this theory is on the individual's interpretation of an event as being threatening, rather than the objective scale of the event or the danger posed to life (Janoff-Bulman, 1992; Tedeschi & Calhoun, 2004b). An essential shattering of what has been held as unassailable by an individual can be a deeply affecting experience. In the aftermath of a traumatic incident, schemas need to be re-considered and reassembled.

PTG is a process of growth that can emerge in the midst of the struggle that ensues to re-evaluate these schemas. In this way it can facilitate individuals in getting through challenging experiences. It can be seen as both a process and an outcome as psychological growth can also occur as a consequence of adversity (Tedeschi & Calhoun, 2004a). Growth can be an ongoing experience, continuing to occur in the aftermath of trauma or adversity. There are five main areas of personal development proposed by the functional descriptive model: being more thankful for life, having closer relationships, feeling stronger, developing a deeper sense of spirituality, and noticing novel opportunities in life (Tedeschi & Calhoun, 1995, 1996, 2004a). Hearing the experience of refugees could add to our understanding of this construct.

Furthering our understanding would be helpful in that PTG is debated in the literature and is contrasted and compared with other similar terms. For instance, PTG can be referred to as simultaneous with resilience. It can be argued that these two concepts are discrete (Brewer & Sparkes, 2011; Tedeschi & Calhoun, 2004b). Resilience encapsulates the experience of a

person reverting to the person they were before they had faced adversity (Bonanno, 2012). It is distinguished from PTG in that an individual who experiences PTG develops qualities as a result of the challenges they have been through (Tedeschi & Calhoun, 2004b). Comparing and contrasting these constructs can offer some conceptual clarity on PTG.

While there have been some studies conducted on PTG and refugees, further research would be invaluable to the field. Of the research conducted, it seems that it is possible to experience PTG even in the face of the significant adversity of being forcibly removed from home. (Kroo & Nagy, 2011; Teodorescu et al., 2012). Those who had been refugees during the 1990s conflict in the former Yugoslavia have reported moderate posttraumatic growth. Such growth appears to be more moderate than the growth experienced in the general population; more research may be needed before conclusions can be drawn (Powell et al., 2003). In addition, similarly to the general population, distress and growth can occur concurrently in the lives of refugees and do not appear to be distinct stages of getting through adversity (Ssenyonga et al., 2013). Much of this research has been conducted using measures such as the Posttraumatic Growth Inventory, however. Using qualitative research methods could enable an exploration of PTG from the perspectives of refugees who have experienced growth.

Understanding the qualities that can emerge as a consequence of adversity from the perspective of those who have been through these challenges may offer insights into their experience. Further research with and about refugees may contribute to a knowledge base that could be beneficial in a multitude of ways; for example, to support people to establish homes in the countries in which they have sought refuge (Niemi et al., 2019).

Individuals who have been forced to migrate seem to find social support beneficial. Defined as support from those with whom we have built relationships, social support may facilitate coping mechanisms (Feeney & Collins, 2015; Nolen-Hoeksema & Davis, 1999). It is one of the factors used in determining well-being when establishing a home in another country -in this case in Canada (Simich et al., 2003). There is insight to be gained into social support at times of adversity by considering Ehlers and Clark's (2000) model of trauma. According to the model, attachment is one of the predisposing factors that can influence how a person experiences trauma. Attachment is the bond that we form to our primary caregiver(s). It is theorised to create a working model of ourselves, which is the blueprint for how we relate to others. When a person experiences trauma, it is theorised that their attachment style impacts on how they cope. A person who has an anxious attachment style may be more likely to experience negative thoughts about themselves. Negative thoughts in the aftermath of a trauma have been linked with posttraumatic stress: in particular, these individuals were more likely to experience a greater sense of personal threat, which perpetuates their distress (Arikan et al., 2016). Individuals with an avoidant attachment style were more likely to experience negative thinking about the world and less PTG. (Arikan et al., 2016). It is possible, then, that a person's attachment style may contribute to an understanding of the posttraumatic stress they experience. Furthermore, it may give us some insight into the likelihood that they will experience PTG. As a person's attachment style is an indicator as to how they form relationships, attachment style may influence how they avail of social support as well. Further research is needed to explore these questions.

Previous researchers have shown the different functions of social support: it can serve the function of helping people to feel they belong and to feel more confident. Through receiving social support, people's emotions can be validated. For those forced to migrate, social support can help them to connect to others and to find out about the community in which they

are living. Social support also may facilitate the emergence of narratives about adversity which support people to handle adverse situations and encourage alternative perspectives on these challenging experiences (Prati & Pietrantoni, 2009; Tedeschi & Calhoun, 2004b). Social support can affirm and sustain the cultural identity of a person forced to migrate and make them feel they belong to the community (Kassam, 2019). Consequently, it is understandable that social participation appears to facilitate well-being (Niemi et al., 2019).

Socio-cultural factors in the environment may facilitate or hinder growth, according to the organismic valuing theory of growth (Joseph & Linley, 2005, 2006, 2008) and most research supports this (Bhat & Rangaiah, 2015; Chan et al., 2016; Kroo & Nagy, 2011; Prati & Pietrantoni, 2009; Schroevers et al., 2010; Sleijpen et al., 2016; Teodorescu et al., 2012). The availability of social support is one of the factors posited to contribute to the emergence of growth (Tedeschi & Calhoun, 2004b; Cryder et al., 2006). PTG may be facilitated when individuals have opportunities to speak about distressing events (Tedeschi & Calhoun, 2004b). In some cultures, people derive most of their social support from family, including extended families. In other cultures, people rely on their community and other professionals for social support (Gopalkrishnan, 2018).

Social support can facilitate or hinder growth by influencing the cognitive and social processing that enables PTG (Joseph & Linley, 2005; Morris et al., 2007; Schubert et al., 2016; Scrignaro et al., 2011). For instance, social networks can help people to make sense of a distressing event. According to theory, such accommodation may result in psychological growth. Individuals can adjust their core beliefs in the aftermath of trauma, giving them the opportunity to learn from these experiences (Joseph & Linley, 2008). In the aftermath of adversity, people may adapt their schemas to recognise that the world can be unsafe but

survival is possible in the face of such adversity. In this way, they can grow, developing personal strength. Researchers have explored the narratives shared about challenging events in social interactions which may facilitate growth (Calhoun & Tedeschi, 2006; Lindstrom et al., 2011), but little research exists on the functions of social support in the process of PTG in the lives of people who have been forcibly displaced from their homeland (Chan et al., 2016).

Whether or not social support aids growth is also influenced by other factors such as the tendency of individuals to consider their circumstances and what to do about them. Those who ruminate on their experiences appear to look to others for support; for instance, when dealing with a chronic illness. In contrast, those who do not tend to think things over as much do not tend to seek support from others (Nolen-Hoeksema & Davis, 1999). Understanding the ways in which social support can facilitate growth may also elucidate some of the challenges in accessing or availing of social support. This would be particularly useful to understand as it applies in the lives of those forcibly displaced.

It would be helpful to bring together what is known about the functions of social support in PTG for those forcibly displaced. A better understanding of the ways in which social support facilitates PTG could further elucidate PTG (Pat-Horenczyk et al., 2015). This review proposes that the role of social support could be explored through qualitative studies that have been conducted with those who have been forcibly displaced and who have lived-experience of PTG. This is a gap in the existing literature.

It is proposed that this topic could be explored through the method of meta-ethnography. A meta-ethnography summarises qualitative research on a topic with the aim of giving rise to

novel interpretations of the body of literature on that topic (France et al., 2014). Given the evolving nature of the concept of PTG as well as its relationship with other constructs, conducting a meta-ethnography serves the purpose of clarifying what qualitative research is saying about PTG as a construct, its relationship to social support and the functions of social support in this process (France et al., 2014; Noblit, & Hare, 1988). In doing so, a meta-ethnography has the advantage of being able to summarise qualitative research from different philosophical backgrounds. The process of meta-ethnography would enable the interpretation of the narratives of refugees, in their own words, and doing so may provide further insight into existing theory.

The following review question is posed:

- In what ways does social support facilitate PTG in the experience of those forcibly displaced from their homelands**?/**What are the functions of social support in facilitating PTG for those forcibly displaced from their homelands?

Aims

Thus, the review aims to elucidate in what ways social support has a role to play in PTG for those forcibly displaced from their homelands. In doing so, it aims to build on what is known about the functions of social support that facilitate PTG (Toye and colleagues, 2014). With this review question in mind, a systematic search of the literature was conducted, using the databases commonly used by researchers in the field of PTG, to discover what qualitative papers had been published on the experience of those forcibly displaced from their homelands of social support and PTG with a view to illuminating the functions of social support in the process of PTG.

Method

Inclusion criteria

The inclusion criteria for the review were as follows:

- **Posttraumatic growth** (or a term that reflects growth following trauma)

  PTG and the terms used that reflect growth following trauma are defined by researchers in the area as psychological growth when faced with life's challenges (Tedeschi & Calhoun, 2004b; Schroevers et al., 2010).

- Social support

  Social support is defined as being supportive of others and their narratives (Tedeschi & Calhoun, 2004b)

  And

- Explored how social support (or one of the other terms) relates to PTG
- Refugee OR asylum seeker

Refugee is defined as "Someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion." (Refugee Convention, 1951)

Asylum seeker is defined as a person who seeks asylum and whose request needs to be processed in the country in which they seek asylum (UNHCR, 2020).

- Qualitative study

Common terms used for qualitative study used in the search terms - ((“content analysis” OR discourse* OR “ethnography” OR “grounded theory” OR narrative* OR phenomenology* OR qualitative* OR interview*) and (depth* OR open-ended* OR semi-structured* OR unstructured*) OR focus group))

- Involving humans
- Adults OR children

Exclusion Criteria

- Dissertations
- Reviews

Next, a search was carried out.

Search Strategy

Scoping a wide number of reviews familiarised the main author with the most commonly utilised databases in researching PTG. This strategy was adopted to optimise the use of databases in the review. The search terms that were used evolved by researching what terms were utilised by other researchers in the area of PTG (Hefferon et al., 2009; Michael & Cooper, 2013) and were based on Heffernon and colleagues’ (2009) qualitative review on PTG and physical health. The search criteria were informed by the SPICES criteria (Booth & Cleyle, 2006; Malpass et al., 2009) (see Table 1). The search strategy involved both controlled vocabulary searches and keyword searches as dictated by the databases (France et al., 2016). The databases searched were PsychINFO, Medline, Pubmed, Scopus, and Web of Science.

Guidance was also sought on the search strategy. On the basis of this guidance, the main author searched for the term "qualitative research" alongside other commonly used terms for qualitative research. The terms chosen were based on the most common terminology used to find qualitative studies on databases according to the University librarian. The search strategy is summarised in Table 2. The aim of the search strategy was to discover all possible studies. Noblitt and Hare (1988) have argued, however, that such searches do not have to find every study and that generalising all studies that are discovered in a search may lead to conclusions that are without foundation. No time limit was placed on the search and automatic search alerts were set up so that the main author was alerted to any new articles.

Table 1

Using SPICE(S) as a tool to guide the search criteria (Booth & Cleyle, 2006)

Criteria	Description
Setting	Ideally would be an exclusion criteria but there are only a limited number of papers
Perspective	Refugees or asylum seekers going through PTG – considering their views
Intervention	In what ways social support facilitates PTG
Comparison	Participant views and researchers interpretations of these views are compared within and between papers
Evaluation	Explore participants views to understand the ways that social support facilitates PTG
Social Science Methodology	Qualitative

Table 2

Search terms

Where PTG was the only terms in the site dictionary, the other terms were searched for as key words. Therefore ALL terms were searched for as keywords
TITLE-ABS-KEY (("PTG" OR "post traumatic growth" OR "benefit finding" OR "thriving" OR "positive changes" AND TITLE-ABS-KEY (("social support" OR "social network" OR "social relationships" OR "community network")) AND KEYWORD (("content analysis" OR discourse* OR "ethnography" OR "grounded theory" OR narrative* OR phenomenology* OR qualitative* OR interview*) and (depth* OR open-ended* OR semi-structured* OR unstructured*) OR focus group)) AND TITLE-ABS-KEY ((refugee* OR asylum seeker*))

Screening

One hundred and ninety-eight papers were found. The first author screened the title and abstract of all of these articles. They excluded articles that were not concerned with the main topics of research (those of PTG and social support). Next, a second reviewer was invited to conduct a search of each database and to consider twenty per cent of the papers to decide whether they met the inclusion and exclusion criteria. If the two reviewers could not agree on whether a paper met the inclusion criteria, then a third reviewer – the main author's supervisor – was consulted.

Following screening, 28 papers remained. Ten of these papers met the inclusion criteria. All of these papers were reviewed.

Search outcome

The search outcome identified a number of articles:

- Psychinfo – 4/65
- Web of Science – 2/70
- Pubmed- 3/27
- Medline – 0/27
- Scopus – 1/9

18 duplicates were found and removed. Therefore, ten articles remained for critical analysis.

Critical Analysis

The Critical Appraisal Skills Programme (CASP) checklist for qualitative research was used to conduct a critical analysis of all papers (CASP, 2017). This critical analysis is included in (Appendix B). Toye and colleagues (2013) proposed that studies included should be clear and that concepts should also be translatable and should illustrate interpretative rigour at each stage of the process. All of the included studies were deemed to have value in these regards. The qualitative CASP checklist has been used to critique papers in meta-ethnographies (Shallcross et al., 2018). Regarding the use of CASP, the research team undertook its use with an awareness of the challenges around evaluating qualitative research. When using criteria to determine the quality of research, it can become a judgment on the quality of the written report, rather than the research process (Atkins et al., 2008). However, certain criteria, as outlined in the checklist, can be useful when determining the quality of papers. As there is divided thinking around how best to define what constitutes qualitative research of high quality, the research team decided to review all papers (Barbour, 2001; Ring, Jepson, & Ritchie, 2011). However, the CASP evaluation was included in recognition of the need to be aware of the quality of research in determining its usefulness.

Indeed, the CASP evaluation drew attention to aspects of the papers that were useful to consider. Overwhelmingly the studies in this review used purposive sampling (Abraham et al., 2018; Hussain & Bhushan, 2013; Johnson et al., 2009; Kim & Lee, 2009; McCormack & Tapp, 2019; Shakespeare-Finch et al., 2014; Şimşir et al., 2018; Strode Ferriss & Forrest-Bank, 2018; Uy & Okubo, 2018; Wehrle et al., 2018). This limits the relevance of their findings to those who were willing to take part in research. Secondly, it was not always stated whether ethical approval had been sought (Hussain & Bhushan, 2013; Kim & Lee, 2009; Şimşir et al., 2018;; Uy & Okubo, 2018; Wehrle et al., 2018). Most of the studies did not discuss whether they had modified any of the methods in the study either (Hussain & Bhushan, 2013; Johnson et al., 2009; Kim & Lee, 2009; McCormack & Tapp, 2019; Şimşir et al., 2018; Strode Ferriss & Forrest-Bank, 2018; Uy & Okubo, 2018; Wehrle et al., 2018). It is possible, though, that some of these issues were addressed and that the authors were limited in terms of the space they had to explore these issues when submitting a written account of these studies for publication. Taking this into account, the research team did think that a number of the studies may have benefitted from the researchers' reflecting on the relationship between the researcher and the participants (Hussain & Bhushan, 2013; Johnson et al., 2009; Kim & Lee, 2009; McCormack & Tapp, 2019; Şimşir et al., 2018; Strode Ferriss & Forrest-Bank, 2018; Uy & Okubo, 2018; Wehrle et al., 2018). For instance, in the study with those forced to leave North Korea, a reflection on North Korean culture, and the researcher's perception of its influence on the interviews conducted, may have provided some insight into the findings of the study.

In terms of the strengths of these papers, the vast majority of studies used interviews to collect data. Half of the studies specified that they conducted semi-structured interviews which may have enabled researchers to explore a topic without being restricted by a set

interview schedule (Hussain & Bhushan, 2013; Johnson et al., 2009; McCormack & Tapp, 2019; Shakespeare-Finch et al., 2014; Wehrle et al., 2018). Additionally, the methodologies of the majority of studies facilitated the exploration of PTG (Abraham et al., 2018; Hussain & Bhushan, 2013; Johnson et al., 2009; Kim & Lee, 2009; McCormack & Tapp, 2019; Shakespeare-Finch et al., 2014; Strode Ferriss & Forrest-Bank, 2018; Uy & Okubo, 2018; Wehrle et al., 2018.

Results

Noblitt and Hare's (1988) process of conducting a meta-ethnography was followed as a method by which to analyse these papers; the stages of this process "overlap" (p.26) (see Appendix C).

Reading the papers

The papers were read by the main author on multiple occasions to identify themes (Britten et al., 2002). Themes, defined as key concepts in a paper (Cahill et al., 2018; Noblit & Hare, 1988), were extracted across each paper as a whole (France et al., 2014; France et al., 2016; France et al., 2019). Extracting themes was undertaken in order to find out what the papers contributed to the topic of interest (Cahill et al., 2018). The context of the research, the methodology of each paper and a description of the participants were summarised (Pound et al., 2005) (see Table 3, below). Then it was possible to consider whether there were associations or distinctions between the themes.

Table 3

The characteristics of the papers

Source	Country	Age and gender	Ethnicity	Methodology	Aim
1) Distress, coping, and posttraumatic growth in refugees from Burma Shakespeare-Finch et al. (2014) Journal of Immigrant & Refugee Studies, *12*(3), *311-330*	Australia	25 participants 12 males 13 females They had lived in Australia for 12 months or less. Aged 20 to 58 years	Participants were from a Karen, Kachin, Matu, Rohingyan, Chin, Burmese, Kayan, or Arakan background. They resided in Brisbane.	Interpretative phenomenological analysis (IPA) (Smith, 2011)	The research sought to consider the refugee experience looking at how individuals adapt to deal with adverse circumstances and explicating social and cultural factors and the way an individual derives meaning from them supports individuals to manage difficulties and adversity.
2) Posttraumatic growth experiences among Tibetan refugees: A qualitative investigation Hussain and Bhushan (2013) Qualitative Research in Psychology, *10*(2), 204-216.	Dharmshal, Himachal Pradesh, India	12 Tibetan refugees Aged: 25 to 46 years Eight male Four female	Five of the refugees were born in exile. Seven were born in Tibet and raised in India.	Interpretative phenomenological analysis (IPA)	PTG from the perspective of Tibetan refugees.

Source	Country	Age and gender	Ethnicity	Methodology	Aim
3) **Coping, resilience and posttraumatic growth among Eritrean female refugees living in Norwegian asylum reception centres: A qualitative study** Abraham et al. (2018) International Journal of Social Psychiatry, *64*(4), 359-366.	Norwegian asylum reception centres	18 female Eritrean refugees Aged 18–60	Eritrean	An explorative design - interviews and a focus group were conducted. This study was a component of a larger mixed methods study The study took a content-focused hermeneutic analytic approach.	Coping with migrating to another country- Exploring what factors have an impact on how they manage and on whether they are resilient and display PTG.
4) **Posttraumatic growth experiences of Syrian refugees after war** Simşir et al. (2018) Journal of Humanistic Psychology, *58*(1), 1-18.	Turkey	Fifteen Syrian refugees They migrated from Syria to Turkey Aged 18 – 40. 10 females and 5 males	Syrian	A phenomenological design was used. Yıldırım and Şimşek (2013)	Exploring posttraumatic growth from the perspective of Syrian refugees.
5) Non-Western interpreters' experiences of trauma: the protective role of culture following exposure to oppression Johnson et al. (2009) Ethnicity & Health, *14*(4), 407-418.	United Kingdom	6 Males 2 Females Aged 22-46	Syrian, Kosovan, Somali and Iraqi Iranian, Turkish and Somali	Interpretative phenomenological analysis (IPA)	This study explored how interpreters (who are immigrants; not refugees or asylum seekers) working in the UK who had formerly suffered significant trauma in their country of origin, and who identified themselves as coping well, managed their experience of trauma.

Source	Country	Age and gender	Ethnicity	Methodology	Aim
6) Reassembling a shattered life: A study of posttraumatic growth in displaced Cambodian community leaders Uy and Okubo (2018) Asian American Journal of Psychology, *9*(1), 47–61.	United States	8 men and 4 women Aged 33-81 years old	Cambodian	IPA	To explore PTG as a way of coping and meaning making. It illustrates the lived experience of Cambodian leaders: spirituality, outlook on life, interpersonal relationships, and new priorities. It considers a new domain of PTG – leadership.
7) Perspectives of Somali refugees on posttraumatic growth after resettlement Strode Ferriss and Forrest-Bank (2018) Journal of Refugee Studies, *31*(4), 626-646.	United States	12 participants took part in two focus groups of Six participants each (I think given the phrasing of the article six participants were female and six were male. This was done to specifically facilitate a safe space for women who may have been exposed to violence.	Somali	Focus group methodology (not further specified Qualitative focus group	Exploring PTG
8) **Violation and hope: Refugee survival in childhood and beyond** McCormack and Tapp (2019) International Journal of Social Psychiatry, *65*(2), 169–179.	Everyone is living in a Western Country – it is not specified which country/countries but it is possibly Australia given that this is where the article is published	Four adults (one male and three females) aged 25–46	Vietnamese One participant is from Afghanistan	IPA	Explored with four adults the sense they made of their experiences of being a refugee as a child.

Source	Country	Age and gender	Ethnicity	Methodology	Aim
9) **A phenomenological study on the experience of North Korean refugees** Kim and Lee (2009) Nursing Science Quarterly, *22*(1), 85-88.	South Korea	Two men and three women Ages 20 - 39. Two university students, two housewives, and one pre-medicine student.	North Korean	Phenomenological study	Explore the experience of North Korean refugees.
10) Can I come as I am? Refugees' vocational identity threats, coping, and growth Wehrle et al. (2018) Journal of Vocational Behavior, *105*, 83-101.	Germany	Aged 19 – 40 24 males 7 females	Syrian Ghanaian Kosovar Afghani Iraqi Libyan	Thematic analysis	To discover if the challenge to a refugee's identity results in growth.

