

Transforming Pain Into Growth: A Meta-Synthesis of Posttraumatic Growth Following Adverse Childhood Experiences

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Research on posttraumatic growth (PTG) is burgeoning, with a predominant focus on PTG in adulthood following trauma. Although some studies have examined PTG in childhood or after adverse childhood experiences (ACEs), prior reviews have primarily synthesized quantitative data, with limited integration of qualitative findings. This meta-synthesis aimed to explore how PTG is experienced after ACEs through qualitative evidence. A total of 4,053 studies were initially screened, with eight meeting inclusion criteria after abstract and full-text review and quality appraisal using the Joanna Briggs Institute checklist. Following Thomas and Harden's (2008) three-stage thematic synthesis approach, six overarching themes were generated: (a) self-identity, (b) personal beliefs, (c) personal values, (d) social attachment, (e) emotional regulation, and (f) personal goals. These themes suggest that PTG is an ongoing developmental process among ACE survivors. Findings were compared to existing PTG models to highlight unique pathways of growth following early adversity. Clinical implications for supporting individuals affected by ACEs are discussed.

Keywords: posttraumatic growth, adverse childhood experiences, meta-synthesis, qualitative, thematic synthesis


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Adverse childhood experiences (ACEs) are defined as any traumatic experiences a child might encounter before the age of 18 (Felitti et al., 1998). These traumatic experiences can include: (a) emotional abuse; (b) physical abuse; (c) sexual abuse; and (d) a dysfunctional

household environment such as the presence of substance use problems, domestic violence, or parental separation (Blum et al., 2019). Felitti et al. (1998) conducted a study on ACEs and their long-term consequences and found that ACEs were highly prevalent with more than half of the participants in the study having experienced at least one form of ACEs and that a higher number of ACEs had a strong association to poor physical and mental health outcomes in adulthood. Since this seminal study, the proliferation of research into ACEs has led to several systematic reviews and meta-analyses in recent years, summarizing the effect of, and health outcomes following, exposure to ACEs (e.g., Hughes et al., 2017; Petrucci et al., 2019). While, rightly so, much research has gone into understanding the needs of children and young people who have experienced ACEs (Lester et al., 2020) and how to ameliorate the negative impact of ACEs (Lorenc et al., 2020; Marie-Mitchell & Kostolansky, 2019), there is concurrently a growing interest in understanding the potential for positive outcomes following exposure to traumatic experiences.

Posttraumatic growth (PTG) is defined as experiencing positive growth after enduring psychological struggles resulting from adversity (Tedeschi et al., 2018). This phenomenon of positive growth was first explored by Tedeschi (1999) who looked at adult survivors of violence and the processes that lead to personal and social transformation. Personal transformation was identified as positive change in self-identity, personal beliefs and values, and personal goals for the future (Tedeschi, 1999). Additionally, social transformation was observed as explaining to others their adverse experiences, obtaining justice from the perpetrators of violence, and preventing reoccurrence of violence to self and others (Tedeschi, 1999).

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A later article by Tedeschi and Calhoun (2004) added to the initial concept of PTG with a model illustrating the process of PTG. It was proposed that following the traumatic event, the individual undergoes automatic rumination and might engage with self-disclosure to manage the distress from the traumatic experience. PTG is then achieved with more deliberate rumination and social support that aid in revising schemas about self, others, and the future. This revision of beliefs about self, others, and the future is later incorporated by individuals into their personal narratives of the adverse experience leading to meaning making and perceptions of personal growth (Tedeschi & Calhoun, 2004).

Linley and Joseph (2004) reviewed studies on positive change after adversity to identify variables that are positively associated with the process of PTG. In their review, they established the importance of cognitive processing to reappraise broken beliefs after trauma in developing PTG. This is congruent with the PTG model proposed by Tedeschi and Calhoun (2004) that suggested revisions of personal beliefs as a needed step in developing PTG. Coping, social support, and religion were also variables that positively associated with adversarial growth in the review (Linley & Joseph, 2004). Coping processes such as being problem-focused, acceptance, positive reinterpretation, and positive religious coping were noted to help with developing PTG. However, social support was only positively associated with PTG if satisfaction with social support was present.

While most initial studies on PTG were with adult populations, more recently, there have been a growing number of studies exploring the development of PTG in individuals following childhood adversity (Anderson et al., 2011; Hartley et al., 2016; Jankovic et al., 2022). Meyerson et al. (2011) consolidated findings from recent quantitative research on PTG after different types of ACEs in their systematic review. Findings demonstrated that there were some similarities and differences in the development of PTG between adults and children. First, distress continues to be a prerequisite for PTG development even in a nonadult population. Second, the two main processes involved in the development of PTG in children are: (a) social and (b) psychological. Findings from the review indicated strong positive associations between social support, religious involvement, and PTG as well as strong associations between rumination, competency beliefs, and PTG. The review also provided evidence that the quality, rather than the quantity, of the rumination is more significant. Overall, young individuals who experienced PTG following ACEs were observed to report a decrease in mental health problems and defined PTG as feeling positive emotions, having hope, and having increased beliefs in personal competency.

