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Response to Suttle et al., Post-Traumatic Growth in Parents following Their Child's Death in a Pediatric Intensive Care Unit (DOI: 10.1089/jpm.2021.0290)

Maarten C. Eisma, PhD

Dear Editor:

With interest I have read the recent article by Suttle et al. describing a longitudinal survey on predictors of post-traumatic growth among parents who lost a child.¹ Notable findings were the negative associations between prolonged grief symptoms at 6 months and post-traumatic growth (i.e., finding benefits) at 6 and 12 months. The authors conclude that this generally suggests a negative association between bereavement-related distress and post-traumatic growth. In addition, they argue that severe distress may interfere with meaning making thereby hampering benefit finding in bereavement. In this contribution, I argue that there are viable alternative explanations for these findings.

First, let us consider the possibility of an inverse U-shaped association between event-related distress and post-traumatic growth mentioned by the authors. In brief, this curvilinear effect holds that there are three basic ways of responding to a stressful life event. A first low-distressed group will experience little sense of crisis and, therefore, little growth, a second moderately distressed group will experience higher levels of growth, and a third highly distressed group experiences the event as too emotionally overwhelming to experience much growth.²

The loss of a child is a devastating and life-changing event. Therefore, most bereaved parents in Suttle and colleagues' study fall in the second and third groups (58% score above a stringent clinical cutoff for prolonged grief). The reported negative correlation between prolonged grief symptoms and post-traumatic growth thereby supports the idea of an inverted U-shaped association in the general population of bereaved adults. This aligns with multiple studies on bereaved samples (with a more even distribution of distress levels) reporting curvilinear associations.²

A second important issue is the ongoing debate about the function of post-traumatic growth. Suttle and colleagues frame post-traumatic growth as a positive outcome

of meaning making after a negative life experience. However, they do not acknowledge the theoretical perspective that perceiving benefits may also be maladaptive. For instance, the "Janus-face" model holds that perceptions of growth may be helpful in processing a major stressful life event, but could simultaneously consist of distorted positive illusions that counterbalance emotional distress.³ Such self-deception may, in extreme cases, hamper emotional processing of a negative life event and lead to the persistence of distress.

Therefore, a negative longitudinal association between bereavement-related distress and post-traumatic growth could imply that distress interferes with meaning making of bereaved parents. However, it could also imply that severe distress makes it more difficult to deceive oneself into thinking that benefits have come out of a major negative life event.

One question relevant in this context is: Does post-traumatic growth reduce bereavement-related distress? Three longitudinal studies to date examining this question have found inconclusive evidence: one found perceiving benefits reduced distress, another found null results, and a third found (at a trend level) that more post-traumatic growth predicted increased distress.^{2,4,5} Apparently, perceiving benefits after bereavement is not universally adaptive.

I hope that future research will clearly demonstrate the benefits of perceiving benefits after loss. Until then, researchers and clinicians should be mindful of the contradictory perspectives and findings on the nature of post-traumatic growth.

References

1. Suttle M, Hall MW, Pollack MM, et al.: Post-traumatic growth in parents following their child's death in a pediatric intensive care unit. *J Palliat Med* 2021 [Epub ahead of print]; DOI: 10.1089/jpm.2021.0290
2. Eisma MC, Lenferink LIM, Stroebe MS, et al.: No pain, no gain: Cross-lagged analyses of posttraumatic growth and

- anxiety, depression, posttraumatic stress and prolonged grief symptoms following loss. *Anxiety Stress Coping* 2019;32: 231–243.
3. Zoellner T, Maercker A: Posttraumatic growth in clinical psychology—A critical review and introduction of a two-component model. *Clin Psychol Rev* 2006;26:626–653.
 4. Davis CG, Nolen-Hoeksema S, Larson J: Making sense of loss and benefiting from the experience: Two construals of meaning. *J Pers Soc Psychol* 1998;75:561–574.
 5. Levi-Belz Y: Longitudinal intercorrelations between complicated grief and posttraumatic growth among suicide survivors. *Arch Suicide Res* 2020 [Epub ahead of print]; DOI: 10.1080/13811118.2020.1820412

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