Table 4

A description of this meta-ethnography

Aspect	Description
Research question	In what way does social support facilitate PTG for those who have been forcibly displaced?
Aim	To determine the functions of social support that facilitate PTG for those who have been forcibly displaced.
Search strategy	A systematic search of five databases with the guidance of a specialist librarian.
Quality assessment	CASP for qualitative research.
Synthesis approach	Meta-ethnographic analysis of 10 studies. Reciprocal translation and a line of argument synthesis are used to develop a third order interpretation.
Key findings	Certain functions of social support appear to facilitate PTG.
Hypotheses emerging from the synthesis	Social support can serve a variety of functions. Some barriers impede people who have been forcibly displaced from being able to access social support Cultural differences need to be studied.

Determining how the studies are related

A table of themes[1] was created for the purposes of comparing and contrasting them (Campbell et al., 2003; Noblitt & Hare, 1988). This table summarised the 1st order constructs (participants' understandings- quotes, which were used to ground interpretations in the data), 2nd order constructs (researchers' interpretations in each paper) and 3rd order constructs (1st and 2nd order constructs are synthesised into a novel conceptualisation) (Atkins et al., 2008). Firstly, the main author logged the 1st order constructs and a central idea (called the 'initial code') that was "interpreted" from the quote. Secondly, the main author made use of researchers' interpretations of each paper which were the 2nd order constructs.

[1] This table of themes is available to examiners in the data submitted with the submission of the thesis

Findings from the study were then translated into one another by the main author, in consultation with the research team. Themes within and between articles were compared and contrasted, beginning with the first paper and then moving onto the second paper and so on. The 1st order constructs were juxtaposed. The 2nd order constructs were also compared and contrasted. This continued until all papers had been compared and contrasted. Validity was enhanced because the research team explored the results together (Atkins et al., 2008; Britten et al., 2002; Campbell et al., 2003; Malpass et al., 2009).

By examining the papers in this manner, it was determined that the papers in this meta-ethnography shared themes; therefore, a reciprocal analysis was conducted. (Atkins et al., 2008; Britten et al., 2002; Campbell et al., 2003; France et al., 2014).

Next, the main author synthesised the translations of the research. The final themes found in this review were examined to determine whether they reflected the original themes in each study (Table 5). Lastly, the synthesis was expressed by writing up the findings of the meta-ethnography.

Initial formulation of the synthesis

How the papers are related

The studies summarise the views of 142 participants, aged 18 to 81 years of age. They were forcibly displaced from 16 countries (including five people who were born in exile). The studies were published over the course of ten years, from 2009 to 2019.

How they differed

There was one study with eight migrants who had experienced significant and repeated incidents of trauma that led to them feeling that they had no other choice but to leave their

homelands; this is similar to experiences described by refugees (Johnson et al., 2000). These migrants became interpreters when they settled in the UK. Two of these participants had obtained visas to enter the country: these participants differed from the other participants in the review. Upon reflection, the research team made the decision that, since these participants had endured similar experiences to the other participants included in the review, this paper would be included in the review.

Another paper differed from the other studies in the review (Strode Ferriss & Forrest-Bank, 2018). It explored whether people who did not have the concept of PTG in their culture had experienced PTG (Strode Ferriss and Forrest-Bank, 2018). This paper was included as the participants experienced growth which was facilitated by social support. It is distinct from the other papers in that, though individuals grew as a result of adversity, the researchers queried whether it meant definitively that the participants had experienced growth. This paper was deemed important to include. It raises the question of how PTG is defined and the importance of researchers hearing the experience of those forcibly displaced to understand their experience.

The aim of the meta-ethnography was to synthesise qualitative studies exploring the experiences of those forcibly displaced with regard to the ways in which social support facilitated PTG. The review summarised the experiences of 142 participants from 16 countries (including five refugees who were born in exile) who had settled in new homes, as reported in ten studies. The analysis led to the emergence of eight themes: All ten of the studies contained between four and six themes (see Table 7). Table 5 demonstrates the emergence of a theme: ‘Helping others is helping myself’. How the studies contributed to each of the third order constructs is demonstrated in Tables 6 and 7, below.

Table 5

How one theme emerged: 'Helping others is helping myself.

1st order constructs	2nd order constructs	Codes	Theme
" So we fight together"	A sense of duty to family, community and country: being involved in the community is meaningful and serves a purpose	Duty towards each other/ Solidarity	Helping others is helping myself
"So I had the responsibility to take care of my life and respect my life and also the responsibility to take care of the rest of my siblings."	Compassion for others		
"I have something to give out for my people"			
"If I could get freedom from Burma and I am in a free country then I would be able to help those people and so that is the point of why I must go on'			
"Things changed when I joined Tibetan youth congress. I started to work for my community and Tibet's freedom movement. Now I feel that as a refugee, I should not survive only for my own sake but also for my community."			
'When I suffered, I understood how painful it is. So, I do not want any other people to undergo such pains'			
"I feel that as a refugee, I should not survive only for my own sake but also for my community."			
"I realised that by helping others in their suffering, I am healing my own sufferings also."			
'I am working for the cause of our community and struggle. This is my purpose in life'			
"I put a big value on developing young people... identifying young talent, make sure they've got the right opportunity, but also the right support... I want to help people create opportunities for themselves, through their development."			
"No, we proud of it, we make the most of it."		Being a survivor is a gift	

"I cannot delete bad experiences…..I have learned is that I have to help people"			
‘‘Beyond yourself if you get better than you try to help other people get better and then even more people. You reach a point where we think how we all can get better’’			
"They took away my faith in humanity and I have to do something about it...Whatever the Khmer Rouge did and taught us, I try to do the opposite. If they want to kill people, I want to help people; if they want to take away education, I want to build schools, and if they want to get people against each other, I want to unite people. I want to live my life opposite of the negative lessons I learned because they cannot win."			
"Sharing my knowledge and my experience, and helping others and the community give me a sense of purpose in life."			
"If there is one thing I learned from the Khmer Rouge is that I can do anything, and I use that as leverage. I can lead by example, I do not just say it, but actually do it. My passion is so strong, I’m going to get there no matter what” “So people come together and support me and we come together and we share vision and success in improving our community"			
"When a new arrival woman come to this city, we try to help them ….I think I have got the feeling for these people, and I can understand their problems because I have been through all these things... and this I think a lot of whys giving me more power to continue helping my people."			

Table 6

The studies that contributed to each of the third order constructs – coding

Title and author	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16
	Sharing my experience of distress with others	**Faith as social support**	**Not being alone**	**Friends and family as a source of support**	**Belongingness**	**Duty towards each other/ Solidarity/Community involvement**	**Being a survivor is a gift**	**Community as a source of social support**	**Future**	**Identity being flexible**	**Identity being affirmed**	**Hope**	**Barriers to social support**	**Adaptability**	**Normalising distress**	**Witnessing distress**
Coping, resilience and posttraumatic growth among Eritrean female refugees living in Norwegian asylum reception centres: A qualitative study Abraham et al. (2018)	X	X	X	X	X			X	X			X		X	X	X
Posttraumatic Growth experiences of Syrian refugees after war Şimşir et al. (2018)		X	X	X	X	X		X					X		X	X

Title and author	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16
Distress, coping, and posttraumatic growth in refugees from Burma Shakespeare-Finch et al. (2014)		X		X	X	X	X	X		X	X	X	X	X		
Posttraumatic growth experiences among Tibetan refugees: A qualitative investigation Hussain and Bhushan (2013)		X	X	X	X	X	X	X					X	X		
Can I come as I am? Refugees' vocational identity threats, coping, and growth Wehrle et al. (2018)				X	X			X	X	X			X	X		
A phenomenological study on the experience of North Korean refugees Kim and Lee (2009)	X	X		X				X		X			X			

Title and author	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16
Violation and hope: Refugee survival in childhood and beyond McCormack and Tapp (2019)						X	X	X		X		X	X			
Perspectives of Somali refugees on posttraumatic growth after resettlement Strode Ferriss and Forrest-Bank (2018)		X				X						X	X			
Reassembling a shattered life: A study of posttraumatic growth in displaced Cambodian community leaders Uy and Okubo (2018)	X	X		X		X		X	X			X	X			
Non-Western interpreters' experiences of trauma: the protective role of culture following exposure to oppression Johnson et al. (2009)	X	X				X		X	X			X	X			

Table 7

The studies and how they contributed to each of the third order constructs – themes

Title and author	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6	Theme 7	Theme 8
	Sources of support -Faith -Family -Friends -Community	**Helping others is helping myself** -Duty/ Solidarity -Community involvement -Being a survivor is a gift	**Belongingness** - Not being alone -Identity affirmation	**Sharing my experience of distress with others/ Reciprocity** -Witnessing distress	**Normalising distress**	**A source of hope** -Hope -Future	**Adaptability** -Being adaptable - Identity being flexible	**Barriers to social support**
Coping, resilience and posttraumatic growth among Eritrean female refugees living in Norwegian asylum reception centres: A qualitative study Abraham et al. (2018)	X	X	X	X	X		X	
Posttraumatic growth experiences of Syrian refugees after war Şimşir et al. (2018)	X	X	X	X	X			X
Distress, coping, and posttraumatic growth in refugees from Burma Shakespeare-Finch et al. (2014)	X	X	X			X	X	X
Posttraumatic growth experiences among Tibetan refugees: A qualitative investigation Hussain and Bhushan (2013)	X	X	X				X	X

Title and author	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6	Theme 7	Theme 8
Can I come as I am? Refugees' vocational identity threats, coping, and growth Wehrle et al. (2018)	X		X			X	X	X
A Phenomenological Study on the Experience of North Korean Refugees Kim and Lee (2009)	X			X		X	X	X
Violation and hope: Refugee survival in childhood and beyond McCormack and Tapp (2019)		X				X	X	X
Perspectives of Somali refugees on posttraumatic growth after resettlement Strode Ferriss and Forrest-Bank (2018)		X				X		X
Reassembling a Shattered Life: A Study of Posttraumatic Growth in Displaced Cambodian Community Leaders Uy and Okubo (2018)	X	X		X		X		X
Non-Western interpreters' experiences of trauma: the protective role of culture following exposure to oppression Johnson et al. (2009)	X	X		X	X	X		X

Findings

Eight themes emerged in the meta-ethnography: ‘Having sources of support’, ‘Helping others is helping myself’, ‘Belongingness’, ‘Sharing my experience of distress with others/Reciprocity’, ‘Normalising distress’, ‘A source of hope’, ‘Adaptability’ and ‘Barriers to social support’.

Having sources of support

Individuals who took part in these studies drew support from many sources, including family, fellow refugees (who, in some cases, became a surrogate family), friends, and community (Abraham et al., 2018; Hussain & Bhushan, 2013; Johnson et al., 2009; Kim & Lee, 2009; McCormack & Tapp, 2019; Shakespeare-Finch et al., 2014; Şimşir et al., 2018; Strode Ferriss & Forrest-Bank, 2018; Uy & Okubo, 2018; Wehrle et al., 2018). Sources of support provided intimacy and connection, along with practical and emotional support.

They found support in each other through engaging in activities to improve the community, to give back to the community and to advocate for a better life for others in their new home and in their homeland. Furthermore, religion and spirituality stood out as a source of support across eight of the studies (Abraham et al., 2018; Hussain & Bhushan, 2013; Johnson et al., 2009; Kim & Lee, 2009; Shakespeare-Finch et al., 2014; Şimşir et al., 2018; Strode Ferriss & Forrest-Bank, 2018; Uy & Okubo, 2018). Importantly, a distinct minority of individuals did not find solace in their faith; instead, it was considered to have contributed to their distress (Shakespeare-Finch et al., 2014). In one study in particular, in which researchers explored experiences of being a refugee as a child, these participants did not find comfort in their faith (Uy & Okubo, 2018). It is possible that this may be due to the age of the participants at the time they were forcibly displaced. This raises a query as to the age at which it is possible to experience posttraumatic growth. It also draws attention to the fact that it may be helpful to

have access to a variety of sources of support to meet people's needs. Connection and practical and emotional support facilitated growth according to the people in these studies:

"God helps us go through difficulties and win through in the end" (Abraham et al., 2018)

"[Peers] *Watched me continually and gradually my mood changed"* (Abraham et al., 2018)

"And if you can't deal with it then you would go to the deacons in the church and if they can't help then you would go to the minister or whoever is capable of helping you" (Shakespeare-Finch et al., 2014)

"I could start a new life by the support of my friends in our community. It is a great relief when you feel that you are not alone during the crisis." (Hussain & Bhushan, 2013)

Helping others is helping myself

In quite a few of the studies, it came across strongly that refugees felt a duty towards others as a result of what they had themselves been through (Hussain & Bhushan, 2013; Johnson et al., 2009; McCormack & Tapp, 2019; Shakespeare-Finch et al., 2014; Şimşir et al., 2018; Strode Ferriss & Forrest-Bank, 2018; Uy & Okubo, 2018). This sense of responsibility included family and fellow refugees and also extended to the wider community. By engaging in such activities for the benefit of others, and alongside others, they began to feel less distressed. Indeed, they also grew. In response to their circumstances, many felt compassion for others in need and from this grew a need to engage in the community by advocating for others and helping them. From engaging in activism, some people spoke of how helping others had helped them to help themselves:

"I put a big value on developing young people... identifying young talent, make sure they've got the right opportunity, but also the right support... I want to help people create opportunities for themselves, through their development." *(*McCormack & Tapp, 2019)

"I realised that by helping others in their suffering, I am healing my own sufferings also." (Hussain & Bhushan, 2013)

''Beyond yourself if you get better then you try to help other people get better and then even more people. You reach a point where we think how we all can get better'' (Strode Ferriss & Forrest-Bank, 2018)

"Helping others give me a sense of purpose in life. I think you'll see…that purpose in life is very important, especially after trauma" (Uy & Okubo, 2018).

"They took away my faith in humanity and I have to do something about it. I had to learn to trust people, to be kind, and I've got to learn [to] help other people. Whatever the Khmer[2] *Rouge did and taught us, I try to do the opposite. If they want to kill people, I want to help people; if they want to take away education, I want to build schools, and if they want to get people against each other, I want to unite people. I want to live my life opposite of the negative lessons I learned because they cannot win"* (Uy & Okubo, 2018).

Belongingness

The concept of belonging arose in some studies – perhaps as an understandable response to the significant loss participants had endured. Participants sought to establish themselves in the country they had arrived in and to maintain a connection to the home they had left (Şimşir et al., 2018; Wehrle et al., 2018). In expressing this desire for 'home', some participants used

[2] Khmer Rouge: The Khmer Rouge were an authoritarian regime that took control in Cambodia in the 1970s, under their leader, Pol Pot. They set out to forcefully develop a society that did not have a class system and one that was based on agriculture. They instigated mass genocide to force the population to adhere to their authoritarian regime. See https://time.com/5486460/pol-pot-cambodia-1979/

the pronoun ‘we’ and others referred to their fellow refugees, perhaps embodying the collective nature of ‘belonging somewhere’ as being not only to a place but to a culture and a people (Abraham et al., 2018; Hussain & Bhushan, 2013; Shakespeare-Finch et al., 2014). Where people found they could lay down their roots and maintain their connection to home is where they experienced growth.

“I learned the importance of my homeland. We could not know our homeland’s worth. I have learned the importance of my homeland.” (M15) (Şimşir et al., 2018)
"I feel that as a refugee, I should not survive only for my own sake but also for my community” (Hussain & Bhushan, 2013)

Sharing my experience of distress with others /Reciprocity

Participants spoke of the importance of sharing their experience with others in terms of getting through their distress. Sharing our experiences with others offers an opportunity to witness and validate distress and to connect with others.
In relation to reciprocity, participants told researchers how much they valued being able to express their narratives as a means by which to share what they had been through with others. Being heard by others who could understand or were perceived to care about what they had been through and listening to others’ stories in return was important and facilitated ‘healing’ (Abraham et al., 2018; Johnson et al., 2009; Kim & Lee, 2009; Şimşir et al., 2018; Uy & Okubo, 2018) A participant summarised this sentiment succinctly:

"Through the narratives of other people you get closer to your own. You get closer to your own humanity by understanding the stories of other people and the struggles they have." (Uy & Okubo, 2018)

"I believe that my healing process began when we started to share and engage in more dialogue about the experiences in the war. I do not know the exact duration of the healing process. I think it began once my family welcomed conversations of this topic. Healing had taken place, as I began feeling more empowered by the stories as oppose to sadness and anger." (Uy & Okubo, 2018)

Normalising distress

Participants valued when others normalised their distress and felt that this contributed to their growth (Abraham et al., 2018; Johnson et al., 2009; Şimşir et al., 2018).

"Watched me continually and gradually my mood changed" (Abraham et al., 2018)

*"Our neighbours supported us. They behaved as if we were living normally." (*F2) (Şimşir et al., 2018)

Hashim explained:

"... Because in my community we do communicate and we do talk about events and problems, you know... what's happened to them. And it's not very secret. It's not something that's big deal. It's happened to everyone because there was a war" (Johnson et al., 2009)

A source of hope

Participants were able to cultivate a sense of hopefulness for themselves and this was sometimes generated or sustained in response to those around them. Often, hope was illustrated through the act of making plans for the future (Abraham et al., 2018; Johnson et al., 2009; McCormack & Tapp, 2019; Shakespeare-Finch et al., 2014; Strode Ferriss & Forrest-Bank, 2018; Uy & Okubo, 2018; Wehrle et al., 2018). Participants spoke of how

their families often contributed to their reflections about how to respond to adversity which led to growth.

"I struggle with negative thoughts but I try to think of the future too" (Abraham et al., 2018).

"I have strength because I am the hope of the family" (Shakespeare-Finch et al., 2014)

"All the time I have someone who support me, all the time said, have a look, a lot of people have lost their family and how lucky you are. You have to carry on with your future." (Rashid) (Johnson et al., 2009)

''Beyond yourself if you get better than you try to help other people get better and then even more people. You reach a point where we think how we all can get better'' (Strode Ferriss & Forrest-Bank, 2018)

Adaptability

For some participants, social support may have served the function of fostering adaption and this led to growth (Abraham et al., 2018; Hussain & Bhushan, 2013; Kim & Lee, 2009; McCormack & Tapp, 2019; Shakespeare-Finch et al., 2014; Wehrle et al., 2018).

"So I had the responsibility to take care of my life and respect my life and also the responsibility to take care of the rest of my siblings." (Shakespeare-Finch et al., 2014)

"Work is important for me. I actually build so many relationships at work and I got to know the German culture and laws better. [...] The refugees, who haven't learned German yet [...] are like children; kind of like children in first class. [...] They don't understand matters yet.

They want to learn [...], but it's difficult, as the culture is different, [...] the laws, [and] the bureaucracy. [...] When I learned German, [...] I learned so much about [...] how life works here in Germany. Also, while working with my colleagues [...]. I gathered experience on how Germans think; on how to deal with Germans. When can I ask questions and when can I answer." (Wehrle et al., 2018)

"Just the way that my brothers … saw me and therefore the way I saw myself … told that there's something wrong with me or … that's not the right way to think … I feel like I'm still stuck in that stage and not transitioning….For them, I have to follow their advice … but now I'm kind of learning that I don't." (McCormack & Tapp, 2019)

As specified above, participants experienced social support as a facilitator to growth. They described social support that enables growth as follows:

"Knowing that I am not alone in my own suffering made it all less tragic and more transformative." (Uy & Okubo, 2018)

"My healing process began when we started to share." (Uy & Okubo, 2018)

Barriers to social support

The prevalence and range of barriers that arose in studies were reflected on. The main author of the meta-ethnography felt that these barriers needed to be mentioned to draw attention to the challenges faced in accessing social support. Nine studies discussed significant impediments to availing of social support (Hussain & Bhushan, 2013; Johnson et al., 2009; Kim & Lee, 2009; McCormack & Tapp, 2019; Shakespeare-Finch et al., 2014; Şimşir et al., 2018; Strode Ferriss & Forrest-Bank, 2018; Uy & Okubo, 2018; Wehrle et al., 2018).:

"I mean there was only me that didn't see anybody die before in my family... so in a way they didn't understand." (Ayan) (Johnson et al., 2009)

"People don't talk to people here in the United States it takes 5 months before you are even able to talk to people like your neighbours, people don't talk to people here." (Mahdi). (Strode Ferriss & Forrest-Bank, 2018)

"Once in the bus, a man said to me: 'Don't touch me!' even though I didn't do anything. He kept on saying: 'Don't touch me, if you dare to do so, I'll punch you!', but I didn't do anything. […] I think he was afraid of refugees. […] It's sad. […] Why? I'm a human being and […] no terrorist." (Qabel) (Wehrle et al., 2018).

"We cannot depend too much on the help of others for our survival. So, we are forced to find our ways of survival." (Hussain & Bhushan, 2013).

Discussion

The present meta-ethnography added to the literature by outlining how social support facilitated growth for participants across the studies and the ways in which it operated. It sought to explore how participants in the examined studies experienced the role of social support as it relates to PTG and what functions social support served in their lives. It builds on prior research which has argued for the role of social support in the process of PTG (Connerty & Knott, 2013; Prati & Pietrantoni, 2009).

The findings of the meta-ethnography indicated that participants experienced social support as a facilitator of growth in a number of ways. Eight themes emerged: 'Sharing my experience of distress with others/Reciprocity', 'Normalising Distress', 'Having sources of support', 'Belongingness', 'Helping others is helping myself', 'A source of hope', 'Adaptability', and 'Barriers to Social Support'.

Firstly, participants emphasised how beneficial sharing their experiences of distress can be as a function of support. Storytelling has been found to be valued in other studies. Individuals having the opportunity to share their narratives has been found to be valued in other studies (Henrickson et al., 2013). In contrast, social support may be less helpful for some people- such as for those who are most distressed, or those who experience PTSD (Nakash et al., 2017).