In a more recent narrative review of PTG in children and adolescents following natural disasters, Bernstein and Pfefferbaum (2018) highlighted the possible differences in cognitive and psychological abilities between adults and young individuals that could affect key PTG psychological processes such as rumination, reappraisal of schemas, and forming new insights. Young individuals differ from adults in levels of coping skills, ability to manage distress, and capacity to attend to and challenge internal cognitions. Young individuals were also assumed to have differences in the way they process and respond to adversity. Younger children are thought to have limited capacity to independently engage with the psychological and emotional challenges that accompany an adverse experience. Thus, Bernstein and Pfefferbaum (2018) hypothesized that younger individuals would require the assistance of adult

caregivers to manage the distress following an adverse experience and during the process of sense making and understanding the adverse experience. However, as they heavily rely on caregivers to guide them in managing distress and understand the world around them, they are vulnerable to the influence of their caregivers. Thus, the caregiver's reaction, availability, and relationship with the young individual heavily influence their response to adversity.

Although both reviews (Bernstein & Pfefferbaum, 2018; Meyerson et al., 2011) provide some much needed insight into the processes involved in developing PTG after ACEs, given their focus on the quantitative literature, they do not fully describe the individual experiences of developing PTG. Jayawickreme et al. (2021) have recently called for academic psychology to prioritize descriptive research within the field of PTG. Additionally, there is a growing body of qualitative research on PTG after ACEs. For example, Wong et al. (2009) explored the personal experiences of young individuals who had a parent with cancer and developed PTG. The participants expressed PTG as an improvement in their character development, having an increased appreciation of life, developing stronger personal relationships, and discovering a new interest in cancer issues. Anderson et al. (2011) explored the experiences of daughters of domestic violence victims who described PTG as acknowledging, understanding, and accepting their childhood adversity through ruminating and addressing crucial questions they had about their experiences. However, there has yet to be a systematic review to consolidate all these recent data from qualitative research on PTG and ACEs. This review adopts a deliberately broader scope than previous qualitative syntheses (e.g., Jeong & Cha, 2019; Källquist & Salzmänn-Erikson, 2019) to capture a wider spectrum of PTG experiences and contribute to a more comprehensive understanding of the phenomenon. This aim is supported by the use of a thematic synthesis approach that goes beyond mere summarization to generate new interpretive insights (Thomas & Harden, 2008).

In addition, although previous systematic reviews of quantitative literature provided a good understanding of PTG following ACEs, there are some outstanding questions that have yet to be answered. For example, how do different types of ACEs influence the development of PTG, how much assistance do young individuals require in meaning making during the development of PTG, how essential is social support to the development of PTG after ACEs, and what is the process of deliberate rumination like for young individuals when developing PTG. It is therefore timely to conduct a systematic review of the qualitative literature to further our knowledge of the experiences of individuals when developing PTG after childhood adversity. This will help us answer these pending theoretical questions about PTG following ACEs and will also provide clinically relevant information about supporting these individuals. Taking a qualitative approach also allows for a more comprehensive look into the phenomenon of PTG at the individual level, which is not possible within quantitative research designs.

Method

Design

A systematic meta-synthesis was conducted using thematic synthesis (Thomas & Harden, 2008) to synthesize the findings of qualitative studies that investigated the experience of PTG in individuals

who experienced childhood adversity. Thematic synthesis is an approach used to develop analytical themes by combining the findings from the qualitative articles to form an understanding that goes beyond the content of the original studies (Thomas & Harden, 2008). This approach was chosen as it adapts and combines approaches from grounded theory and meta-ethnography, going beyond describing the primary data from included studies to developing new analytical themes that can answer the research question (Barnett-Page & Thomas, 2009). By following Thomas and Harden's (2008) specific steps, included studies can be synthesized in a transparent manner that leads to development of new concepts and interpretations.

Literature Search

Prior to starting the research study, research databases such as MEDLINE, Cochrane, and Joanna Briggs Institute were screened to ensure there were no similar existing reviews on ACEs and PTG. For this review, six electronic databases were selected and searched for articles that explored ACEs and PTG in April 2022. The six databases were: (a) PsycINFO, (b) Web of Science, (c) MEDLINE, (d) PubMed, (e) Cumulative Index to Nursing and Allied Health Literature, and (f) Scopus. This review employed a three-step search process (Siiger & Graarup, 2013): (a) pilot search, (b) second search, and (c) final search. The initial pilot search involved browsing current published qualitative research on ACEs and PTG to note common keywords used in these articles. The second step of the search process involved collaboration with a librarian from the James Cook University to assist with finalizing the search terms used by screening the retrieved articles. In this second search, each of these search terms was adapted for use in each of the six databases. The final search involved reviewing the reference lists of the included studies and a brief scan on Google scholar to identify any relevant articles missed during the first two stages of the literature search process.