Participants in the papers reviewed in this meta-ethnography also spoke of a function of social support being to normalise the distress of their experience. This may facilitate an understanding of distress. Consequently, it may be easier to share the distress of their experiences which may facilitate growth (Tedeschi & Calhoun, 2004b; Tedeschi et al., 2018).

Studies have found that groups of survivors that offer support for people getting through cancer can foster growth (Morris et al., 2011). In providing each other with support by listening, acknowledging and validating each other's experience, distress can be normalised and this may contribute to feeling supported. It is possible that those displaced from their homelands benefit from shared experiences because it normalises their distress and this fosters growth.

Across the reviewed studies, people who have sought refuge also relied on a variety of sources of support. Notably, there was a prominence of using religion or spirituality as a source of support: people report finding solace in religion or spirituality. Religion or spirituality offer the opportunity to surrender challenges to God and to use prayer as a means by which to cope (Shaw et al., 2019). Faith is exceptional in that people can bring it with them from their homeland, through their journey and to the country in which they hope to settle. Thus, it can facilitate a feeling of normality, as it has been a consistent presence throughout their lives (Tippens, 2016). Religion can also be seen as a culturally acceptable form of coping (Chase et al., 2013). For those for whom religion is part of their lives, it can be a familiar community activity that cultivates a sense of routine, which is akin to a sense of normality in challenging times. Engaging in religious practice may serve the function of re-establishing some social norms (Ajdukovic, 2004). It is notable that religion may be less significant for younger refugees, as experienced by some of the younger refugees in the present review (Cohen and Asgary, 2016). Younger people could potentially benefit from access to a range of support. In particular, younger people have been reported to benefit from engaging in advocacy (Cohen & Asgary, 2016). However, the prevalence of religion or spirituality in narratives indicates its importance to those who participated in the studies in

this review. Importantly, religion can also be associated with fears among those seeking refuge.

For instance, in one study 36 Shia Muslim women spoke of their concerns of being persecuted for their religious beliefs in the country in which they had settled where the population are predominantly Sunni Muslim. They spoke of the fear of being identified as a member of their religious community and of their beliefs being misunderstood. These fears led to them to hide their faith. They worried about being discriminated against and attacked because of their beliefs. Such fear of persecution is particularly prevalent when a person's culture differs from the culture of the country in which they seek refuge. Sadly, some people had experienced discrimination on the basis of their faith. Given that the traumatic experiences that had led to them seeking refuge often involved figures of authority, they felt that they were unable to rely on the protection of the police. For these individuals, this meant that they were unable to openly practice their faith or receive the support of their faith community. This was particularly concerning as the women spoke of the fundamental role their faith played in supporting them to cope (Shaw et al., 2019). Thus, religion and spirituality emerged as significant sources of support for those who experienced PTG, with notable exceptions.

Having a sense that they belonged was also important to participants in the studies in this review. It could be that it gave participants a sense of security and an attachment to the communities in which they were establishing their new homes. It is possible that their relationships with fellow refugees from the same culture maintained a connection to their homeland, too. There is a dearth of research with those who seek refuge and what their concept of 'home' entails, and yet the collective loss they have each experienced is of their

home (Papadopoulos, 2002). Perhaps this speaks to the dehumanising of individuals seeking refuge. The international narrative, which tends to prioritise citizens' needs, occludes the fact that individuals seeking refuge are in search of a home when they have been forced from their own.

Being in a familiar location alongside those with whom we have intimate bonds is a commonality among us and thus may contribute to a sense of security (Bowlby, 1988). Thus, when forced from home, individuals are likely to have an understandable need to rebuild that sense of home, which was established systemically, in the family but also in the wider community, in a socio-political context (Papadopoulos, 2002). 'Home', viewed in this manner, could be understood as a component of identity, or a part of the narrative of who we are. Those who seek refuge who arrive in countries with different socio-political environments from their homeland not only experience a loss of home but they are also subjected to the socio-political narrative about refugees in the country in which they have arrived (Papadopoulos, 2002). Additionally, it is common for roles in the immediate family to change, which can contribute to redefining home life as they have known it (Papadopoulos, 2002). The present review draws attention to the importance of belonging for the individuals in these studies. Social support appeared to serve the function of fostering belongingness and to contribute to the process of growth.

In these studies, participants also reported that they had experienced growth by helping others. Activism has been found to facilitate well-being, reconceptualise identity, enable hope and agency and to empower others to stand up for their beliefs (Elsass & Phuntsok, 2009; Pavlish, 2005). Indeed, hope was also spoken of by those displaced from their homes across the studies in this review. People expressed solace in the life ahead of them, speaking of their

hopes for the future. This reflects the findings in other studies in which hope was associated with PTG for Kosovar refugees during their resettlement. Hope was proposed to aid the cognitive processing which underlies PTG and in this way, it fostered growth (Ai et al., 2007). Thus, the present review adds the possibility that activism could be a source of mutual support. It suggests that activism and hope can contribute to the process of growth as functions of social support.

The studies in this meta-ethnography did not significantly take into account how the diversity of experience of those forced to migrate could have impacted them. Considering intersectionality may have added to these studies. Intersectionality is a metaphor for understanding how the convergence of inequality and disadvantage can create barriers. It shines a light on the interconnectedness of inequality and disadvantage that can arise from individual characteristics which are discriminated against such as gender, age, sexual orientation and cultural background (Cho et al., 2013). Taking these factors into account could provide a more in-depth insight into people's experience of forced migration and subsequently into social support and its role in PTG. Research which does so is limited but it is worth discussing the relevant studies to see what insight they can offer into social support and its role in PTG.

Through the lens of feminist epistemology, it is possible to acknowledge the diversity of experience of female participants in the studies that are part of this meta-ethnography. By viewing their experience from this philosophical perspective, other factors of their experience can become visible. In one of the papers in the review, women spoke of being subjected to the 'whims' of men (Abraham et al., 2018). Though this was recognised as traumatic, it could

be argued that this experience was minimised as there was no indication that it had been reflected on further.

Women's lives are dominated by heterosexual and patriarchal systems and this may influence their experience of trauma and growth (Espiritu & Duong, 2018). In this review, with the exception of the papers that dealt with the experiences of women alone or the paper which sought out the experience of individuals about their childhood, the findings of the rest of the papers reflected the experience of male and female participants and derived themes without acknowledging the diversity of participants and what that had brought to bear on their experiences of growth.

Taking gender into account in the experience of forced migration, enables us to see more clearly how gender impacts this experience (Marlowe, 2017). For instance, a woman can lose socio-cultural resources as a consequence of being forced to migrate. A review of over 800 studies found that women's health was affected by a lack of social support and financial resources and an inability to speak the language of the country in which they were resettling (Shishehgar et al., 2017). Furthermore, their traumatic experiences can be stigmatised, particularly when women have been subjected to sexual assault. Congolese women reported that this societal stigma influenced the likelihood that they would seek social support because it made them feel anxious about how their stories would be received by the country in which they were settling (Wachter & Gulbas, 2018). However, in these circumstances, emotional support was valued from those from a similar cultural background and from culturally sensitive services (Wachter & Gulbas, 2018). Cultural sensitivity, therefore, may encourage a supportive environment.

It follows that a lack of cultural awareness may create barriers. Those forced to migrate can face difficulties seeking asylum when they do not conform to cultural stereotypes (Arbel et al., 2014; Freedman 2008). In order to argue for people to receive asylum it becomes important to fit into a society's cultural interpretation, or stereotype, of what makes someone forced to migrate 'good' (Nayak, 2015). This positions those who have been forced to migrate as outsiders and creates barriers – it is disempowering (Marlowe, 2017). Thus, cultural sensitivity may be important to consider when determining if social support is accessible. The cultural sensitivity of social support may influence the likelihood of PTG through making social support accessible.

Zimbabwean and Sudanese women settling in Canada, drew attention to the influence of culturally sensitive support. According to the women in this study, support from their community was fundamental to their well-being during pregnancy, birth and in the postpartum period. Consequently, the loss of this support when resettling in another culture was devastating (Stewart et al., 2017). It was also a challenge not to speak the language of the country in which they had resettled. Understandably in this study, the language barriers impeded access to services. Conversely in another study, speaking the language of the country to which a person has been forced to migrate has been found to be associated with their well-being (Wanna et al., 2018).Thus showing that the cultural insensitivity of social support can render it inaccessible.

Similarly in this review, cultural indifference seemed to contribute to many barriers to social support. Studies have considered the influence of culture upon the role of social support and PTG. For example, in the aftermath of the genocide in Rwanda, the ways in which individuals adapted reflected an individualised approach to rebuilding their previously held

personal assumptions (Joseph & Linley, 2005). For example, in their cultural context, individuals spoke of a sense of social responsibility towards their community which is understandable in a predominantly collectivist culture (Joseph, 2018). Other studies have found that cultural sensitivity appears to facilitate social support and therefore may be a helpful in facilitating PTG . While the asylum process can be challenging, when settling into a new country, those who seek support can find the experience validating. Afro-Caribbean people who sought refuge (and emigrated) to Canada, who identify as LGBTQ, found that their relationships, self-acceptance and sense of community improved as a consequence of being in a social support group. Additionally, the group was a source of practical support and information (Logie et al., 2016).

While little research has been conducted with young people who have been forced to migrate, social support has been found to be beneficial (e.g. Sierau et al., 2018). It can offer a way to cope in the face of traumatic circumstances. Young women, in particular, have been shown to turn to others for support when problem solving is not effective (e.g. Kok et al., 2017).

Young people forced to migrate have been found to experience PTG in a context of social support in a number of studies summarised in a review (Sleijpen et al., 2016). Similarly to the findings of the meta-analysis, some young people become involved in activism and it arises in a context of social support. For instance, young people who experience greater trauma when they are forced to migrate are more likely to become engaged in activism that is peaceful in nature, when they have social support in the community where they have resettled. These circumstances are associated with PTG (Sleijpen et al., 2016). Young people forced to migrate have expressed how important it is within their culture to receive guidance and support and how this was related to psychological growth (Copping et al., 2010). Further

research could contribute to the evidence base (Ellis et al., 2015). It would be beneficial if studies were to state clearly whether their research was conducted with young people who were accompanied or unaccompanied when they arrived to seek asylum. Many studies do not. This is a factor which could influence their experience of social support and PTG. Overall, there are mixed findings about whether PTG is related to age or gender for young people according to a meta-analysis of the studies with young people who have experienced PTG (Meyerson et al., 2011). Women, however, seem to be more likely to report PTG than men (Linley & Joseph, 2004; Tedeschi & Calhoun, 2004). A review also found that it was unclear whether a person's ethnicity influenced their experience of PTG. This seems, however, to attempt to reduce a person's entire cultural experience down to their ethnicity - which may explain the mixed results (Meyerson et al., 2011). Considering these research findings in relation to this review, it is difficult to draw conclusions. It seems that there is a lack of research on PTG and social support which considers the impact of inequality and disadvantage due to gender, sexuality or age upon the experience of forced migration, however. Therefore, further research is warranted.

Another barrier that participants in this review encountered was stigma. In this review, some participants dealt with stigma by adjusting their identity, another was to protect their identity. The researchers suggested that it was possible for participants to grow if they were flexible with their identity (Wehrle et al., 2018). Individuals who were defined as being flexible with their identity persevered in the face of adversity and adjusted. These participants were willing to adapt their identity to the circumstances in which they found themselves. Consequently, according to the researchers' interpretation of the participants' experience, they were more likely to experience growth (Wehrle et al., 2018). Adaptability emerged as a theme in this review suggesting that social support may encourage change and growth. Individuals seemed

to adapt in response to how they were treated socially or in response to what they felt was expected of them. However, rather than the onus falling on the individual, perhaps the society into which an individual settles has a responsibility to be flexible and adaptable too (Goodman & Kirkwood, 2019; Goodman & Narang, 2019). How many of us in countries where people tend to settle know someone who has been a refugee? Perhaps the onus is also on those of us in countries in which people seek refuge. Perhaps people living in the host countries that receive refugees, also have a responsibility to learn about the culture of those seeking refuge, as a way of supporting them to feel at home. While there may be cultural differences, there are likely to be cross-cultural similarities too.

The potential for researchers to be biased, the ways in which factors such as gender, sexuality, age and culture interconnect and influence our experiences in an interdependent manner is a factor all researchers can reflect on. It may be of benefit to consider exploring intersectionality in future studies. By considering intersectionality, it is possible to develop a more thorough understanding of the experiences of those forced to migrate.

Systemic barriers experienced by those who seek refuge, are also important to reflect upon. For example, in the UK, it regularly takes seven times longer for people to be granted asylum than the UK Government predicts; this constitutes a systemic barrier. People cannot work while they await this decision. Refugee Action have argued that this delay has an adverse effect on the ability to integrate (Refugee Council, 2019). Therefore, there is also a responsibility for the Government to develop a system that is comparable to the rest of Europe so that people who seek refuge in the UK are not unfairly disadvantaged and have the opportunity to settle in their new home (Refugee Council, 2019).

Despite significant barriers to social support, participants found ways to engage with others and found support in doing so. There were a number of possible functions that social support served in the experience of these participants. The majority of individuals in these studies reported that these experiences led to PTG.

The role of social support in the functional descriptive model, which is the model that prioritises the cognitive processing of trauma, is to cope with the trauma of adversity and to support the reassembling of schemas (Tedeschi & Calhoun, 2004b). Given the focus of this model on cognitive factors, it does not explore other factors in more depth. Attachment is a predisposing factor that contributes to people's experience of trauma (Ehlers & Clark, 2000). In one study, anxious attachment was correlated with negative self-appraisals about a traumatic incident. These factors were linked to experiencing posttraumatic stress. Therefore, having an attachment style that is anxious is related to experiencing posttraumatic stress. People who had an avoidant attachment style tended to appraise the world negatively. Consequently, those who had an avoidant attachment style were less likely to experience PTG (Arikan et al., 2016). This may be related to these individuals not reflecting on themselves to the same extent. Self-reflection at times of adversity and challenge is linked to growth in some studies (Calhoun et al., 2000; Lindstrom et al., 2013). These findings suggest that attachment style is linked to posttraumatic stress and PTG. Our ability to benefit from social support may be linked to our attachment style. Therefore, the circumstances under which social support can contribute to PTG could be influenced by our attachment style. This meta-ethnography suggests, on the basis of the experience of participants, that social support helped participants to grow from adversity. Social support served the following functions that facilitated growth: by enabling the sharing of experiences of distress and fostering connections, normalising distress, being a source of hope, developing a sense of

belonging, helping others to help themselves and by enabling adaptability. Furthermore, it is suggested in the the meta-ethnography that individuals sought support from a variety of sources in order to cope. Thus, services could put resources into providing those who seek refuge with a variety of potential sources of support that serve a number of functions. In this way, individuals could explore what types of support would best meet their needs.

Limitations

Firstly, it may not be possible to generalise the findings of the present review because they are based on a small number of papers, however the review offers insight into the functions of social support that facilitate PTG. Secondly, it is possible that some of the studies may not have taken into account power imbalances; for instance, Eritrean refugees living in an asylum centre may not feel free to express their views openly because, while they did have refugee status, their prior experience could have influenced their perceptions of their freedom to express their views and the impact this would have on their legal status. This would influence the data gathered.

Thirdly, this review is limited in that it considers the experience of refugees from different cultural backgrounds; however, there were a very small number of papers available to conduct the review. As more studies are conducted, a deeper understanding of socio-cultural factors in PTG may be obtained through researching the experience of those forcibly displaced from the same cultural backgrounds. Studies that are qualitative and take a participatory approach would be particularly valuable in giving individuals with the experience of being a refugee an opportunity to be heard.

The review may also be limited by the lack of papers in this sphere that take intersectionality into account. Research is needed to explore how the disadvantage in society of being from a minority background may influence the experience of forced migration. Further research is warranted.

Strengths

As there is still a debate as to what constitutes posttraumatic growth, this review further explores the construct and what factors may be associated with it, although more research is needed.

By exploring PTG and its relationship to factors, such as social support, the range of responses people have when faced with adversity can be illustrated. Doing so begins to establish another narrative about difficult experiences; a narrative that details the ways in which we can grow through adversity. The growing evidence base for PTG and the role of social support could be beneficial in therapeutic work with refugees who have experienced trauma and adversity.

The present review furthered understanding of posttraumatic growth theoretically. This is not consistently done in meta-ethnographies and is considered to be useful (France et al., 2019). This review draws attention to the need for further research into posttraumatic growth as a concept and into posttraumatic growth as it is experienced in vulnerable populations. It also indicates that there was a difference for some individuals in whether they found religion to be a source of support which may suggest individual difference in the experience of PTG or that there are developmental differences in the experience of PTG. Insight into these areas could add to our knowledge about how we react to trauma.

The studies in this meta-ethnography have illustrated themes of possibility, hope, belonging and growth alongside experiences of distress. This serves a purpose, as those who seek refuge

can be inadvertently victimised by the stories told in line with the dominant socio-political context (Espiritu & Duong, 2018). In contrast to this dominant discourse, this meta-ethnography sought to prioritise the voices of those seeking refuge in understanding their experiences of PTG and social support.

Exploring posttraumatic growth through qualitative research with vulnerable populations whose stories are often told for (as opposed to by) them has the potential of being empowering. It offers an opportunity to recognise narratives on how the human spirit responds when faced with adversity. An individual can be re-conceptualised as resourceful in response to immense challenges, which is a powerful counter-narrative to that of being viewed as a victim. By prioritising collective voices across studies about their experiences, there is a possibility for refugees to reclaim their narrative and tell it in their own words.

Future directions for research

In light of the fact that dominant cultures have been criticised as silencing the narratives of refugees (Chouliaraki & Zaborowski, 2017; Malkki, 2005) – and that these cultures may also dictate how social support is defined, accessed and used – it is important to undertake studies that prioritise the voices of refugees. With this in mind, future meta-ethnographies could seek research that is participatory and conducted in conjunction with participants, as a means by which to explore whether this furthers our understanding of PTG and its relationship with social support. For instance, a grounded theory study could explore PTG in the lives of those resettling in the UK. The study could aim to develop a theory of PTG that would provide more insight into the role of social support in this process.

Clinical implications

Clinical practice would benefit from evolving to take into account the possibility of growth as a component of trauma-based care. Given the potential role of social support in PTG, it may be possible to offer social support groups in local communities where individuals are resettling. They could be facilitated by psychologists as part of a community psychology endeavour to promote well-being.

Service implications

From the research that has been conducted thus far, it is possible to suggest that people forced to migrate may experience posttraumatic growth. In line with the NHS Quality, Innovation, Productivity and Prevention (QIPP) programme (BPS, 2011; Department of Health, 2011), services aim to deliver high quality care. Among the challenges that those forced to migrate face, accessing mental health care can be a significant one. When a person is forced to migrate to another country, they may face cultural barriers such as speaking another language, having experience of stigma relating to mental health needs and having different expectations as to mental health service professionals' roles and responsibilities. It can also happen that people are unsure of the practicalities of how to seek psychological support. These barriers and more may prevent people from seeking psychological support (Grey et al., 2013; Ethnic Inequalities in Mental Health, 2014). However, it can be more difficult to seek support from mental health services if staff are not aware of the rights of those forced to migrate in relation to accessing mental health care, if the organisation does not train their staff to be culturally aware and sensitive – or if it is not a part of the organisation's procedure to make known the possibility of having an interpreter at appointments (Ethnic Inequalities in Mental Health, 2014). Therefore, mental health services must commit to delivering a culturally competent service. By so doing, services can evolve to become accessible for everyone. This may require that services review their practices.

Policy implications

Ensuring an improvement in care is central to the NHS Long Term Plan (NHS, 2019). Cultural competency could be considered an area for improvement (LankellyChase Foundation, 2014). According to a review of training in cultural competency in the US, there appeared to be a distinction between theory and practice, which was attributed to difficulties in the way the organisation operated. Practitioners argued that there was not enough time in sessions to explore cultural factors and that clinicians' workload was too demanding (Aggarwal et al., 2016). A recent review of cultural competency training in the UK concluded that there was an inadequate number of studies upon which to base the review (Clegg et al., 2016). Of the studies included in the review, few were based on a model of cultural competence. This seems to suggest that there is work to be done to embed evidence-based cultural competence into clinical practice, to move from rhetoric to practice (Clegg et al., 2016). Embedding cultural competency into local organisational policy would be a valuable endeavour. Until we do so, the voices of those from minority backgrounds will not be heard.

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Chapter 2: Empirical Investigation

What constitutes posttraumatic growth according to young people who have experienced paediatric trauma? A q-methodology study

Abstract

"Where you stumble and fall, there you find pure gold" (Jung, trans 1954, p. 15)

Objective:

Posttraumatic growth is an evolving construct, which describes psychological growth when faced with life's challenges (Tedeschi & Calhoun, 2004b; Joseph & Linley, 2008). What is known about posttraumatic growth is still emerging – and even less is known about young people's views on their experiences of it. Young people who have experienced paediatric trauma could offer valuable insight into the concept of posttraumatic growth.

The aim of this study was to determine what constitutes posttraumatic growth according to young people who have experienced paediatric trauma.

Methods:

Seven young people who experienced paediatric trauma participated in a q-sort where they ranked statements pertaining to their own experience of PTG. They then participated in a discussion with the researcher so that the researcher had an understanding of the views expressed on the q-grid.

Results:

Results were analysed using factor analysis to determine the number of viewpoints were represented in the data (using the qmethod Package in RStudio). Three distinct views were expressed that provide insight into posttraumatic growth: 'What has changed about me', 'Letting go' and 'How others support me through this'.

Conclusions:

This study provides insight into the areas of posttraumatic growth that these young people, who have experience paediatric trauma, have identified. It also suggests that utilising the current measures of PTG with young people may not capture their entire experience of PTG.

Keywords: Posttraumatic growth, paediatric traumatic injury, q-methodology

Introduction

“Sweet are the uses of adversity which, like the toad, ugly and venomous, wears yet a precious jewel in his head.”

'As You Like It' (Shakespeare, 1599, 2.1. 11-12)

Each year, in the UK, 4,000,000 children and young people attend an accident and emergency department because they have sustained an injury (Fisher et al., 2016). From 2015 to 2016 in the UK, 1,618 children were hospitalised with a major physical trauma (Fisher et al., 2016). Over the following year 5,000 children experienced a trauma that was categorised as a major trauma (Fisher et al., 2017). Although infants are most at risk of injury, the number of preventable incidents that cause injury in older children is notable (Fisher et al., 2012; Royal Society for the Prevention of Accidents, 2019). Children and young people most frequently sustain an injury through a road traffic collision, falls, incidents involving water, suffocation or strangulation, exposure to poison or through experiencing a burn (Bayreuther et al., 2009; Fisher et al. 2012; Fisher et al., 2016; Royal Society for the Prevention of Accidents, 2019). Understandably, incidents causing physical trauma can have a significant psychological impact on a young person and their family.

Yet, young people who have experienced paediatric trauma may experience posttraumatic growth. Posttraumatic growth is psychological growth that occurs as a consequence of adversity or trauma (Tedeschi & Calhoun, 2004b). What is known about posttraumatic growth is still emerging (Bostock et al., 2009; Collicutt McGrath, 2011; Kinsella et al., 2015; Silva et al., 2012). The knowledge and understanding of those with lived experience of posttraumatic growth can offer valuable insight into what they have been through (Bird et al., 2013; Van Ginneken, 2016). Researchers have called for more research into posttraumatic

growth from the perspective of young people (Picoraro et al., 2014). Young people who have experienced paediatric illness or paediatric trauma and posttraumatic growth have not had many opportunities to participate in research (Picoraro et al., 2014), yet young people may have views about their experiences of posttraumatic growth. Such views may provide insight into posttraumatic growth as it applies to paediatric trauma.

When a child is injured, it is a distressing experience -as reported in studies conducted in the US, the UK and Sweden (Bushroe et al., 2018; Dasarathi et al., 2011; Egberts et al., 2018; Ridings et al., 2019; Sluys et al., 2015). In general, physical trauma seems to contribute to post-traumatic stress disorder, according to a study in the U.S. (Ramirez et al., 2017). The psychological impact of some of the most common injuries has been studied to some extent. In the case of children who have sustained a burn injury, in the US and in Spain respectively, the majority recovered from the initial distress of sustaining the injury, while some experienced persistent distress (Koljonen et al., 2013; Pardo et al., 2008). For these children, a systematic review of the literature including studies from a number of countries, shows that post-traumatic stress disorder, anxiety and low mood are the most frequently reported types of distress when there are also risk factors such as maternal distress and visible scarring (Noronha & Faust, 2007). Similarly, young people who had experienced a road traffic collision, in Sweden, reported post-traumatic stress (Arnberg et al., 2011). Those who had experienced mild traumatic brain injury, in the U.S., reported anxiety (30.3%), depression (9.1%) and sleep difficulties (12.1%), along with memory challenges (6.1%) (Chendrasekhar, 2019).

Many factors can contribute to the psychological impact of a paediatric injury on the family, according to a number of studies including a systematic review of studies from a number of

countries (Bakker et al., 2013; Jones et al., 2002; Vloemans et al., 2014). This can influence how a child manages to deal with the impact of an injury. Families have to cope with the financial, social and emotional impact of a child's hospitalisation, as reported in a number of studies including a review (Abela et al., 2020; de Sousa, 2010; Kilburn & Dheansa, 2014). After hospitalisation, children can experience the ongoing treatment of the injury as stressful (Brown et al., 2019; Rzucidlo & Campbell, 2009). The adjustments required of a family when a child is injured can be stressful for the entire family, according to a study in the US (Christofferson et al., 2019). This is important to consider, as a child's well-being can be related to systemic factors - as found in studies in both the UK and in the US. For instance, parental well-being and the stability of contextual factors correlate with the behavioural adjustment of the injured child (Hawkins et al., 2019; LeDoux et al., 1998).

The developmental stage of a child may influence their ability to cope with the incident that led to an injury (Esteve & Marquina-Aponte, 2012; Marsac et al., 2013). Because the concept of an accident requires a complex understanding of cause and effect, children can believe that they sustained an injury as a consequence of a mistake that they made (Titi et al., 2018). The psychological impact of hospitalisation can be mediated through the use of coping skills (Hill et al., 2019; Jones et al., 2019; Landolt et al., 2002). A person's coping skills can also contribute to their ability to manage the impact of adversity on their lives (Goodstein, 1985; Jenzer et al., 2019). Given the potential psychological impact of accidental physical trauma, it would be helpful to have some insight into what helps young people to get through accidents. Also further research could provide insight into how some young people cope with the psychological impact of these incidents without the need for psychological support.

While the focus of the field of psychology has historically concentrated on how to alleviate distress (Tedeschi & Calhoun, 2004a), some psychologists have become interested in the positive changes reported by those who have come through distressing experiences (Joseph & Linley, 2008; Joseph, 2011). Stories about people getting through great challenges and overcoming adversity are passed down through generations. The qualities that are developed as a consequence of adversity have been philosophised about for centuries (Frankl, 1963; Tedeschi & Calhoun, 1995; Yalom, 1980).

In recent decades, researchers have begun to explore these narratives. They have found evidence for the widely shared belief that we can experience psychological growth in times of adversity (Tedeschi & Calhoun, 2004a). Posttraumatic growth is the concept that people can experience psychological development when faced with adversity or trauma (Joseph & Linley, 2005; Kinsella et al., 2015; Tedeschi & Calhoun, 2004b). However, it is difficult to find consensus in the literature as to the definition of posttraumatic growth (Helgeson et al., 2006; Jayawickreme & Blackie, 2014). The nature of psychological growth is debated (Helgeson et al., 2006; Kinsella et al., 2015; Tedeschi & Calhoun, 2004b).

Theoretically, it is proposed that it is possible for young people to experience post-traumatic growth (Kilmer et al., 2009; Tedeschi & Calhoun, 2004b). There are two dominant theories of posttraumatic growth, which propose the process of growth and the ways in which individuals can develop as a consequence of adversity (Joseph & Linley, 2005; Tedeschi and Calhoun, 1996, 2004). According to the functional descriptive theory of post-traumatic growth, the process of growth commonly occurs in five main areas of an individual's life: strength, spirituality, closer relationships, an appreciation of life, and an awareness of new possibilities (Taku et al., 2008). This theory focuses on the challenge that trauma poses to

fundamental cognitive assumptions about ourselves and about others and the world. It also acknowledges the experiential and emotional impact of coming through a traumatic event (Tedeschi & Calhoun, 1995). The organismic valuing theory suggests that individuals are intrinsically motivated to grow when faced with adversity. There are three potential ways in which an individual will deal with adversity or trauma. Firstly, they could assimilate an incident which would enable them to hold the same fundamental assumptions they did prior to the incident. Secondly, they could interpret an incident as a threat to their safety and this could lead to distress. Thirdly, their experience could be accommodated in a way that leads to growth. (Joseph & Linley, 2005; Joseph & Linley, 2006). It is possible, according to this conceptualisation of PTG, for growth to occur in a way that is unique to the person. As this construct of PTG is still emerging, there are still a number of questions about how to define it.

PTG is not the only concept that has been developed to encapsulate positive changes that arise when facing adversity. Other terms in which similar ideas are embodied include benefit-finding and resilience (Bonanno, 2012; Helgeson et al., 2006). Benefit-finding attempts to convey the concept that it is possible to cope with trauma, whereas PTG goes further as a construct by suggesting that it is possible to develop as a person (as a result of trauma) in a manner that endures (Tedeschi & Calhoun, 2004b). Resilience is another term that is often used interchangeably with PTG in the literature; however, some have argued that resilience might be more accurately described as a return to functioning in the same way as before the adverse circumstances occurred (Levine et al., 2009). Conversely, posttraumatic growth embodies the notion of personal development.

Also, some researchers have challenged PTG on the grounds that because we develop as a result of normative life experience this process, known as gerotranscendence, accounts for PTG (Weiss, 2014). However, PTG is proposing that there can be growth as a consequence of adversity or trauma, which are unique experiences that challenge fundamental assumptions. The similarity of these constructs, nonetheless, suggests that it would be beneficial to conduct exploratory research into PTG to understand it better.

Adding to the complexity in understanding PTG is the fact that different factors may contribute to it. Theoretically, our attachment style can influence how we respond to trauma (Ehlers & Clark, 2000). With this in mind, the relationship between parental attachment style and posttraumatic growth was investigated in the case of adolescents in the months after an earthquake (Tian et al., 2020). However, the findings were not straight-forward. Those with secure parental attachments experienced less PTSD and were not as low in mood. Though attachment is theorised to play a role in our response to trauma, this was not associated with PTG - which suggests that there is a combination of factors that may contribute to the likelihood of the emergence of PTG and that we are only beginning to understand what those factors are.

While the research that has been conducted on posttraumatic growth has been predominantly conducted with adults, some research - summarised in reviews (Meyerson et al., 2011; Vloet et al., 2017) - has been conducted with children. Firstly, the research conducted with adults confirms that they can experience the five areas of growth theorised in the functional descriptive model. However, they did not necessarily experience all five areas of growth. Of equal importance, they experienced other areas of growth as well. For example, adults from China who had experienced a burn spoke of the importance of living and doing on behalf of others that you care about, although they disregarded the importance of spiritual growth in

PTG (Zhai et al., 2010). Further showing the importance of caring for others, adults who experienced head and neck cancer reported the emergence of an empathic understanding of others and a sense of altruism (Threader & McCormack, 2016). Similarly, in Australia, through a grounded theory study of PTG, adults reported a lack of spiritual growth but instead found that their compassion grew as a consequence of trauma (Shakespeare-Finch & Copping, 2006).

Some people who have been through physical trauma sometimes see their bodies differently as a consequence of their experience. People have also expressed an altered relationship with their bodies across a number of qualitative studies (Kampman et al., 2015). Also, adult women who had endured breast cancer reported that they had experienced a unique area of psychological growth in reconsidering their relationship with their bodies (Gorven & du Plessis, 2018).

A review of PTG with children showed that they may experience the same five areas of growth (Meyerson, 2011). The review also suggests children and young people may experience other areas of growth not accounted for in the functional descriptive model. There are more qualitative studies that report that children experience other areas of growth as well. Similar to the research with adults about PTG, a meta-synthesis of research found that altruism was a potential area of PTG that children also experienced (Duran, 2013). Similarly, a study of children and young people who had been through a disaster found that they reported the same areas of PTG as adults but also two other areas of growth: wisdom and understanding (Kilmer et al., 2009). Additionally, adolescents whose parents had cancer felt that they had experienced PTG. They spoke about an area of growth not accounted for in the functional descriptive model. They explained that their attitude towards their health had

changed as a consequence of the challenging circumstances they had experienced (Kissil et al., 2010). Children who had experience of paediatric illness reported that the adverse circumstances they had endured had led them to re-envisage how they perceived their physical bodies (Picoraro et al., 2014). This appears to be the case for adults who have experienced spinal cord injury in adulthood (Byra, 2016) and in childhood (January et al., 2015). This growing number of qualitative studies have found areas of PTG which are not accounted for in the functional descriptive model. Further research needs to clarify what areas of growth can occur and under what circumstances this growth is likely to happen (Picoraro et al., 2014).

These findings, of additional areas of growth, align with the organismic valuing theory which proposes that growth can be conceptualised as a process which is unique to an individual reflecting their personal assumptive world being reassembled (Joseph & Linley, 2008; Joseph, 2011). These studies illustrate that there may be individual differences in experiences of PTG (Hussain & Bhushan, 2013; Zhai et al., 2010). Therefore, exploratory research may be useful in determining what areas of growth young people experience.

As far less research has been conducted specifically with children and young people about PTG, it is an area ripe for research (Cryder et al., 2006; Meyerson et al., 2011; Milam et al., 2004). It is hypothesised that as children develop, they may develop new schemas in the aftermath of trauma, as opposed to reassembling pre-existing schemas. Research is inconclusive on this topic (Cryder et al., 2006; Meyerson et al., 2011; Picoraro et al., 2014).

From the limited research that has been conducted, there is emerging evidence that children and young people may experience additional domains of PTG beyond the five areas of

growth proposed by the functional descriptive model (Brewer & Sparkes, 2011). Such differences could be attributed to the nature of the experience the young people had endured. Equally, variance in reports of PTG could reflect the stage of emotional and cognitive development of a young person (Milam et al., 2004). There are more questions than answers at this stage. As little research has been conducted with children who have experienced PTG and injury (January et al., 2015), further research with young people in the paediatric population is needed (Picoraro et al., 2014).

Aims

In undertaking the present study, the researcher aimed to investigate what constitutes PTG, according to young people who have experienced paediatric trauma using q-methodology. Past research shows that young people who experienced paediatric burns have experienced areas of growth that reflect the uniqueness of their experience. Similarly, young people have drawn attention to the domains of growth they experienced as a consequence of surviving cancer, such as an increased desire to be cautious and to be considerate in their treatment of others. Researchers question the concept of PTG and what domains might require clarification (Barakat et al, 2006). There has been criticism of the use of standardised measures in trying to capture PTG when it is not yet clear what it is (Garbett et al., 2017).

Q-methodology is useful in answering this question as it aims to explore opinions, beliefs or values on a topic of interest using both qualitative and quantitative methods and can be utilised to explore complex or contested topics (Watts & Stenner, 2012). Following the queries raised about PTG as to how best to define PTG and what domains of growth emerge under different circumstances – in a meta-analysis (Bostock et al., 2009) - this study aims to explore PTG to see what domains of growth young people who have been through a physical trauma have experienced. Q method can be utilised to explore PTG. As a methodology it enables an illustration of the shared viewpoints of individuals on a topic, like PTG. When

exploring PTG, Q methodology can be employed in order to make sense of it. The making sense is done by the individuals who have an opinion on PTG, rather than by the researcher. Q methodology involves finding relationships between participants across a sample of variables (Stephenson, 1935; Watts & Stenner, 2005). Through factor analysis, shared ways of thinking emerge - participants' viewpoints are factor analysed, not variables as is done in traditional uses of factor analysis (Stenner & Rogers, 2004; Watts & Stenner, 2005). As a methodology, it takes a critical stance, advocating that a researcher adopts a curious approach to data. Instead of developing hypotheses, which can be biased by the perspective of the researcher, q enables the exploration of PTG to which participants provide meaning (Watts & Stenner, 2005). Additionally, as q-methodology aims to tap into an individual's feelings and views in a way that is unobtrusive and informal. Using this method created a space which was conducive to young people's views on PTG being heard.

Method

Choice of methodology

Q methodology involves finding relationships between participants across a sample of variables (Stephenson, 1935; Watts & Stenner, 2005). Through factor analysis, shared ways of thinking emerge (Watts & Stenner, 2005; Stenner & Rogers, 2004). It is an approach that benefits from both qualitative and quantitative elements – or, is qualiquantological (Stenner & Rogers, 2004; Watts & Stenner, 2005).

Proponents of this methodology advocate for researchers to adopt a curious approach to data rather than developing hypotheses. Hypotheses can bias the researcher as they are based on assumptions about the field of study. Instead, q enables researchers to explore a topic to which participants provide meaning (Watts & Stenner, 2005).

Whereas a purely quantitative methodology could have been utilised, Q methodology may serve to harness individuals' experiences more completely and accurately than other methods. Sleijpen et al. (2016) discuss that a weakness in the use of questionnaires, such as the Post-Traumatic Growth Inventory for Children, is that the answers chosen may not accurately reflect participants' experiences. In the proposed study, Q methodology does not constrain the participants to a definition of PTG that has been predetermined, as a questionnaire would.

A purely qualitative methodology could have been used for this purpose; however, the quantitative component of q-methodology enables researchers to explore how people's viewpoints on a topic may relate to each other. It shows how these individuals think about a topic as well as how they collectively view that same topic (Herrington & Coogan, 2011). Watts and Stenner (2012) argue that whether the viewpoints obtained in a group of

participants is representative of the general population is not a concern in q. It can be used to obtain the opinions of a specific group of people about a particular experience. In using Q methodology, researchers aim to draw attention to unique perspectives that give us further insight into a topic (Watts & Stenner, 2012). Therefore, a small sample may provide insight into a unique experience.

Although between 20 and 80 participants may be recruited for Q methodology studies (Watts & Stenner, 2005a), there is no required sample size for studies using this methodology (Watts & Stenner, 2005a; Shinebourne, 2009; Shabila et al., 2013). The likelihood that a sample of participants is representative of views on the topic is more important than the number of participants in a study (Stickl et al., 2018; Thomas, 2017; Watts & Stenner, 2005). It is not the aim in q methodology that the viewpoints obtained need to be representative of the general population (McKeown & Thomas, 2013). The P sample is chosen instead to contain a diversity of viewpoints (Watts & Stenner, 2005).

This study set out to obtain the views of young people who had experienced severe physical trauma and PTG. The target group was small, focusing on those who had experienced more severe injury because there is a positive relationship between the severity of trauma and PTG (Meyerson et al., 2011). Further limiting the number of eligible young people for this study, young people volunteered to take part in the study as they felt that they had grown psychologically as a result of this experience. Q methodology enabled us to explore young people's views on a specific experience and see what shared opinions on PTG emerged.

Consultation that informed this study

The researcher consulted with Experts by Experience at the University of Liverpool and the CAMHELIONS (a group of young people who have used Child and Adolescent Mental Health Services (CAMHS) and who inform service development and delivery). They

discussed the validity of the research question and informed the recruitment strategy (Appendix D)

Participants

Seven young people took part in the main study: three females and four males. Although we attempted to recruit a larger sample size, it has been noted by previous researchers that a q-study can be conducted with this number of participants (Brown, 1980). Their key characteristics are summarised in Table 1. Participants responded to posters advertising the study at two hospitals. Professionals at both hospitals drew young people's attention to the study and those who had attended burns camp[3] were contacted.

We made several decisions about how to recruit young people for this study. Firstly, in order to explore PTG, we recruited young people with injuries experienced at a time where memory of lives pre-injury was possible. According to research in the area of child development, a child can form a memory of an episodic memory from around seven years of age (Amso, 2017). Therefore, we recruited young people who were at least seven years old when they had sustained an injury. Secondly, young people needed to be able to reflect on their experiences, in order to relate them to PTG. Consequently, we recruited young people aged between 12 and 18 years of age since they would likely be cognitively able to reflect on their lives from that point (Piaget, 1936 as cited in Smith et al., 2015). Participants in the present study were in follow-up care which meant that they had had an opportunity to address the immediate impact of the injury on their lives and had had some time to process their experience (Baillie et al., 2014). Thus, time had passed since the initial traumatic injury, which had allowed for reflection - although it is unknown whether the time elapsed is related

[3] Burns camp: Young people who have experienced burns for which they were hospitalised are invited to attend a camp facilitated by multidisciplinary professionals who work with those who have sustained a burn injury. Young people get the opportunity to meet others who have sustained a burn injury and get the opportunity to build a fire outside and cook on the fire with the supervision of adults. This can support them to take steps towards feeling safe around fire again. See: https://www.cbtrust.org.uk/burn-rehabilitation/burns-camps/

to PTG (Meyerson et al., 2011). As it is as yet unclear whether time since trauma is related to the development of PTG, time since trauma is not one of the inclusion or exclusion criteria for this study (Meyerson et al., 2011). Nonetheless, from an ethical standpoint, we wanted to ensure that young people had had enough of an opportunity to process the immediate distress before being asked to participate in research. It was also necessary to ensure that enough time had elapsed for PTG to develop from a methodological standpoint.

Eligibility to participate in the study consisted of the following criteria:

Inclusion criteria

(i) Young people aged 12 or older who have experienced accidental physical trauma at the age of seven or older. The specific types of paediatric trauma that met the inclusion criteria for this study were described as follows: Physical trauma was categorised in accordance with the Trauma Audit and Research Network (TARN) report (Fisher et al., 2012). TARN defines paediatric trauma as follows: injuries to the brain and skull, injuries to the spine, injuries to the chest, injuries to the limbs and pelvis, and other injuries (for example, burns). This study sought to recruit those who had experienced accidental trauma in these categories of trauma.

(ii) Experience of posttraumatic growth

(iii) English-speaking.

(iv) Receiving follow-up treatment. The decision to conduct research at this stage of young people's journey with their injury was informed by research on PTG and time since trauma. As the research findings are inconclusive, Baille and colleagues considered it best to conduct research with those in follow up care (Baillie et al., 2014; Meyerson et al., 2011).

Table 1

Participants key characteristics

	P1	P2	P3	P4	P5	P6	P7
Gender	Male	Male	Male	Female	Female	Male	Female
Age	13	14	12	15	16	16	17
Age of injury	8	11	11	7	14	15	16
Interval between age of injury and recruitment (in years)	5	3	1	8	2	1	1
Type of injury	Burn Injury	Burn Injury	Brain Injury	Burn Injury	Brain Injury	Road Traffic Accident- hit by car resulting in limb damage	Spinal cord injury

Developing a concourse

The concourse is a culmination of the knowledge and opinions available about a topic of interest which, in this study, is posttraumatic growth (PTG) (Simons, 2013; Watts & Stenner, 2012). In order to establish the views that were held on PTG, the main author conducted a literature search to collate the areas of PTG that had been reported by research studies. The author also contacted experts in PTG and reviewed measures of PTG to explore whether there were further areas of PTG that could be included in the body of knowledge being collated (see Appendix D).

Having established a concourse, the main author sought to create a set of statements about PTG – in this case, a statement is an expression of a viewpoint about PTG. The author aimed to decide on a set of statements that were representative of the views held about PTG by the young people. The author had also aimed to include the views of young people who had experienced paediatric injury and PTG in the concourse but this was not possible; therefore, academic literature in the topic area was used, together with the views of experts (see Appendix E).

The development of a statement set.