It was noted in the pilot search that the term "Adverse childhood experience" did not retrieve all articles on childhood adversity as the topic of ACEs involves a wide range of adverse experiences. Thus, the decision was made to conduct the literature search using search strings that describe PTG and qualitative research only. The final search terms used to specify PTG in the databases were "posttraumatic growth," "post-traumatic growth," "posttrauma growth," and "post-trauma growth." Additionally, the search terms used to specify qualitative research in the databases were qualitative, phenomenolog*, narrative, ethnograph*, "grounded theory," "content analysis," "discourse analysis," "thematic analysis," interview*, and "focus group*."

ACEs, by definition, occur between the ages of 0 and 17 years (Boullier & Blair, 2018). However, processing of experiences following ACEs is an ongoing process with no age cutoff (Kendall-Tackett, 2002). Therefore, while it was necessary for the adverse experiences to have occurred during childhood (i.e., before the age of 18 years), it was decided that participants of included studies could be either children or adults, provided that the research focused on asking about adverse experiences that occurred during childhood. Adult retrospective accounts of ACEs can offer valuable insight into the long-term processing of ACEs and the trajectory of PTG over time. These accounts are useful for understanding the lasting impact of childhood adversity, including the ongoing influence into adulthood, and they provide a more comprehensive understanding of how PTG may evolve over time.

Using the search terms, a total of 4,053 articles were obtained across the six databases. After removing 2,166 duplicated articles, the remaining 1,887 articles were subsequently screened by both authors using an Abstract Screening Tool (see Supplemental Figure 1 in the online supplemental materials for full screening tool) to review the title and abstract. At this phase, studies that were not available in English, did not use a qualitative or mixed methodology design, did not present primary data, did not have participants who have experienced ACEs, and did not explore or investigate the experience of PTG after childhood adversity were excluded from the review. After the title and abstract of the retrieved articles were screened, 1,736 articles that did not meet the inclusion criteria were removed. One hundred and fifty-one articles remained after this screening stage and both authors then reviewed the full text of the retrieved articles to exclude another 133 articles that similarly did not meet the inclusion criteria such as adversity experienced during childhood, findings focused on PTG, peer-reviewed articles, and having a qualitative research design. Figure 1 illustrates the process of retrieving and screening the articles. The process of reviewing the articles was completed independently by both researchers. Any conflicts in decision to include or exclude retrieved articles that arose during the review process were resolved by both authors through weekly discussions. Additionally, no further articles were included in the study from the final search of reference lists and Google Scholar.