In order to establish the set of statements, the following actions were taken:

1) The academic literature on the topic of PTG was reviewed. Limited research had been conducted specifically with young people who have experienced illness or injury and have also experienced PTG. Therefore, the first author reviewed the qualitative research that had been conducted on PTG with children, young people and adults. The first author reviewed all qualitative research conducted on PTG with children and young people. They also reviewed those papers that specifically reported experiences of PTG for adults who had experienced injury or illness. In total, the first author extracted 36 reported experiences of PTG for children and young people from 31 papers and 172 reported experiences of PTG for adults, who had experienced PTG as a consequence of injury or illness, from 34 papers.

2) The first author also contacted experts in the field, one of whom replied. His views on the topic of PTG were included in the statements.

3) Additionally, the first author included a measure which was developed by the expert to capture the core domains of PTG with teenagers (Zhou, 2017). They obtained permission from one of the experts (see Appendix E), and a certified translation of this measure was obtained. The statements in this measure were deemed by the research team to be pitched at a developmentally appropriate age for inclusion in the concourse.

A set of statements that emerged from the concourse were used in the Q-set (these are the statements used in the study). The Q-set was decided on by using the following process:

All of the areas of PTG that emerged in the development of the concourse were considered.

1) Topic codes were used to place the statements into categories. Themes began to emerge (see Appendix F).
2) Any duplicated statements were excluded from the statement set.
3) Statements were included when they illustrated the five areas of growth in the functional descriptive model of PTG: ‘an appreciation of life’, ‘being more spiritual’, ‘feeling closer to others’, ‘new possibilities’, and ‘feeling stronger’ (Tedeschi & Calhoun, 2004b).
4) Statements were also included when they illustrated an additional domain of PTG not covered by the functional descriptive model:
    - Statements were included when they illustrated an additional domain of PTG in researching children and young people who have experienced PTG as a consequence of adversity or trauma.
    - Also, statements were included when they indicated additional domains of PTG in studies with adults who have experienced illness or injury.

5) The final set of statements was determined by the main author and three members of the research team (the main author's supervisor, their clinical supervisor and a researcher in q-methodology, Dr Lynsey Gregg) independently. We then discussed our decision-making. We had disputed three statements: these disputes were discussed and resolved through discussion with the wider research team.
6) At this point, there was a final set of statements, which would be further refined by piloting the q-set.

Procedure

The research was carried out at two hospitals. The Research Ethics Service Committee (RES Committee) granted ethical approval for the study (see Appendices G, H, I and J). Both hospitals also reviewed the study and approved it. Participants were identified by their replies to posters advertising the study (Appendix K). The main author also did a presentation at each recruitment site in order to attract participants. The presentation aimed to encourage professionals to draw the attention of young people to the posters of the study. Finally, young people who had attended a Burns Camp were contacted to see if they would be interested in participating in the study.

Interested potential participants were provided with a consent form, which they completed, and an information sheet about the study (see Appendices L and M). A parent or legal guardian of those under 16 years of age at the time of the study also completed a consent form, in line with best practice guidance from the British Psychological Society (British Psychological Society, 2018) and, in these cases, both parties received an information sheet about the study. These forms have a Fleish-Kincaid readability score of twelve years old or younger.

Piloting the q-set. Two young people participated in a pilot study: one male (aged 12, who sustained a burn injury when he was 11) and one female (aged 14, who sustained a burn injury when she was 11).

The pilot study was a useful way of determining whether the statements used in the piloted q-sort represented a range of views. Each young person did a q-sort (looking through the statements and placing them on a q-grid in a way that illustrated their views) (see Figure 1).

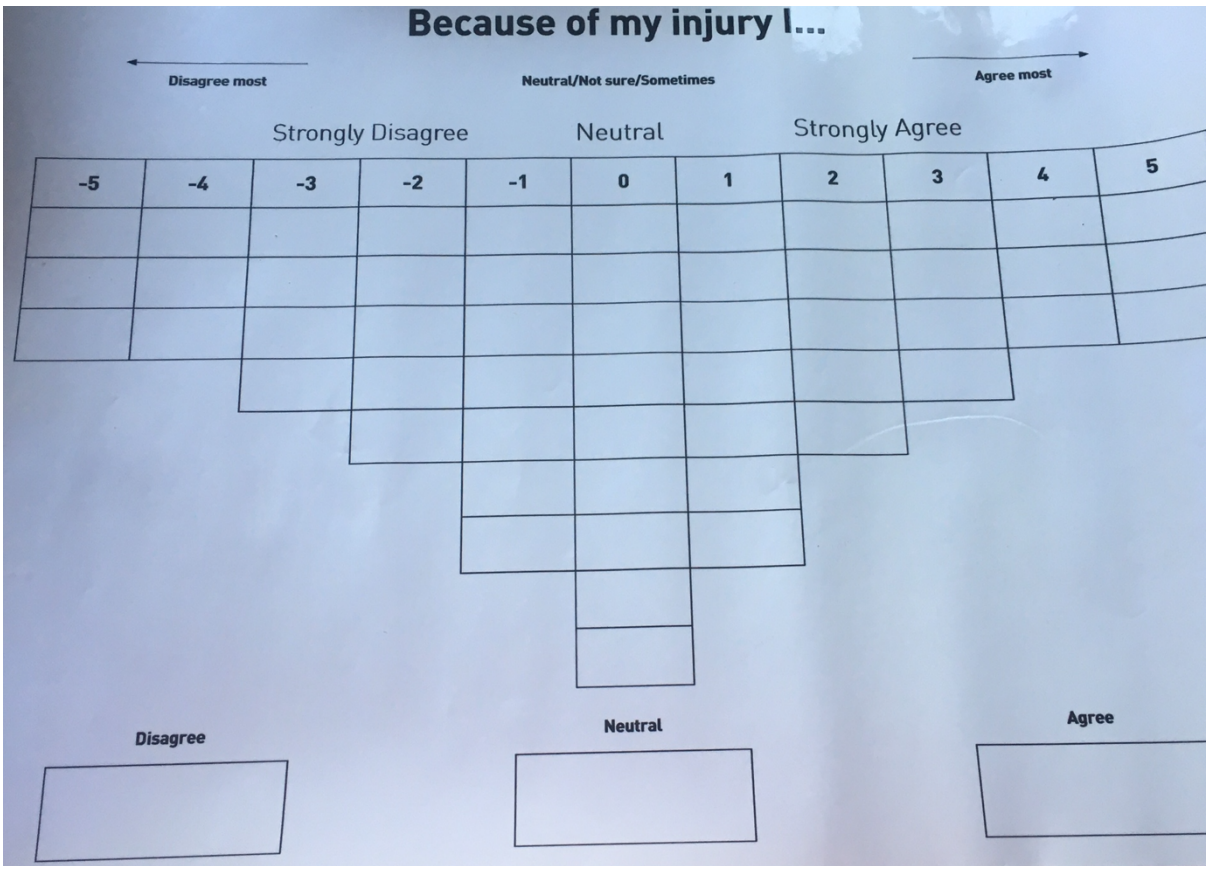

Figure 1: The q-grid

During the q-sort, the young people discussed their placement of statements. After each individual had completed their q-sort, they had a brief conversation with the researcher to establish whether they felt any views about PTG were missing from the statements. These conversations were recorded and transcribed.

One participant (Pilot 1) drew attention to the fact that statement 45 was hard to understand but they explained that they had 'figured it out'. Therefore, the researcher decided that they would offer a definition of any terms that young people found difficult to understand.

The finalised q-set is illustrated in Table 2.

Table 2

The finalised q-set.

No.	Statement
1	I want to protect others more
2	I had to let go of how I wanted things to be
3	Others treat me differently
4	I think more about how I treat others
5	I have changed what I do
6	The way I think about my life has changed
7	I have better relationships
8	How I see myself has changed
9	My safety is more important to me
10	How I make friends has changed
11	I am more understanding
12	My values have changed
13	I have started to look after my health
14	I had to rebuild my life
15	My attitude towards life has changed
16	How I make sense of things has changed
17	I am more self-aware
18	I am more determined
19	I became a better person
20	I spend more time with my family
21	I got support from friends which helped me to grow
22	I am able to get through difficult experiences
23	I am realistic about things
24	I enjoy the present moment
25	I am more accepting
26	I got support from my community which helped me to grow
27	I can solve problems better
28	I had to re-consider my body positively
29	Having a story that makes sense of what happened is important
30	New things are possible
31	I am the real me
32	I am not taking anything for granted
33	I am more likely to take part in things

34	I have more confidence
35	I have more plans for my future
36	I want to help others more
37	My friends mean so much more to me
38	I am more mature
39	I have greater compassion
40	I am wiser
41	I feel more thankful for the life I have
42	I make my own choices
43	I can understand how others are feeling more than I used to
44	I feel at peace with life
45	I became a new me
46	I am more connected to those I care about
47	I learned about life
48	I feel grateful for my body
49	I want to make a difference
50	I want to be there for others
51	I feel content
52	I am more spiritual
53	I want to keep improving as a person

The main study. Having piloted the q-sort, the researcher carried out a q-sort with each of the seven young people who took part in the study.

The researcher described the study to the participant (see Appendix N). The q-grid was displayed on the table in front of the participant. The researcher gave the participant the set of statements. Firstly, the participant sorted the statements into three piles: "Agree – this is a positive psychological change I experienced", "Disagree – this is not a positive psychological change I experienced", and "Neutral – I don't know whether I experienced this positive psychological change".

Then participants put the statements onto the q-grid in the position that showed the extent to which they agreed/disagreed with the statements from -5 (Disagree Most) to +5 (Agree Most). Participants, therefore, illustrated which areas of growth they had developed, in their opinion, in the aftermath of their injury. When they had completed the q-sort, the researcher briefly interviewed each of them to explore their experience of the q-sort. The interviews were recorded on an encrypted audio recorder and were transcribed verbatim.

Each participant received a £13 Amazon voucher in exchange for their time in accordance with the policy of the University of Liverpool about working with Experts by Experience.

Data analysis

All of the q-sorts were analysed quantitatively using the qmethod package in RStudio (version 3.5.0) (Zabala, 2014).

Reflexive statement

Having cerebral palsy influences the researcher's work in that they are aware of the impact that the dominant discourse in society can have on how a person is perceived and the way in which their experience is interpreted. Using a research methodology that enables a participant's opinion to be heard was, therefore, reflective of the researcher's value-base.

The researcher also did a placement as a trainee clinical psychologist at one of the hospitals. In accordance with the values of the placement, the researcher spent time with children and young people (and their families) who were physically and psychologically recuperating from injuries; they kindly and generously shared their experiences, which informed the writing of this piece of work and kept the voices of those who have gone through injuries at the centre of the writing.

Results

Q method

Using the *qmethod* package in RStudio (version 3.5.0), a Principal Components Analysis (PCA) was conducted using varimax rotation, which seeks the most mathematically possible solution (Watts & Stenner, 2012; Zabala, 2014). *Qmethod* enables a transparent examination of each stage of the analysis. For data reduction, we used Pearson's correlation coefficients to examine associations and aid the factor analytic method. A summary of the distinguishing and consensus statements enabled us to demonstrate the data and illustrate how viewpoints differ. A four factor solution was explored, however, the fourth factor had an Eigenvalue of less than 1. Factors are usually retained if they have an Eigenvalue of 1 or above, because they account for less variance than a single q-sort (Kaiser-Guttman criterion) (Guttman, 1954 as cited in Watts & Stenner, 2012). Three factors were ultimately retained, as these factors had an Eigenvalue of 1 or above (Watts & Stenner, 2012). In relation to the three factors that emerged from the data, Factor 1 had an Eigenvalue of 1.72. Factor 2 had an Eigenvalue of 1.53. Factor 3 had an Eigenvalue of 1.28. Cumulatively, these factors accounted for 65% of the variance (25%, 22% and 18%, respectively).

In interpreting each factor, we examined three statements with which participants strongly agreed and disagreed, in line with Watts and Stenner (2012). In this way, the narrative that the participants expressed can be understood. Quotes from the participants were included to support the discussion of each factor. The factors are described in the next few paragraphs. The numbers are in parentheses, where the first number refers to the statement number (#1-#53) and the second number refers to the placement of that statement on the q-grid (rated from -5 which indicates strong disagreement to +5 which indicates strong agreement). We examine particular statements in each factor that show strong weighted averages at the maximum and minimum values of the q sort.

Table 3

Statements that were highest or lowest in each factor.

No.	Statement	Factor 1	Factor 2	Factor 3
1	I want to protect others more	*3*	**1**	2
2	I had to let go of how I wanted things to be	**-5** [a]	1	*2*
3	Others treat me differently	**-5**[a]	0	*1*
4	I think more about how I treat others	*3*	2	**0**
5	I have changed what I do	**-3**[a]	1[a]	*4*[a]
6	The way I think about my life has changed	**-4**	*2*[a]	**-4**
7	I have better relationships	**-1**	*1*	0
8	How I see myself has changed	1	*3*	**-1**
9	My safety is more important to me	**1**	**1**	*3*
10	How I make friends has changed	*1*[a]	**-5**	-4
11	I am more understanding	*5*[a]	**-2**[a]	1[a]
12	My values have changed	-2	*2*[a]	**-3**
13	I have started to look after my health	1	**0**	*4*[a]
14	I had to rebuild my life	**-3**[a]	**5**[a]	1[a]
15	My attitude towards life has changed	**-4**[a]	*3*[a]	-1[a]
16	How I make sense of things has changed	*-2*	**-3**	*-2*
17	I am more self-aware	1	1	1
18	I am more determined	2	*4*	**-3**[a]
19	I became a better person	*0*	*0*	**-4**[a]
20	I spend more time with my family	2	**-1**[a]	*5*
21	I got support from friends which helped me to grow	**0**[a]	3	*5*
22	I am able to get through difficult experiences	*2*[a]	**-3**	-2
23	I am realistic about things	-1	-1	-1

24	I enjoy the present moment	*2*	**0**	**0**
25	I am more accepting	4[a]	*5*[a]	**0**[a]
26	I got support from my community which helped me to grow	-2	*2*[a]	**-5**
27	I can solve problems better	-1	**-5**[a]	**1**
28	I had to re-consider my body positively	**-1**	*0*	*0*
29	Having a story that makes sense of what happened is important	*3*	**-3**[a]	2
30	New things are possible	**0**	**0**	*2*
31	I am the real me	*0*	**-3**	-2[a]
32	I am not taking anything for granted	*2*	*2*	**-1**[a]
33	I am more likely to take part in things	**-4**[a]	-1[a]	*3*[a]
34	I have more confidence	*5*[a]	**-2**	**-2**
35	I have more plans for my future	**-1**	0	*3*[a]
36	I want to help others more	*5*	*5*	**1**[a]
37	My friends mean so much more to me	0	**-2**	*4*[a]
38	I am more mature	**-3**	*-1*	*-1*
39	I have greater compassion	*-1*	**-4**	-3
40	I am wiser	**-2**	-1	*2*[a]
41	I feel more thankful for the life I have	1	**0**	*3*
42	I make my own choices	**-3**	-1	*0*
43	I can understand how others are feeling more than I used to	*0*	-1	**-3**
44	I feel at peace with life	**0**	**-2**	-1
45	I became a new me	*-4*	**-5**	**-5**[a]
46	I am more connected to those I care about	0	**-2**	*5*
47	I learned about life	**0**	*1*	**0**
48	I feel grateful for my body	*1*	**-4**[a]	0
49	I want to make a difference	3	*4*	**-2**[a]
50	I want to be there for others	*4*	3	**0**[a]
51	I feel content	**-1**	*0*	**-1**

52	I am more spiritual	*-2[a]*	**-5**	**-5**
53	I want to keep improving as a person	*4*	*4*	**1**

Note: These are taken from the weighted average value of each statement for each factor. They are then rounded to match the array of discrete values in the distribution and can be used as exemplar q sorts. Highest factors are in italics. Lowest factors are in bold. Statements on which there is a consensus across factors are highlighted in yellow. Significant discriminators are noted with a.

Factor 1: What has changed about me

Young people agreed with the idea that they had the ability to get through difficult experiences as a result of their experience of paediatric trauma. They developed confidence and a sense of acceptance about their life but they were clear about the aspects of their life that remained the same – especially their identity. They did not feel that support had helped them to grow and they did not feel more intimately towards their loved ones.

"I like mine. All my friends say I've got a burn which looks like a tattoo that they don't have, and they can't get, so it's a positive for me… Everyone asks me what's going on, so having a story that tells that, I'm just proud of that… Everyone is like, "How did you get this?" I'll sit them down and tell them the story about it. They're like, "Oh, that's tough." I'm like, "Yes.".. *I'm just happy that I've gone through it and I've known that other people can go through it as well."* (P1)

Three young people loaded onto this factor (see Table 4). As is apparent by the factor loadings in Table 4, q-sort 3 is determined to be part of Factor 1 – but it could equally belong to Factor 2 or Factor 3. Notably, the two participants who loaded onto this factor more strongly had experienced a similar physical trauma – a burn – at the same age.

The young people in this factor shared the opinion that they had become more understanding since their accident (#11, 5[a]). For them, coming through a difficult experience meant that they had an insight, that their peers did not, into what it was like to go through an injury:

"I think I am more understanding." (P1)

"I have understood more how other people are feeling. Because we sit around and talk about how we're feeling, we make each other feel better." (P1)

"I understand, like, other people about injuries and stuff like…so I understand how the process is, like, how long it takes to recover. So, like I know some of my friends, like, when they say they've broken their leg or…I understand that it's painful, that it's gonna take a while to heal. Like you won't be able to do the stuff that other people are doing. So yeah, I kind of understand them." (P4)

They felt that their confidence had grown as a consequence of what they had been through (#34, 5[a]).

"I think I was like more confident because I was- before I was not confident at all. Like I would not talk to other people…I used to just sit there, but now, I'm, like, able to break the ice and talk to other people… it helped me, like, come out of my shell and like talk to other people. Because I never used to talk" (P4)

For these young people, it also meant that they had the desire to help others (#36, 5).

"If someone has a problem, then I'll help them and stuff. I'll just look after them more than before, because I know how I would like to be treated if that happened to me again' (P1)

'So you know I said I've been helping other people, I've been more helpful. I never used to do that, so now I've chose to be something like that. I've now been choosing to talk to people, I help others." (P4)

They agreed with the view that they were more able to get through difficult experiences (#22, 2[a]):

"I'm able to get through difficult experiences.' I think so, because I've been through worse things and it's just like, "If I've gone through that, I can go through this one." (P1)

They also recognised the changes that had happened in their lives as a consequence of their experience. There were changes in the way they made friends (#10, 1[a]). One participant made more friends in the aftermath of her accident:

"When I was younger I was quite shy. I wouldn't talk to a lot of people, so I didn't make a lot of friends. Then once I had my injury, more people wanted to know what happened and then I became more aware about other people's feelings, how they feel and how to care for other people." (P4)

Another young participant spoke of how their confidence, in making friends and in other ways, had grown as a result of their experience:

"I can make friends wherever I go, it doesn't matter that I've got a burn on my arm…It's built more confidence to go up and say, "Well I've got a burn. If you don't like it, that's your fault not mine."" (P1)

They felt that they were more accepting as a consequence of their experience (#25, 4[a]). As one person put it:

"I think I am more accepting because, obviously, people have come from different backgrounds and I just want them to treat me as I would treat them." (P1)

Perhaps this explains why they shared the opinion that they enjoyed the present moment in contrast to the rest of the young people in the study (#24, 2). Being in the present moment is in opposition to avoiding the circumstances in which one finds oneself and can, therefore, support the development of acceptance; although, the act of staying in the present moment is not one that is goal-oriented (Hayes, 2016).

They were unsure as to whether the support they had had from friends had helped them to grow (#21, 0[a]): *"Well, I did kind of get support from the community, like family or friends, but like I didn't get a lot, and sometimes it didn't really help with much, so… like they used to*

give me something like teddies, or like, um, presents, but that doesn't help given the situation I had." (P4)

In this factor, the above shared viewpoint set these participants apart, since the other young participants agreed that support had aided their growth.

While those in other factors were unsure whether the accident had led them to reconsider their body image, the commonly held view among these young people leaned towards disagreeing with this (#28, -1). On the whole, they did not feel that their behaviour had changed as a result of the accident; they felt that their attitude towards life had stayed the same (#5, -3[a]; #15, -4[a]).

"I don't think I have changed what I've been doing but, again, I'm not sure." (P1)

"I'm not sure if my attitude toward life has changed but...I've been more grateful for the things I have... I'm just grateful that it's not everywhere, it's just on my arm." (P1)

They did not have to rebuild their lives (#14, -3[a]). In response to the placement of a statement card in the q-grid, the interviewer asked: *"'I had to rebuild my life' – That's not true for you?' And the young person responded, simply: 'No, I don't think so."* (P1)

They did not agree that they were any more likely to take part in things (#33, -4[a]):

"*I always take part in things"* (P1)

The idea that they had become more spiritual was not representative of their experience (#52, -2[a]).

"I go to Church, and stuff, with my Mum, but I'm not quite sure if it's changed." (P1)

In line with their trains of thought, they did not think that their relationships had improved but, rather, that they had remained close to those they cared about (#7, -1).

They strongly disagreed that they had to let go of how they wanted things to be (#2, -5[a]). Perhaps this was reflective of their ages, in that they had not yet developed a sense of how they wanted things to be. They felt strongly that others did not treat them differently (#3, -5[a]): *"'Others treat me differently', I don't think they do'"* (P1). This could indicate a desire not to be treated differently to their peers at the developmental stage where the acceptance of friends is of central importance. Although they had experienced positive changes as a result of their accident, they felt that their identity had not changed (#45, -5): "*'I don't think I became a new me, because I think I've always just been the same.'"* (P1)

Another expressed similar sentiments, saying:

"I don't think I've changed." (P3)

Factor 2: Letting go

Having let go of how they had wanted life to be, young people found that their attitude to life, their behaviour and their underlying value base had changed in the aftermath of their injury.

"In the unit, to have outside people come in, it was good to see how they've got on with life and things like that, and one of them, I play wheelchair basketball with him now…So just to get you into different things and see how that it's not just the end." (P7)

Note: As the audio files of the original comments made by Participant 2 and Participant 5 during their q-sorts were corrupted, their original comments about the q-sort are, unfortunately, not available (their feedback was obtained on the results as a priority).

Three young people loaded onto this factor. It is notable that, while Q-sort 5 could be argued to belong to this factor, a case could also be made that it belongs to another factor, based on

the factor loadings (see Table 4). The young people whose shared viewpoints were captured in this factor expressed agreement that they had had to rebuild their lives (#14, 5[a]).

"To an extent, but not massively." (P7) This comment may accurately reflect the extent to which these participants agreed with the fact that they had had to rebuild their lives. This was one of the strongest rated statements in Factor 2: it was a distinguishing statement that differentiated from Factor 1 and Factor 3.

Young people also felt that they had become more accepting as a result of the incident (#25, 5[a]):

"To actually experience it, as much as it was probably not the way to experience it-It was still good to experience it" (P7). Later, she illustrated this acceptance, in relation to the physical changes she had had to adapt to: *"It's part of you, now. So nothing can change that"* (P7)

The young people in this factor also wanted to help others more (#36, 5): *"I still want to help people out and things like that. Like the physios and staff did a lot for me, so try and help other people out in that way."* (P7)

They agreed that they had had to let go of how they had wanted things to be (#2, 1). They thought that their community had supported them to grow (#26, 2[a]). They had had to change what they did and the way that they thought about their life, as well as their perspective and the values that they held (#5, 1[a]; #6, 2[a]; #12, 2[a]; #15, 3[a]).

One young person explained she had had to *"adapt to different changes. Not like massively, so just a little bit. I'd agree with that."*

She added: "*Like I see things differently, now. I'm still me, but I still see things differently, if that makes sense"* (P7). In relation to her values, she shared: *"They have changed a bit"* (P7). At a different point in the interview, she elaborated: *"So it's like when you're in a situation*

where you can't do certain things, you start to realise how important some things are to you" (P7). The young people in this factor commented that they were unsure if they felt grateful (#41, 0).

In contrast to the rest of the young people in the study, they did not share the view that having a story that makes sense of what had happened was helpful (#29, -3[a]). They disagreed that they were any more understanding as a consequence of their experience (#11, -2[a]): *"I was quite understanding before, so I wouldn't say I'm more"* (P7). They did not feel that they spent any more time with their families as a consequence of what they had been through (#20, -1[a]). They had not found that they were more likely to take part in things (#33, -1[a]). Feeling more grateful for their body was not a sentiment that they shared; in fact, they quite strongly disagreed with the concept of being appreciative for their body, although they accepted the circumstances in which they found themselves (#48, -4[a]).

They felt strongly that the way that they made friends had remained the same (#10, -5). Reflecting on card placement*:*

"Okay, so how you make friends has fundamentally kind of stayed the same for you?"

Respondent: *"Yes."* (P7)

They strongly disagreed that they had developed enhanced problem-solving skills as a result of their incident (#27, -5[a]). They firmly disagreed that they had become more spiritual (#52, -5).

Factor 3: How others support me through this

Support from family and friends helped this young person to grow and kept them safe through their adaption to post-injury life. This young person felt more connected to those they cared about.

"Friends help me. For example, if I'm in school and someone's budged my arm by accident, they'll check what's wrong with me and stuff like that" (P6)

There was only one person in this factor (see Table 4). Their views were divergent from the others. Over the course of the interview, they appeared to be less reflective than the young people in other factors. Perhaps this was illustrative of not having had sufficient time to think about their experiences. Thus, their views may be indicative of their stage in the journey of experiencing a traumatic paediatric injury. This could also suggest that the time between age at injury and age at recruitment was insufficient for PTG to develop. It is worth noting, though, that another participant described the ways in which they grew psychologically and appeared to be more reflective despite having had the same period of time to consider their experience. They were also in the same developmental stage (P7). Upon reading their transcripts, it is clear their experiences of injury were different, in that P7 had had to reassess her life and P6 did not do so to the same degree. Reflection is theorised to be conducive to the development of PTG (Linley & Joseph, 2004). Therefore, perhaps P7 was more reflective as an individual. Alternatively, perhaps P7 encountered circumstances which led her to reflect. P6 may not have had the same experience.

It could be that time since trauma is more important to consider when researching PTG with younger people as they are going through developmental changes. For instance, it is known that people go through the formal operational stage of cognitive development at any stage from twelve years to fifteen years of age. Individuals may only develop the capacity to reflect

about certain topics (Smith et al., 2015). Therefore, it is possible that there were individual differences in each young person's ability to reflect.

The young person in this factor strongly agreed that they spent more time with their family (#20, 5). They felt that the support that they got from friends helped them to grow (#21, 5):

"Friends help me." (P6)

"They'll give me support." (P6)

"People respect me more and stuff like that." (P6)

They firmly agreed that they were more connected to those they cared about (#46, 5). Illustrating this further, they agreed that they found that their friends meant much more to them (#37, 4[a]). They explained that this meant that they felt:

"More safe. I feel more safe." (P6)

Spending more time with family, therefore, did not just indicate an increased intimacy in the aftermath of injury but also indicated a vulnerability and a desire to be protected.

They expressed agreement with the idea that they needed to rebuild their lives after the accident (#14, 1[a]):

"Because there's stuff that I can do and stuff that I can't, and because of my injury… I can do less stuff." (P6)

As a result of the accident, they had to change how they behaved (#5, 4[a]). Following the incident, therefore, it had become important to them to look after their health (#13, 4[a]). They agreed that they were more likely to take part in things than they had been prior to the accident (#33, 3[a]). They agreed that novel things were possible (#30, 2). Consequently, they had more plans for their future (#35, 3[a]). This coincided with a desire to help others more

(#36, 1[a]). They found that they were wiser than before the accident (#40, 2[a]). They also thought they were more understanding than they used to be (#11, 1[a]).

However, they were unsure whether they were more likely to be there for others or if they had become more accepting (#50, 0; #25, 0[a]).

The young person regarded themselves as authentic and felt that they had not become a better person (#31, -2[a] ; #19, -4[a]). They did not share the view that their attitude towards life had changed (#15, -1[a]).

"My attitude is still the same." (P6)

This lack of change is reflected in their view that they were not less likely to take things for granted (#32, -1[a]). Thinking about the ways in which they had grown, they were not of the opinion that they had become more determined (#18, -3[a]). Additionally, they had not experienced a desire to make a difference (#49, -2[a]).

They did not share the opinion that they had become a new person whatsoever (#45, -5[a]):

"I'm still the same, like. It's just a one-off injury." (P6)

They also expressed strongly that they had not become more spiritual (#52, -5):

"I'm not really spiritual and stuff like that." (P6)

They strongly disagreed that support from the community had helped them to grow (#26, -5). Given that they felt that friends and family had supported their growth, perhaps the community is distinct as it represents people that the young person is not as close to as their own family and friends. There is a possibility that this reflected the young person's cultural background in that they tended to seek support from those close to them and not within the

wider community. Equally, it may reflect that ‘it’s just a one-off injury’ and they did not need community support.

Table 4 *Factor loadings for each participant.*

Participants	Gender	Age	Type of Injury	Age of Injury	Factor 1	Factor 2	Factor 3
P1	M	13	Burn	8	**0.811 ***	-0.009	-0.175
P2	M	14	Burn	11	0.155	**0.705***	0.445
P3	M	12	Brain injury	11	**0.676***	-0.049	0.426
P4	F	15	Burn	7	**0.731***	0.327	0.126
P5	F	16	Brain Injury- hit by a branch of a tree	14	0.178	**0.488***	-0.033
P6	M	16	Road Traffic Accident – hit by a car resulting in damage to limbs	15	0.018	0.036	**0.924***
P7	F	17	Spinal injury	16	-0.136	**0.833***	-0.041

Note: The automatic flagging procedure in QMethod software was used to identify which Q-sorts are flagged for which factors (*) that flags according to the following rule: Flag loading a: if (1) a2 > h2/2 (factor "explains" more than half of the common variance) and (2) a > 1.96/O(N items; loading "significant at p >.05").

Consensus statements

The main results of a q-study are the distinct and the consensus opinions held about a topic (Watts & Stenner, 2005). Reporting the shared opinions among these young people was deemed by the researcher to provide useful insight into the research question.

While young people expressed distinct opinions, there were opinions that they shared across factors. This may indicate common areas of growth for these young people, which offers an insight into the experiences these young people had of posttraumatic growth.

Young people in this study had become more aware of the risks involved in daily activities (#1, 3; #1, 1; #1, 2). Their safety was more important to them and they also felt a

responsibility to protect others (#9, 1; #9, 1; #9, 3). They spoke of a heightened sense of awareness around keeping themselves safe (#17, 1; #17, 1; #17, 1). This is an understandable response to experiencing an injury that results in hospitalisation. Young people mentioned that these views set them apart from their peers and that these opinions were perceived as an indication of maturity by the adults in their lives.

Conversely, they spoke of being more aware of the needs of others and the experiences of others who had been through accidents. They also reported wanting to help others more and having a desire to keep improving as a person (#36, 5; #36, 5; #36, 1[a]; #53, 4; #53, 4; #53, 1).

"I still want to help people out and things like that. Like the physios and stuff did a lot for me, so try and help other people out in that way." (P7)

"When I was younger I went when I was eight to burns camp because they had the little one and that really helped me with my burns because I was not familiar with other people having them. So once I started going it really helped me open up and talk to other people who have- what their life was like. It helped make a difference to me, so I thought that would be a good idea to little kids as well." (P4)

"I helped them in a way. So now they've come out of their shell and is more like talkative. So, I feel like I'm more mature." (P4)

"I think I do want to keep improving, as a person, to show everyone that, if you have a burn, you can still do it as anyone else." (P1)

Their experience of growth, therefore, could be interpreted as a double-edged sword because it brought with it a concern for, or sensitivity towards, others.

"Just to make more people aware of the different things that can happen without you realising and, again, like not being so quick at judging what other people" (P7)

I think I've become wiser about other people and how to treat other people as well, because of it, and just to look after them and stuff… With my brother, I just take more care of him so it doesn't happen to him and stuff. I let people talk to me about their problems, and stuff." (P1)

"Adapting can be difficult… but sometimes there can be a good side to it because you could have changed in a better way." (P4)

There were aspects of PTG that they did not experience. They spoke about how they had not grown spiritually, although the reasons for this varied (#52, -2[a]; #52, -5; #52, -5). Some young people had no relationship with a higher power while others thought that their belief in God had stayed the same following their accident.

"I go to Church, and stuff, with my mum, but I'm not quite sure if it's changed." (P1)

"I'm not really spiritual and stuff like that." (P6)

Young people expressed that they had always been compassionate (#39, -1; #39, -4; #39, -3).

"I feel like I was quite kind before." (P7)

They did not feel that there had been a change in how they made sense of things (#16, -2; #16, -3; #16, -2). Finally, although they agreed that they had developed in certain ways due to their experience of paediatric trauma, their identity had remained fundamentally the same (#45, -4; #45, -5; #45, -5[a]).

"Although I've changed, I'm still me." (P7)

"I'm still the same, like. It's just a one-off injury." (P6)

" I don't think I've changed" (P3)

I don't think I became a new me, because I think I've always just been the same… I have changed what I've been doing (P1)

Views of participants on the results

As q-methodology aims to include participant views at all stages of the research process, the views of the young people who kindly took part in this research were sought about these findings. Of the seven participants, it was possible to get in touch with five in order to share the results. They felt the findings reflected their views accurately. **Importantly, this included both participants whose voice recordings were damaged.**

Discussion

The present study explored the opinions of young people who had experienced accidental paediatric trauma about the ways in which they had grown as a result of their injury. There were three distinct shared viewpoints (or factors) identified that illustrate positive changes in the aftermath of accidental injury. These viewpoints provided insight into what constitutes posttraumatic growth in the experience of these young people.

In the first factor that emerged, young people expressed that they had experienced change as a result of their injury though their identity remained the same. They recognised the positive changes that they had experienced, as their confidence had increased and their understanding of themselves and others had deepened. In another study, participants who had sustained injuries, and become involved in ParaSports, reported that their confidence had increased which they attributed to being involved in activities with people who had gone through similar experiences, (Crawford et al., 2014). This draws attention to the role of social support in PTG. Two participants in this factor were involved in burns camp which may have contributed to the development of posttraumatic growth.

While there were areas of growth discussed, it is helpful to reflect on how the viewpoints on growth were expressed across the study as it illustrates the experience of these young people collectively. Factor 1 was the only shared viewpoint that illustrated any gratitude for the injured body. Their viewpoints, when explored, indicated both gratitude and the challenge of visible differences. Having visible differences seems to impact on an individual's quality of life (Rumsey & Harcourt, 2004; Rumsey & Harcourt, 2007). Those with visible differences and their families report that they can experience stigma in society (Lehna, 2010; Masnari et al., 2012; Rumsey & Harcourt, 2007). Visible differences can influence an individual's body

image as well (Rumsey & Harcourt, 2004). An individual's self-concept may be influenced by how specific notions of beauty are upheld as ideal in society. As illustrated by this example, the views in this factor also demonstrated that in order to get through adversity, young people experienced distress and growth concurrently.

Among the ideas that were illustrated in the second factor, young people reflected on their ability to let go of the life they had wanted, along with their expectations, and they discussed how their values, attitudes and behaviour had changed in the aftermath of sustaining an injury. These views are reflected in a qualitative study of PTG and identity with those experiencing illness who explained that the process of PTG involved letting go and re-building their lives (Arroll & Howard, 2013). The views of participants in factor 1 and 2, that growth can occur alongside distress, is in accordance with the organismic valuing theory of PTG (Joseph & Linley, 2005). This theoretical understanding of PTG may account for the fact that some participants developed areas of growth that reflected their personal experience in the aftermath of injury and the meaning they attribute to it: having a desire to help others, to improve themselves and having an altered relationship with their bodies. These areas of growth have also been found in other studies (Crawford et al., 2014; Picoraro et al., 2014; Threader & McCormack, 2016; Vollhardt & Staub, 2011).

The young person whose viewpoint was illustrated in factor 3 drew attention to the role of social support in facilitating growth. Theoretically, support has been proposed to contribute to growth. Research has reflected the findings of the present study in that some aspects of social support can facilitate growth – but it depends on the function of support being offered (Morris et al., 2011; Schroevers et al., 2010). The young person also described an increase in intimacy in their relationships which is in accordance with the dominant theories of PTG.

Participants across factors 1 and 2 were mixed about whether they felt closer to their family: they indicated that their family were a significant part of their recovery; however, some participants rejected the notion that their familial intimacy had increased. Perhaps attachment theory and the participants' stage of development might be helpful in understanding why this is. During adolescence young people are increasingly developmentally driven to become independent from their parents. Thus, it is a period of life when young people spend more time with their peers. Changes are occurring socially, emotionally, cognitively and physically (Smith et al., 2015). It is a particularly challenging time to experience a major injury and to consequently, spend more time with your family than you might choose to. This may have influenced whether enforced time together fostered intimacy for the young people in this study.

On the whole, participants did not report feeling more spiritual as a consequence of their experience. Some participants did, however, report an appreciation of life and an awareness of new possibilities, to a certain degree; although, these were not the strongest views reported in the study. This indicates that the findings of the study supported certain elements of the functional descriptive model of PTG.

Some young people in this study raised a point about PTG and its nature that is debated in the literature. In relation to certain qualities, they reflected on the fact that, because they were so young when the accident happened, it was hard to know whether they had developed these qualities as a consequence of the accident (Weiss, 2014). They wondered if they would have developed these qualities as they became older. The concept of gerotranscendence considers this issue. It can be regarded as distinct from PTG in that the qualities of PTG are proposed to emerge because of trauma (Tedeschi & Calhoun, 2004b). It is, therefore, possible that some

experiences attributed to growth could occur because a person developed as a result of normative experiences. Nonetheless, it is theoretically argued that an individual does not develop because they experience adversity but, rather, that the experience of adversity causes struggle, a questioning of what a person fundamentally believes – and that this causes growth (Tedeschi & Calhoun, 2004b). In support of this theory, participants in this study held the view that their experience of injury had shaped them in some distinct ways.

Theoretically, though, this view could be critiqued. PTG could be seen as illusionary, serving the function of being able to deny difficulties as a means by which to get through a difficult experience (Maercker & Zoellner, 2004; Taylor & Armor, 1996). A period of denial of the reality of circumstances could indeed be a method of temporarily coping with trauma. Conversely, it is possible that this is part of the journey through trauma. Before a fundamental assumption is re-considered, a period of denying reality might serve a protective function. Then an individual's schemas could be reassembled, which could lead to growth (Zoellner & Maercker, 2006).

The role of attachment as a predisposing factor in the theory of trauma could be considered in PTG. In two studies examining PTG in adolescents following an earthquake, a secure attachment was associated with greater PTG. In one study positive parental attachment was linked to PTG. This relationship was mediated by positive cognitive appraisal (Zhou et al., 2019). In another study, those with secure attachments who received social support for distress experienced more PTG (Yuan et al., 2018). Thus, attachment appears to play a role in trauma - but how this transpires requires further investigation.

The findings of this study appear to suggest that, at least for these young people it was useful to explore their experience of PTG to get a sense of the ways in which they grew as a consequence of their injury. Although measures have been developed to capture PTG, for adults and for children, (Cann et al., 2010; Hiskey et al., 2017; Tedeschi & Calhoun, 1996; Tedeschi et al., 2017), it is possible that these questionnaires may have been developed prematurely. A questionnaire is not likely to capture a construct that is being explored by current qualitative research to determine how best to define it.

Studying children and young people enables researchers to consider the experience of PTG in the context of development. Where developmental psychology considers adaption and development throughout life (Smith et al., 2015), PTG is an example of the positive changes that are experienced in life when faced with adversity (Tedeschi et al., 2018). Researching PTG offers an opportunity to consider what happens when fundamental assumptions are shattered, or formed, as a consequence of adverse circumstances. Exploring individuals' experience provides insight into the process of dealing with adversity.

Limitations

Given the specific topic of interest, PTG with young people who have experienced paediatric injury, the population of young people who have views on this topic by virtue of their experience is small. Therefore, this is reflected in the numbers of participants. This number of participants is valid from the perspective of conducting a q-study as the study sought the views on a particular topic from a specific population – young people who had experienced a paediatric trauma and post traumatic growth (Watts & Stenner, 2012). These findings are not deemed to be generalisable. Instead they provide insight into the experience of PTG of these individuals. However, the study would have benefited from a larger number of participants.

Some of the barriers to recruitment included the distance for families to travel to the recruitment sites. The number of participants was limited by the inclusion criteria requiring that participants had experienced an accidental injury at age seven or older. It was important, though, to be able to distinguish posttraumatic growth from normative development. Studies with small sample sizes can be conducted using Q methodology (Baltrinic et al., 2021; Gauttier & Gauzente, 2018). However, having a small sample size impacts the robustness of the findings. The factors may be underdefined. As a result, this decreases the reliability of the findings. Factor stability is high with as little as four participants or q-sorts per factor (Brown, 1980). Nonetheless, q researchers argue that it is important not to focus strongly on the quantitative component of Q methodology that we lose sight of the qualitative element of the method. If a participant raises an interesting point, their viewpoint is as valid as the opinion of a number of participants. Therefore, a factor that represents a point of view is relevant. However the stability of a factor with fewer participants is lower. This does indicate the findings are less robust than the findings of a larger study. This is particularly the case given that two out of seven (28%) q-sorts were corrupted. The factors are interpreted with caution and the factors illustrate the views of those in this study alone. It is hoped that because the participants' views were sought at different stages of the research process, during and after the q-sort and after the analysis of the findings, that this adds to the validity of the findings.

In relation to the statements used, some of the themes from which the statements were drawn were based on qualitative research with adults. Some of the statements may, consequently, have been based on concepts that the young people were not developmentally ready for; for example, "I am more self-aware/I became a new me". These may have been concepts that are generational or more familiar to adults.

Researchers in the area of posttraumatic growth recognise a distinct methodological limitation in this field of study. There is a lack of clarity about the amount of time since trauma necessary for participants to reflect on their experience of adversity. A meta-analysis of the research conducted with children and adolescents about posttraumatic growth draws attention to the need to clarify whether there is a relationship between time since trauma and posttraumatic growth (Meyerson et al., 2011). The research conducted thus far is inconclusive.

Considering the experience of participants in this study, it is difficult to determine the role that time since trauma played in their experience of PTG. Three participants had had the same amount of time since trauma. However, one of these three participants was notably more reflective than the others. This raises a number of questions. Perhaps, for some participants, the nature of their experience of injury did not lend itself to a period of reflection. Perhaps some participants are not as reflective as individuals as other participants. Of note, the two people who were not reflective are male. However, as the study is so small, their lack of reflection could be attributed either to their experience of trauma or their experience of the research process rather than to a gender difference. All of the participants reported that they had experienced psychological growth as a result of their injury. If this study were to be conducted again it would be interesting and useful to recruit people who had had the same period of time since injury. Further research would be helpful in unpicking the impact of time since trauma on PTG.

In this study, the participants spoke about distinct areas of psychological growth that they experienced as a consequence of their physical injury. Future studies could recruit individuals who had experienced a traumatic injury within the same time period to explore time since

injury and its role in PTG. Other studies have suggested how beneficial a longitudinal study would be in discovering the trajectory of PTG and time since a traumatic/adverse event (Turner et al., 2018).

The concourse generated was limited by the number of studies that have been done with children and young people. Future research would benefit from a focus group with young people, so their experiences could inform the concourse. In the present study, recruiting participants for a focus group was challenging. Participants found it too far to travel to the hospital for a research visit and the research team were unable to offer virtual appointments for fear of breaches of confidentiality.

Yet, focus groups are not a necessary component of Q methodology if one achieves saturation in the concourse. Indeed, research has already included children and young people within PTG questionnaire studies. The main author also conducted a pilot, **where young people's views were taken into account** and informed the development of statements.

Interviews can provide insight into the viewpoints expressed. However, **two of the recordings** were corrupted. While the main author prioritised obtaining feedback from these young people to see if the findings had captured their viewpoints as expressed in their q-sort, their insights in the interview are lost. Though interviews are not regarded to be a necessary component of a q-study, the validity of a study's findings can be increased by having the opportunity to further explore participants' views in an interview (Gallagher & Porock, 2010). Also, young people's voices are prioritised by conducting interviews as a way to gain insight into each q-sort. Consequently, there are implications for the validity and robustness of the results. It is unknown whether their insights were accurately captured through

obtaining feedback on the q-sorts. Perhaps the results remain robust as the q-sorts are interpreted statistically. However they are also reflected upon qualitatively and the interviews add validity to this process. In this way, q is qualiquantological. This process may have been influenced without the insight of those two participants.

Considering the small sample size and its impact on the robustness of the results, it is significant that two interviews were corrupted. The insight of the participants in a smaller study are all the more important. Having this insight may have influenced the findings of the study and the way they were interpreted.

Strengths

This study facilitated young people to share their opinions on their own experience. The methodology enabled young people to be involved at a number of stages of the research process which young people regarded as an indication of the validity of the study and this contributed to rapport with the researcher. It also gave young people an opportunity to reflect upon their experience of growth. Participants reported that taking part in the study had been of benefit to them. They commonly stated that it gave them an opportunity to reflect on the ways in which they had grown. They explained that the conversations facilitated contrasted with their experience of talking about their injury to professionals and in everyday life. So, q-methodology was useful in facilitating the expression of opinions on what is currently known about PTG but was also a method that allowed participants to reflect on their experience of positive change in the aftermath of injury and to voice their opinions on the subject.

Referrals are often made to psychological services for support with the trauma of injury and thus treatment may focus on distress and loss. Research on trauma tends to focus on distress, loss or deficits as well (Tedeschi & Calhoun, 2004a). The present study shows that there are

other narratives about injury, such as that of posttraumatic growth. The clinical utility of the construct has been proposed by researchers (Joseph & Linley, 2008). While the area is in need of further research, the prospect of supporting young people through trauma while considering the possibility of posttraumatic growth collaboratively is a hopeful one.

Research implications

In terms of considering possibilities for future research, given that the two young people who loaded most strongly on factor 2 had experienced the same type of injury at the same age, it may be interesting to conduct a study on PTG with young people who have experienced a similar physical trauma. The fact that both these participants with similar injuries at a similar age both loaded most strongly on factor 2 may have been coincidence, but it would be interesting to conduct a study to examine this further. Additionally, participants across factors 1 and 2 were mixed about whether they felt closer to their family. Given the influence of the family upon the adjustment of the child throughout the process of getting through an injury it would be interesting to explore this further. However, there are many possibilities for conducting research in this little-researched area. Young people's experiences of PTG, particularly in paediatrics, need to be heard and understood in order to contribute to our knowledge of PTG. Qualitative research could be conducted to explore this construct and young people could contribute in a meaningful way to this research.

Clinical Implications

The findings of this study seem to add to the qualitative research that has been conducted about PTG. They seem to suggest that that it is worth continuing to explore PTG to investigate how best to define it. Participants do seem to experience growth. The aspects of growth they experience seem to be reflective of their experience and the meaning they attributed to it. This is in line with the organismic valuing theory which takes a person-

centred approach to understanding the experience of trauma. Participants in this study valued the opportunity to explore their experience of growth. Therefore, it may be helpful for clinicians to provide a space within which it is possible to explore growth in a person-centred manner. Participants drew attention to their concurrent experience of growth and distress and this might lend itself to tentatively exploring all aspects of a young person's experience of sustaining an injury and its impact on their lives in sessions. However, further research is needed to understand posttraumatic growth.

Service and policy implications

In line with the NHS Long Term Plan (NHS, 2019), services are encouraged to work alongside experts by experience and their families (NHS England, 2019). With the focus also on better care, services may be able to research PTG and contribute to what is known – and, by so doing, contribute to the evidence base (Department of Health, 2015). It also may be possible to consider PTG in therapy with young people and hear their voices about the positive psychological growth they could have experienced alongside their distress. This would be in line with the person-centred perspective of the Five Year Forward View for Mental Health (Independent Task Force to the NHS in England, 2016). However, in light of the pandemic, there may be significant challenges to face in terms of implementing the proposals set forth in policy. Organisations such as Young Minds, which advocate for and with young people for their rights in relation to their mental health, aim to continue to strive for these commitments to well-being and mental health to be kept.

Conclusion

This study illustrates that young people who have experienced an injury can provide insight into their experience of posttraumatic growth and that they have experiences unique to their circumstances, as well as shared opinions, on aspects of growth. Three distinct views were

expressed that provide insight into posttraumatic growth: ‘What has changed about me’, ‘Letting go’ and ‘How others support me through this’. These views are theoretically coherent but indicate that it may be useful to consider PTG as an emerging construct in need of further investigation before using measures that may not capture a complete picture of the experience of PTG.

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Appendix A: Journal Submission Requirements

International Journal of Qualitative Studies on Health and Well-Being

https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=zqhw20#ffs

Appendix B: Critical Appraisal Skills Programme Checklist Decisions

Table 1B

CASP decisions

CASP questions for critical appraisal	Distress, Coping, and Posttraumatic Growth in Refugees From Burma Shakespeare-Finch et al. (2014)	Posttraumatic Growth Experiences among Tibetan Refugees: A Qualitative Investigation Hussain and Bhushan (2013)	Coping, resilience and posttraumatic growth among Eritrean female refugees living in Norwegian asylum reception centres: A qualitative study Abraham et al. (2018)	Posttraumatic Growth Experiences of Syrian Refugees After War Şimşir et al. (2018)	Can I come as I am? Refugees' vocational identity threats, coping and growth Katja Wehrle et al. (2018)	A Phenomenological Study on the Experience of North Korean Refugees Kim and Lee (2009)	Violation and hope: Refugee survival in childhood and beyond McCormack and Tapp (2019)	Perspectives of Somali Refugees on Post-traumatic Growth after Resettlement Strode Ferriss and Forrest-Bank (2018)	Reassembling a Shattered Life: A Study of Posttraumatic Growth in Displaced Cambodian Community Leaders Uy and Okubo (2018)	Non-Western interpreters' experiences of trauma: the protective role of culture following exposure to oppression Johnson et al. (2009)
Was the aim of the research stated clearly?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Is it appropriate to use qualitative methodology?	Yes	Yes	Yes – for this part of the study	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Is it worth continuing?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Will the research design address the aims of the study?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Recruitment strategy	Snowballing Doesn't explain why participants were the most appropriate Doesn't explain why/if some people did not take part	Snowballing Doesn't explain why participants were the most appropriate Doesn't explain why some people or if some people did not take part	Purposive sampling	Snowballing	Snowballing	Recruited volunteers from a self-help meeting	Snowballing	Purposive Sampling	Purposive sampling and criterion sampling and snowballing	Purposive sampling and criterion sampling
Was the data collected in a manner that addressed the aim of the study?	Yes – IPA seeks to explore experience and give voice to participants	Yes – IPA seeks to explore experience and give voice to participants	Yes	Yes- Interviewing	Yes- Interviewing	Yes- Interviewing and gathering participants records (diaries etc)	Yes- Interviewing	Yes-Focus group	Yes – interviews	Yes- Semi-structured interviews – IPA
How will the data be collected?	Semi-structured interviews	Semi-structured interviews	To focus groups with four participants in each group. 10 interviews	Content analysis	Semi-structured interviews	Interviewing and gathering participants records (diaries etc)	Semi-structured interviews	Focus groups	Interviews	Semi-structured interviews
Has the researcher explained why they are using this method?	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Has the researcher explained how they are using the	Yes there is a description of the interviews	Open-ended questions Some probing was used.	Focus group interviews	Yes	Yes	No	Yes – practically but no schedule	Yes	Yes	Yes

method in detail?	Refugee Distress and Coping Inventory Protocol was adapted for the study (Miller, Muzurovic, Worthington, Tipping, & Goldman, 2002).									
Were methods changed in the midst of the study?	Yes methods were modified but there was no indication as to what modifications were made	Does not say if methods were modified or why	Yes. Ten participants participated in interviews	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed
What was the form of the data? Is this stated clearly?	No	Does not say if data was tape recorded	No	Data was recorded	Data was recorded	Not clear how interview data was recorded Personal records were kept	Data was recorded	Audiotaped	Recorded	Not discussed
Is saturation of data discussed?	I don't know IPA process described in detail	I don't know IPA process described in detail	I don't know	I don't know	Saturation	No	Yes	Yes	Yes	No
Has the researcher reflected on the relationship with participants?	Yes	Yes- The experience of the researcher is considered too	To a certain extent	Not discussed	Not discussed	Not discussed	Yes	Yes	Yes	Not discussed

Did the researcher consider their own role, any bias or influence during (a) the establishment of the research questions	No	This may have been done but was not discussed as it applied in this research	No	Not discussed	Not discussed	Not discussed	No	Yes	Yes – in general is reflexive	Yes- in brief- considered voluntary role in Thailand as potential for cultural competence
(b) data collection, recruitment	Yes – snowballing was acknowledged as a limitation	No	No	No	No	No	Yes	Yes	Not specified	Not specified
and location	No	No	No	No	No	No	Yes	Yes	Not specified	Not specified
How the researcher dealt with incidents during the study?	No	No	Yes- in relation to the language of the participants	No	No	No	Yes	Yes	Not specified	Not specified
Did the researcher reflect on any alterations in the research design	No	No	Yes- giving people the option of an interview instead of a focus group	No	No	No	No	Yes	Not specified	Not specified

RESULTS

Were ethics discussed?	Yes	Yes	Ethical approval was obtained but the study was conducted in an asylum	Not discussed	Not discussed	Not discussed	Yes	Yes	Not discussed	Yes

			centre- even though the participants had legal status, could they have been concerned that negative responses could influence their status							
Were the ethical implications of the study discussed in the write up in a way that makes it possible to determine if ethical standards were maintained?	No	No	Yes	No	No	No	No	Yes	Not discussed	No
Any reflection on any situations arising in the study concerning ethics?	No	No	No- there are not sufficient details about informed consent	No	No	No	No	No	Not discussed	No
Was ethical approval sought?	Yes	Not discussed	Yes	Not discussed	Not discussed	Not discussed	Yes	Yes	Not discussed	Yes

Is it possible to decide if the data analysis was rigorous?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Is there a description of the analysis process?	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Is it clear how the themes emerged and if the findings are supported	No Findings are supported by data	It was discussed in results Findings are supported by data	Not discussed Findings are supported by data	Not discussed Findings are supported by data	Not discussed Findings are supported by data	Not discussed Findings are supported by data	Discussed in the research team Findings are supported by data	Yes Findings are supported by data	To a certain degree – the process is clear Findings are supported by data	The process is clear. An example would be illustrative Findings are supported by data
Was contradictory data discussed or reflected upon?	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed	Yes. Acknowledged that five areas of PTG were found but discusses the problems about taking this at face value	Yes- reflected upon bias	Only to the extent that a degree of cultural competence was assumed
Are the findings clear?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Implication of results locally										
Is the research valuable?	It is valuable to understand PTG in the lives of refugees	Insight into PTG	Insight into PTG	To understand posttraumatic growth experiences of refugees	Insight into PTG in relation to appreciating	Insight into experiences of PTG	Insight into PTG	Insight into PTG	Insight into PTG	Insight into PTG

				posttraumatic growth	the small things in life					
	Yes – to theory and understanding	Yes – to theory and understanding of PTG and culture and Social support	Yes – to theory and understanding	Yes – to theory and understanding	Yes- to theory and understanding	Yes- to theory and understanding	Yes- to theory and understanding	Yes- to theory and understanding	Yes- to theory and understanding	Yes- to theory and understanding
	Practice – No Policy – No Research – Yes	Practice – Yes Policy – No Research – Yes	Practice – No Policy – No Research – Yes	Practice – Yes Policy – No Research – Yes	Practice-Yes Policy- Decreasing stigma locally Research- Yes	Practice – Yes Policy- No Research- No	Practice – Yes Policy- No Research- Yes	Practice – Yes Policy- No Research- Yes	Practice – Yes Policy- Yes Research- Yes	Practice – Yes Policy- Yes Research- Yes
	Transferable: No but adds to the knowledge we have	Transferable: No but adds to the knowledge we have	Transferable: No but adds to the knowledge we have	Transferable: No but adds to the knowledge we have	Transferable: No but adds to the knowledge we have	Transferable: No but adds to the knowledge we have	Transferable: No but adds to the knowledge we have	Transferable: No but adds to the knowledge we have	Transferable: No but adds to the knowledge we have	Transferable: No but adds to the knowledge we have

Appendix C: Stages of a Meta-ethnography (Noblitt & Hare, 1988)

Table 2C

Steps of Metaethnography

Steps of metaethnography
Getting started
Deciding what is relevant to the initial interest
Reading the studies
Determining how the studies are related
Translating the studies into one another
Synthesising translations
Expressing the synthesis

Appendix D: Consultation that informed this study

Feedback from CAMHelions that directly contributed to the development of the study

- I introduced the study to a group of young people who are members of a group called the CAMHelions.
- They asked me questions about the study.
- Then they reflected on the proposed study. They read a poster for the study thinking about how it explained the study and considered how I proposed to recruit for this study.
- They wrote their views on the poster and were happy for me to share this poster with a summary of their comments written on it.
- I wrote some brief notes in the midst of our discussion which are on the information sheet below.
- The young people felt strongly that it was a useful research question to ask as young people are not asked about their experiences.
- In accordance with their guidance, the poster was displayed as an A3 poster so that the research question 'Have you grown as a result of an injury?' was displayed in bigger writing.
- Vouchers were offered to participants instead of payment as it was the quickest way to pay participants. Young people had let me know that they had waited significant amounts of time to be paid for participating in studies in the past. They explained that it had made them feel as if their contribution to the study had not mattered. Therefore, they advised that I make sure participants are compensated for their time in a timely manner.
- The young people thought that it would be helpful if the study was advertised in the outpatients departments in the hospitals that took part in the study. Therefore, the study was advertised in the outpatients departments in the hospitals that took part in the study.
- Young people thought it would be helpful to include a heading on the poster that read: 'Who am I?'

However, we discussed that the poster would not fit on one page if we did this. The young people took this into consideration and decided it would be better if the poster did not have this title.

- The research question also remains the same because its phrasing relates to the theoretical understanding of PTG which occurs ‘because of’ adversity or trauma.

-The CAMHelions did not inform the development of the statement set. The pilot study provided some helpful feedback which refined the statement set. This is outlined in the procedure.

A study to investigate what constitutes posttraumatic growth, according to young people who have experienced paediatric trauma ← like this

IRAS Project ID Number: 242134 ***version 1***

Points could be below questions.

← Feel like this should be bigger

Who am I?

Put my intro here.

I am asking young people about this as part of a study I am doing while I am training to be a psychologist

One paragraph.

- Psychologists help people through difficult experiences
- People who have been through difficult experiences and traumas (like an injury) often talk to psychologists about how hard it is to go through an injury.
- Some people also talk about how they grew as a person because of their difficult experience: Feeling stronger as a person, feeling closer to family....
- Did you grOW in any of these ways? Are there any other ways you developed/changed as a person as a result of your injury?

← Like this

I like the picture.

- Come and talk about it!

, Inviting

Border is eye catching.

If you have grown as a result of your injury and would like to take part in this study, send me an email – catherine.mcgrath@liverpool.ac.uk

Or, if you prefer, remove one of these slips of paper and write your details on it and put it in the secure box at reception:

Name:

Parent/Legal guardian:

What is the best way to contact you?

Name:

Parent/Legal guardian:

What is the best way to contact you?

Name:

Parent/Legal guardian:

What is the best way to contact you?

Name:

Parent/Legal guardian:

What is the best way to contact you?

Name:

Parent/Legal guardian:

What is the best way to contact you?

? Recruitment ideas: advertise (twitter) → Long term outpatients? → ATE.?

→ Love to shop - Liverpool vouchers. ↑ → £Paid - if takes too long vouchers

- poster on bigger (A3?) to fit all info

Information Sheet for the focus group

IRAS Project ID Number: 242134 *version 1*

Study: A study to investigate what constitutes posttraumatic growth, according to young people who have experienced paediatric trauma

"Have you grown as a result of your injury?"

1. Who am I?

This is really good.

My name is Kate Mc Grath. I'm training to be a Clinical Psychologist at the University of Liverpool. As part of my training I work as a trainee psychologist in the NHS. I'm also doing this study as part of my training. I am doing this study so that I can understand what helps young people get through difficult experiences.

good

I want to hear young people's opinions about how they grew as a result of injury because hardly any studies have asked young people about this and it'd be helpful for psychologists to know. If we know how young people grow ~~because of~~ difficult experiences, maybe we could help these kinds of growth happen in therapy.

grow

Because I'm in training, I have supervisors to support me to do this study.

This study:

- I want to talk to young people who feel that they have grown as a result of their injury/illness
- This would help psychologists understand what helps young people get through difficult experiences
- **If you feel that you have grown as a result of your injury:**

Appendix E: References of the Papers in the Concourse

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Appendix F: E-mail from Expert

From: "zxzhouxiao111@163.com" <zxzhouxiao111@163.com>

Date: 27 July 2018 at 14:16:09 GMT+1

To: Catherine.Mcgrath <Catherine.Mcgrath@liverpool.ac.uk>

Subject: Luna.Centifanti<Luna.Centifanti@liverpool.ac.uk>

Dear Catherine Mc Grath,

I am Xiao Zhou, the student of Prof. Xinchun Wu.

I am now the researcher in Department of Psychology and Behavioral Science, Zhejiang University.

Of course, you read our PTGI articles, which were contributed by me as the first author. I will answer you for your questions.

-- You use freely our PTGI in adolescents, it did not involving cost. However, I think that you should make some changes according to your sample characteristics before carrying our the investigation.

-- It's no problems for me to answer your questions. In fact, I think that PTG may show various domain in victims following different types of trauma. For example, in our adolescents sample following earthquake, PTG mainly show five domains. Of course, regardless of these domains, PTG indicate the mental function was superior than that of before trauma rather than simple recovery. Additionally, i suggest you to carry out an interview with your sample, and then to find the potential domain of PTGI.

-- I am sorry that we now have no unpublished paper involving the structure of PTGI. Enclosed please find our published article, please read it.

I am sorry to answer you late. If you have any questions, please contact me.

Best

Xiao Zhou

Appendix G: Example of the Themes that Arose and Statement Emerged

Table 3F

Example of Theme and Final Statement Development	
Themes in research	Statement
✚ More belief in a higher power ✚ Spiritual growth ✚ Closer to God ✚ A better understanding of spiritual matters ✚ I have a stronger religious faith ✚ Experiencing greater religiosity ✚ Spiritual change	#52 I am more spiritual

Appendix H: Research Review Committee Letter

Kate McGrath
Clinical Psychology Trainee
Doctorate of Clinical Psychology Doctorate Programme
University of Liverpool
L69 3GB

D.Clin.Psychology Programme
Division of Clinical Psychology
Whelan Building, Quadrangle
Brownlow Hill
LIVERPOOL
L69 3GB

Tel: 0151 794 5530/5534/5877
Fax: 0151 794 5537
www.liv.ac.uk/dclinpsychol

16 May 2018

RE: A study to investigate what constitutes posttraumatic growth, according to young people who have experienced paediatric trauma
Trainee: Kate McGrath
Supervisors: Luna Centifanti & Sarah Gaskell

Dear Kate McGrath,

Thank you for your notification of minor amendment to your proposal submitted to the Chair of the D.Clin.Psychol. Research Review Committee (dated 29/03/18).

I can now confirm that your amended proposal (version number 5, dated 29/03/18) meets the requirements of the committee and has been approved by the Committee Chair.

Please take this Chairs Action decision as ***final*** approval from the committee.

You may now progress to the next stages of your research.

I wish you well with your research project.

Dr Catrin Eames
Vice-Chair D.Clin.Psychol. Research Review Committee.

Appendix I: Sponsor Permission to Proceed Notification

Dr Luna Centifanti
Institute of Psychology, Health and Society
University of Liverpool
Waterhouse Building Block B
Brownlow Street
Liverpool
L69 3GL

LIVERPOOL HEALTH PARTNERS

Mr Alex Astor
Head of Liverpool Joint Research Office

University of Liverpool
Research Support Office
2nd Floor Block D Waterhouse Building
3 Brownlow Street
Liverpool
L69 3GL

Tel: 0151 794 8739
Email: sponsor@liv.ac.uk

22 May 2018

Sponsor Ref: UoL001372

Re: Sponsorship Approval

"A study to investigate what constitutes posttraumatic growth, according to young people who have experienced paediatric trauma"

Dear Dr Centifanti

After consideration at the JRO Non Interventional Sponsorship Sub Committee I am pleased to confirm that the University of Liverpool is prepared to act as Sponsor under the UK Policy Framework for Health and Social Care Research (v3.2 10th October 2017) for the above study.

The following documents have been received by the Joint Research Office

Document title	Version	Date
Protocol	5	11/12/17

Please note this letter does NOT allow you to commence recruitment to your study.
A notification of Sponsor Permission to Proceed will be issued when governance and regulatory requirements have been met. Please see Appendix 1 to this letter for a list of the documents required.

If you have not already applied for regulatory approvals through IRAS you may now do so at https://www.myresearchproject.org.uk/Home.aspx (see SOP013).

In order to meet the requirements of the UK Policy Framework for Health and Social Care Research (v3.2 10th October 2017), the University requires you to agree to the following Chief Investigator responsibilities. Please see SOP006 for further details of delegated responsibilities;

1. Comply with the UK Policy Framework for Health and Social Care Research (v3.2 10th October 2017) and all relevant legislation, including but not limited to the Data Protection Act 1998 and subsequently the EU General Data Protection Regulation (2016), the Mental Capacity Act 2005 and the Human Tissue Act 2004;

2. Inform the Research Support Office as soon as possible of any adverse events especially SUSARs and SAE's, Serious Breaches to protocol or relevant legislation or any concerns regarding research conduct;

3. Approval must be gained from the Research Support Office for any amendments to, or changes of status in the study **prior to** submission to REC and any other regulatory authorities (as per SOP018);

4. It is a requirement that Annual Progress Reports are sent to the NHS Research Ethics Committee (REC) annually following the date of Favourable Ethical Approval. You must provide copies of any reports submitted to REC and other regulatory authorities to the Research Support Office;

5. Maintain the study master file (as per SOP005);

6. Make available for review any study documentation when requested by the sponsors and regulatory authorities;

7. Upon the completion of the study it is a requirement to submit and an End of Study Declaration (within 90 days of the end of the study) and End of Study Report to REC (within 12 months of the end of the study). You must provide copies of this to the Research Support Office;

8. Ensure you and your study team are up to date with the current RSO SOPs throughout the duration of the study.

he University also requires you to comply with the following:

1. University professional indemnity and clinical trials insurances will apply to the study as appropriate. This is on the assumption that no part of the clinical trial will take place outside of the UK. If you wish to conduct any part of the study in a site outside the UK or you wish to sub-contract any part of the study to a third party specific approvals and consideration of appropriate indemnity would be required;

you have any queries regarding the sponsorship of the study or the above conditions, please do ot hesitate to contact the Joint Research Office governance team on 0151 794 8373 (email onsor@liv.ac.uk).

Yours sincerely

Mr Alex Astor
Head of Liverpool Joint Research Office

Appendix J: Research and Development Approval- Confirmation of Capacity and Capability

Alder Hey Children's NHS
NHS Foundation Trust

Alder Hey
Eaton Road
Liverpool
L12 2AP

Telephone: 0151 228 4811
www.alderhey.com

11th December 2018

Catherine McGrath

Dear Catherine,

Letter of Access for Research

This letter confirms your right of access to conduct research through Alder Hey Children's NHS Foundation Trust for the purpose and on the terms and conditions set out below. This right of access commences on 11th December 2018 and will end 31st January 2022, unless terminated earlier in accordance with the clauses below.

You have a right of access to conduct such research as confirmed in writing in the letter of permission for research from this NHS organisation. Please note that you cannot start the research until the Principal Investigator for the research project has received a letter from us giving permission to conduct the project.

The information supplied about your role in research at Alder Hey Children's NHS Foundation Trust has been reviewed and you do not require an honorary research contract with this NHS organisation. We are satisfied that such pre-engagement checks as we consider necessary have been carried out.

You are considered to be a legal visitor to Alder Hey Children's NHS Foundation Trust premises. You are not entitled to any form of payment or access to other benefits provided by this NHS organisation to employees and this letter does not give rise to any other relationship between you and this NHS organisation, in particular that of an employee.

While undertaking research through Alder Hey Children's NHS Foundation Trust you will remain accountable to your employer, Mersey Care, but you are required to follow the reasonable instructions of your Research Supervisor, Dr Victoria Gray, in this NHS organisation or those given on their behalf in relation to the terms of this right of access.

Where any third party claim is made, whether or not legal proceedings are issued, arising out of or in connection with your right of access, you are required to co-operate fully with any investigation by this NHS organisation in connection with any such claim and to give all such assistance as may reasonably be required regarding the conduct of any legal proceedings.

You must act in accordance with Alder Hey Children's NHS Foundation Trust policies and procedures, which are available to you upon request, and the Research Governance Framework.

You are required to co-operate with Alder Hey Children's NHS Foundation Trust in discharging its duties under the Health and Safety at Work etc Act 1974 and other health and safety legislation and to take reasonable care for the health and safety of yourself and

others while on Alder Hey Children's NHS Foundation Trust premises. You must observe the same standards of care and propriety in dealing with patients, staff, visitors, equipment and premises as is expected of any other contract holder and you must act appropriately, responsibly and professionally at all times.

You are required to ensure that all information regarding patients or staff remains secure and *strictly confidential* at all times. You must ensure that you understand and comply with the requirements of the NHS Confidentiality Code of Practice (http://www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf) and the Data Protection Act 1998. Furthermore you should be aware that under the Act, unauthorised disclosure of information is an offence and such disclosures may lead to prosecution.

You should ensure that, where you are issued with an identity or security card, a bleep number, email or library account, keys or protective clothing, these are returned upon termination of this arrangement. Please also ensure that while on the premises you wear your ID badge at all times, or are able to prove your identity if challenged. Please note that this NHS organisation accepts no responsibility for damage to or loss of personal property.

We may terminate your right to attend at any time either by giving seven days' written notice to you or immediately without any notice if you are in breach of any of the terms or conditions described in this letter or if you commit any act that we reasonably consider to amount to serious misconduct or to be disruptive and/or prejudicial to the interests and/or business of this NHS organisation or if you are convicted of any criminal offence. Your substantive employer is responsible for your conduct during this research project and may in the circumstances described above instigate disciplinary action against you.

Alder Hey Children's NHS Foundation Trust will not indemnify you against any liability incurred as a result of any breach of confidentiality or breach of the Data Protection Act 1998. Any breach of the Data Protection Act 1998 may result in legal action against you and/or your substantive employer.

If your current role or involvement in research changes, or any of the information provided in your Research Passport changes, you must inform your employer through their normal procedures. You must also inform your nominated manager in this NHS organisation.

Yours sincerely

Chloe McKay

Alder Hey Children's NHS Foundation Trust

From: Cannon Chelsie (R0A) Manchester University NHS FT
Sent: 28 December 2018 10:46
To: McGrath Catherine (R0A) Manchester University NHS FT
Cc: Robinson Alison (R0A) Manchester University NHS FT; Ross Michael (R0A) Manchester University NHS FT; 'astor@liverpool.ac.uk'
Subject: IRAS 242134 (MFT PIN B00295) Acknowledgement of Amendment No. 1

Study title: A study to investigate what constitutes posttraumatic growth (PTG) according to young people who have experienced paediatric trauma using Q-methodology
Study PIN: B00295
IRAS Project ID: 242134
Amendment number: Non-Substantial Amendment 1
Amendment date: 26 November 2018

Dear Catherine,

Manchester University NHS Foundation Trust Research Office has received correspondence informing the Trust of the above referenced amendment. We acknowledge receipt of the documents and have no objection.

Best wishes with the continuation of your research.

Kind Regards,
Chelsie

Chelsie Cannon, BSc (Hons)
Research Support Officer

Research Office
Manchester University NHS Foundation Trust
1st floor, The Nowgen Centre
29 Grafton Street
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Appendix K: HRA Approval

From: "hra.approval@nhs.net" <noreply@harp.org.uk>
Date: 3 September 2018 at 13:23:14 BST
To: catherine.mcgrath@liverpool.ac.uk,luna.centifanti@liverpool.ac.uk, sponsor@liverpool.ac.uk
Cc: sarah.gaskell@mft.nhs.uk, nrescommittee.northwest-gmeast@nhs.net
Subject: IRAS Project ID 242134. Outcome of Application for HRA and HCRW Approval
Reply-To: hra.approval@nhs.net

Dear Dr Centifanti and Catherine

RE: IRAS 242134 What constitutes PTG according to young people with paediatric trauma. Outcome of Application for HRA and HCRW Approval

Please find attached a letter informing you of the outcome of your application for HRA and HCRW Approval.

Please also find attached the REC favourable opinion letter and the standard conditions document applicable to this study, passed to me by my colleagues in the Research Ethics Service.

You may now commence your study at those participating NHS organisations in England and Wales that have confirmed their capacity and capability to undertake their role in your study (where applicable). Detail on what form this confirmation should take, including when it may be assumed, is provided in the HRA and HCRW Approval letter.

If you have any queries please do not hesitate to contact me.

Kind regards

Isobel Lyle
Health Research Authority
Ground Floor | Skipton House | 80 London Road | London | SE1 6LH
E. hra.approval@nhs.net
W. www.hra.nhs.uk

Appendix L: Poster

A study to investigate what constitutes posttraumatic growth, according to young people who have experienced paediatric trauma

IRAS Project ID Number: 242134 ***version 1***

Date: 4 February 2018

Who am I?

My name is Kate Mc Grath. I'm training to be a Clinical Psychologist at the University of Liverpool. As part of my training I work as a trainee psychologist in the NHS. I'm also doing this study as part of my training so that I can understand what helps young people get through difficult experiences.

- I am asking young people about this as part of a study I am doing while I am training to be a psychologist
  - Psychologists help people through difficult experiences
  - People who have been through difficult experiences and traumas (like an injury) often talk to psychologists about how hard it is to go through an injury.
  - Some people also talk about how they grew as a person because of their difficult experience: Feeling stronger as a person, feeling closer to family....

- Did you grOW in any of these ways? Are there any other ways you developed/changed as a person as a result of your injury?

- Come and talk about it!

If you have grown as a result of your injury and would like to take part in this study, send me an email – catherine.mcgrath@liverpool.ac.uk

Or, if you prefer, remove one of these slips of paper and write your details on it and put it in the secure box at reception:

Name:

Parent/Legal guardian:

What is the best way to contact you?

Name:

Parent/Legal guardian:

What is the best way to contact you?

Name:

Parent/Legal guardian:

What is the best way to contact you?

Appendix M: Consent form

There were consent forms for young people aged 12-15 and 16-18. For those aged 12-15 there were also consent forms for their parents in line with British Psychological Society Code of Ethics (2017).

PRIVATE AND CONFIDENTIAL

IRAS Project ID Number: 242134 *version 4*

Date: August 2018

Consent form for young people between 12-15 years old to do the q-sort

Study: A study to investigate what constitutes posttraumatic growth, according to young people who have experienced paediatric trauma

"Have you grown as a result of your injury?"

Trainee Clinical Psychologist: Kate Mc Grath

I have read the information sheet and I understand all of the information about the study.	Please initial each statement
I understand that I do not have to take part in this study, and that if I do not want to take part in the study, nothing will change about the service I get from the hospital.	
I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the University of Liverpool, from regulatory authorities or from the NHS Trust, where it is relevant to me taking part in this research. I give permission for these individuals to have access to my records.	
I can also change my mind about taking part in the study. If I do, nothing will change about the service I get from the hospital.	
I know that Kate will not use my name when she writes about the study- it will be anonymised. I give consent for Kate to share the results through publishing them and presenting the results at conferences.	
I give consent for Kate to write anonymised accounts of the study for her thesis.	

I give consent for Kate to give written accounts of the study to the University, as part of her thesis, so that they can mark it and tell Kate what they thought about it.	
I know that Kate will let other professionals know if she is worried about me or someone else being hurt to make sure that we are all safe.	
I agree that Kate can record me talking while they take part in the q-sort.	
I agree to take part in the q-sort.	

Name: _____

Signature: _____

Date: _____

Appendix N: Information Sheet

An information sheet and consent form was develop for those aged 12-15, 16-18 and parents

Information Sheet for the Q-sort (young people aged 12-15)

IRAS Project ID Number: 242134 ***version 2***
Date: August 2018

Study: A study to investigate what constitutes posttraumatic growth, according to young people who have experienced paediatric trauma

"Have you grown as a result of your injury?"

1. **Who am I?**

My name is Kate Mc Grath. I'm training to be a Clinical Psychologist at the University of Liverpool. As part of my training I work as a trainee psychologist in the NHS. I'm doing this study as part of my training. As a trainee, I am paid to do the study by the University of Liverpool. Because I'm in training, I have supervisors to support me to do this study.

I want understand what helps young people get through difficult experiences. Some young people speak to us about the positive changes that happen as a result of having to deal with a difficult experience, in other words they tell us how they grew as a result of a difficult experience (Tedeschi and Calhoun, 1999).

I want to hear young people's opinions about this. I want to ask young people how they grew as a result of injury because hardly any studies have asked young people about this and it'd be helpful for psychologists to know. If we know how young people grow, because of difficult experiences, maybe we could help these kinds of growth happen in therapy.

I asked young people who have been through difficult times whether they felt this would be worth exploring with young people. They let me know that it would be useful because this study aims to ask young people or their opinions and young people have opinions that deserve to be heard.

This study:

- I want to talk to young people aged between 12 – 18 years old who feel that they have grown as a result of an accidental injury they experienced when they were seven years old or older than that
- This would help psychologists understand what helps young people get through difficult experiences
- **If you feel that you have grown as a result of your injury:**

I'd love to meet you and other young people to ask your opinions about the ways in which you have grown as a result of your injury. You don't need to share any of your personal details (your name, where you are from e.t.c). I will be asking you about your opinion, what you think (this is a way of doing research in psychology called q-methodology).

- **What will happen?**

Ellingsen, I. T., A. A. Thorsen, I. Størksen. (2014)

This picture shows what will happen. I will give you some statements (sentences/photos/ audio clips) about the ways in which people have grown as a result of a difficult experience. We will do a q-sort together.

What is a Q-sort?

A q-sort is a way of getting to know how you think you have grown as a result of your injury.

First, I will explain how to do a Q-sort:

You will read through statements (sentences) about the ways in which people have grown as a result of injury (e.g. "I am stronger as a person since my injury"/ "I am closer to my family"). You will sort the statements into three piles: "strongly agree", "I don't know" and "strongly disagree". You will then sort these statements again, placing each statement in the column that best fits your experience e.g. If you feel that you are "closer to family" as a result of your injury, you would place this statement under the "strongly agree" column.

Then you will place the statements onto a large chart so that you can see how you are sorting the statements. When you can see your views on the large chart, you can decide whether you are happy with where you have placed each of the statements. You can decide to rearrange statements before the q-sort ends so that the chart is showing the ways in which you have grown as a result of your injury. Then I will ask you about how you sorted the statements so I can make sure I have a good understanding of your views about how you have grown as a result of your injury.

- **How many young people would be in the q-sort?**
  I will meet with each of you individually. You'll do the q-sort and we'll chat about it so I can make sure I understand what you think. Then I'll meet with another young person and they'll do the same thing with me. I hope to meet with five young people in a day. There will be up to twenty young people doing the q-sort altogether across a couple of days.

- **How long will that take?**
  It would take around an hour: forty minutes to do the q-sort. Then twenty minutes to talk to you to check that I've understood your views about the

ways in which you have grown. If you need a break at any point, just let me know.

- **Where would we meet?**
  We would meet in one of the private rooms at the Royal Manchester Children's Hospital/ Alder Hey Hospital (whichever suits you best).

❖ **Everybody who takes part in the study will get a voucher for £13. Also f you need to take a bus/train or your parent(s)/legal guardian(s) need to pay for parking, give me your receipts and I'll give the cost of your travel back to you.**

- **Do I have to take part in the q-sort?**
  No. You are welcome to come along but it is up to you to decide if you want to. If you drop out of the study it won't change anything about the service you receive from the hospital.

- **Can I change my mind if I say yes?**
  Yes. If you drop out of the study, nothing will change about the service you get from the hospital. If you drop out of the study after the q-sort, whatever you say will be anonymised (so no-one knows you said it) and used in the study.

- **Is the study confidential? And what exactly does that mean?**

I will emphasise with everyone the importance of confidentiality. This means that all of the information that you share will be anonymous (only me and my supervisors and you will know that it was you that shared this information with me). However, if you share anything that suggests that you or someone you talk about is at risk then I would need to share that information with other professionals to make sure that you/they are safe.

- I will also record our discussions so that I have a way of remembering everything that you said correctly. The recorder that I use is encrypted which means that a

person can only listen to the recordings of our discussions if they know the password for the recorder. Only my supervisors and I will know the password. The recording will be transcribed (typed up) by professionals who have signed a confidentiality agreement, which means they agree not to talk to anyone about our discussions.

- When I write up the study, I will anonymise your personal information which means I won't use any of your details in the write up of the study to protect your identity. People will not know it was your child who took part in the study.

Transparency statement

This is in much more detail on your parent(s) information sheets so please do ask them or me, Kate, if you want to know anything more about this.

In brief, the University of Liverpool, where I am training to be a psychologist, want you to know what happens any of your personal information in this study.

If you decide to drop out of the study, we will keep the information about you that we already have.

We make sure to follow rules about keeping information about you safe. These rules are called the UK Policy Framework for Health and Social Care Research.

The University of Liverpool takes great care to follow the law and to respect your rights when handling information about you and your health.

Any information you have provided for this study will be kept for five years.

You are free to say you've changed your mind about taking part in the study at any time. However, if your personal information has already been anonymised it will not be possible to take this anonymous information out of the study. Because the information, in this study, is anonymised, that means no one will know that it was you who is being written about/spoken about in the study.

We will not share your personal information unless you have said we are allowed to do that. Your anonymous information will be published and presented at conferences and shared with Alder Hey Children's Hospital and the Royal Manchester Children's Hospital.

The data controller (the person who will look after your personal information) for this study is Dr Luna Centifanti (see her contact details below) and Catherine (Kate) Mc Grath (see my contact details below) and the University Data Protection Officer (who makes sure we look after your personal information), Mrs Victoria Heath, can be contacted on 0151 794 2148.

However, if you have any questions or worries about the way in which the University has and uses your personal information, you can complain to the Information Commissioner's Office by calling 0303 123 1113.

- **What if I find anything we talk about upsetting?**

Because we are talking about the positive changes that you have experienced as a result of a difficult experience, it is not very likely that taking part in the study will be upsetting. However, just in case you do feel upset at any point during the study here is what I will do to support you:

Organisations that offer a listening ear and/or further support:

Childline

24 hours a day

Phone 0800 1111 (24 hours)

Chat 1-2-1 with a counsellor online

The Mix

Information and listening for people under 25.

Phone 0808 808 4994 (24 hours)

Get support online

Youth Access

Support services and organizations in your area. For anyone aged 11-25.

Phone 0208 773 9900 (9-1pm and 2-5pm, Mon-Fri)

Samaritans

24 hour confidential listening service for anyone who needs it.

jo@samaritans.org

Phone 116 113 (24 hours)

Information and support for mental health

- **When I have some time to think about what you said, I'd love to check back in with you that I have understood you correctly.**
  I will give you a call to check that out with you, if that's ok with you.

- **Can I see the study when you write it up?**
  Yes. I will send you a copy of the results of the study if you want it. I'll make sure to include a summary of the write up that is accessible and doesn't use a lot of terminology.

- **Where will you keep my contact details?**

  They will be stored in a locked cabinet in my supervisor's (Dr Luna Centifanti) office at the University of Liverpool. Only myself, Luna (academic supervisor) and Sarah and Sira (my expert supervisors) will see these details. They will be kept confidential. They will not be used in the write up. They will only be kept to contact you and will be destroyed after I send you the results of the study (if you both want me to send you the results. Nonetheless, everyone's contact details will be destroyed at this point).

- **Any other questions?**

Send me an email – catherine.mcgrath@liverpool.ac.uk **Tel:** 0161 701 5683

Chat to my supervisors –

If you have any complaints relating to the study, please feel free to contact my academic supervisor:

Supervisors:

Dr Luna Centifanti (Primary Supervisor)

Email: Luna.Centifanti@liverpool.ac.uk

Tel: (0)151 794 5658

and

Dr Sarah Gaskell (Expert Supervisor)

(Head of Department - Consultant Clinical Psychologist at the Royal Manchester Children's Hospital)

Note – Dr Sira Sattar (Clinical Psychologist in the Burns Service) will be my supervisor when she returns from maternity leave.

Tel: 0161 701 5683

E-mail: sarah.gaskell@cmft.nhs.uk

Appendix O: Describing the study to participants

The researcher followed written instructions so that the study would be described in the same way to all participants

Before the q-sort:

Turn on the tape

Put the instructions for the q-sort and the research question on the table

Instructions to participants:

When I have worked with young people who have experienced an injury, some of them speak about the ways in which they have grown and developed as a person because of the injury. I am interested in what you think were the ways that you grew as a result of your injury. If psychologists who work with young people who have experienced an injury know more about the ways in which young people can grow and develop as a result of an injury then maybe we can think of more ways to help young people who experience an injury.

What to do:

- On each of these cards there is a sentence
- The sentence on the card completes this sentence: 'Because of my injury I…'
- Look at each sentence, one at a time
- Decide whether the sentence is one you definitely agree with – put the sentences you definitely agree with into this box (point to the 'agree' box)
- Then put the sentences you definitely disagree with into this box (point to the 'disagree" box)

- Finally, put the sentences about which you are not sure or you have mixed feelings about into this box (point to the ‘neutral/not sure/sometimes’ box)
- For example, look at the sentence ‘ I have started to look after my health’ (statement 13)
- ‘ Because of my injury….I have started to look after my health’
- Would you agree/disagree with that? Or are you not sure if you started to look after your health because of your injury?
- There is no right or wrong way to do this

- Next, spread out all of the ones you agree with
- Put them on the grid
- Put the sentences you most agree with at this end (point), the ones you most disagree with at this end. So where would you put one you agree with to a point but you don’t strongly agree with?
- It can be hard because there is only space to ‘agree most’ with two sentences but do your best.

- Next, spread out all of the ones you disagree with.
- The ones you most disagree with would go here (indicate) and the ones you disagree with would go here (indicate)

- Next, spread out all of the ones you are not sure about or have mixed feelings about. They go in the middle.

During the q-sort:

Write down what statements are in the agree AND disagree AND 'not sure' box and then what statements are in each square on the q-grid and where by copying them onto a blank q-grid.

Ask:

- Why did you put this sentence there? E.g. why do you think your friendships have gotten deeper?
- Can you say a bit more about that?
- What is it that makes you agree/disagree with this statement?

After the q-sort:

Ask:

- Does this capture all the positive changes you have experienced?
- What's missing that I could add in?
- What words could I change to make the sentences clearer?
- Do any of the sentences say the same thing twice?
- What did you want to say that you couldn't say?
- What did you want to do with the sentences that you couldn't do, if anything?
- What were you thinking when you put that sentence there?
- Is there anything else you wanted to say about doing the q-sort, if anything?
- Is there anything else you wanted to say about the positive changes you have experienced since injury, if anything?