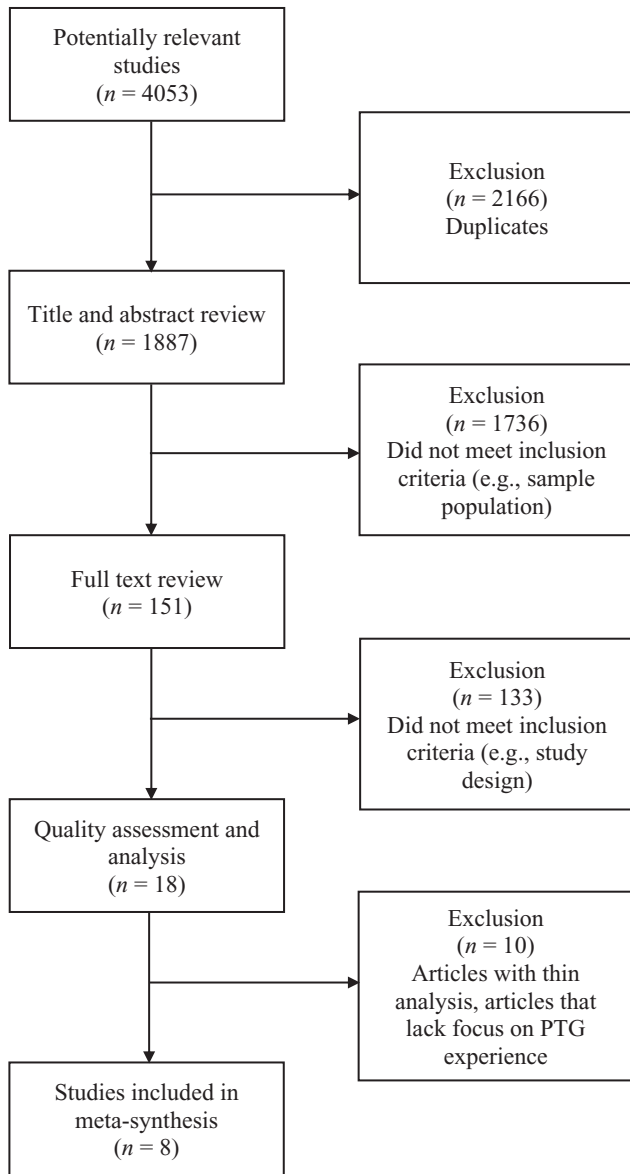
Quality Assessment

There were 18 articles remaining after completing the full-text screening in the literature search process. These articles were then assessed for quality by both authors, using a 10-item checklist (Aromataris et al., 2015; Joanna Briggs Institute, 2017). Quality assessment involved evaluating the congruity between philosophical perspective, research methodology, research question, representation and analysis of data, and interpretation of results. Remaining checklist items also assessed for the description of ethics. Table 1 shows the quality assessment process for each of the 18 articles. The final number of articles included in this meta-synthesis was $N = 8$. These articles were included as they were assessed to have met the standards of having a quality research design and to ensure the synthesis captured a wide range of ACEs.

Data Analysis and Synthesis

The findings of the eight included articles were analyzed and synthesized using the three-stage method of thematic synthesis recommended by Thomas and Harden (2008): (a) coding text, (b) developing descriptive themes, and (c) generating analytical themes. This approach to thematic synthesis with its emphasis on coding whole results' sections of included articles and generating original analytical themes was helpful in managing the broad cultural and methodological variability of the included studies. This variability, on the one hand, provided a richer and more comprehensive understanding of PTG, but on the other hand meant careful attention had to be paid to synthesize findings from different methodological approaches. For example, it is acknowledged that studies using interpretative phenomenological analysis are more interpretative compared to be purely phenomenological approaches and thematic analysis, which tend to be more descriptive. Given that the results section of all eight included studies contained verbatim participant quotes,

Figure 1
Flowchart of Article Retrieval and Screening Process



Note. This figure demonstrates the process of retrieving and screening the articles. PTG = posttraumatic growth.

coding could be applied to both the authors' analysis and original participant data and was done so in a consistent manner, regardless of methodological differences. Furthermore, generating our own analytical themes allowed us to move beyond simply thematically describing existing data, allowing us to mitigate the impact of study variability.

In the first stage of the data-analysis and synthesis process, the entire narrative results sections of the eight included articles were extracted and entered verbatim into the NVivo 12 software program (QSR International Pty Ltd., 2020). Jolene Tan independently coded each line of the text according to the meaning and content of the sentence into "free codes." The "free codes" were then reviewed by

Joanna Barlas, and intercoder agreement was ascertained by reconciling differences through dialogue and consensus.

In the second stage, developing descriptive themes, these "free codes" were then examined by each author separately to look for similarities, and the "free codes" that were deemed similar were then grouped together to form 28 new initial codes in a consensus meeting. The similarities and differences between the initial codes were then explored further by both authors to begin grouping them into a hierarchical structure. Groups of these 28 initial codes were created, resulting in six descriptive themes.

The final stage, generating analytical themes, involved going beyond the findings of the primary studies and forming new concepts and understandings. To do this, the descriptive themes were further examined to answer the review question, what does qualitative literature contribute to our understanding of PTG after childhood adversity. Both authors inferred a process of continued development and growth expressed by individuals who experienced childhood adversity across the six descriptive themes. Through discussions and examinations of the descriptive themes, both authors also identified processes involved in PTG and definitions of PTG within each descriptive theme. At the end of this data synthesis stage, six analytical themes were generated.

Results

Description of the Articles

The detailed information of the eight included articles is provided in Table 2. Three studies were conducted in the United Kingdom, and one study was conducted in each of the following countries: Australia, Iran, Ireland, Korea, and Turkey. Participants ($n = 76$; 45 females and 31 males) in the included articles were individuals who experienced ACEs during their childhood. The age these participants experienced ACEs ranged from 0 to 17 years, and the age at which they participated in the research ranged from 9 to 75 years. Only two articles provided ethnicity data for their participants (Brewer & Sparkes, 2011; Hartley et al., 2016).

All participants in the articles were interviewed individually using semistructured interview schedules and one article also included data collected from observations (D'Urso et al., 2017). The methodological approaches used in the included studies were phenomenological analysis ($n = 2$), descriptive phenomenology ($n = 1$), ethnographic analysis ($n = 1$), thematic analysis ($n = 1$), and interpretive phenomenological analysis ($n = 3$). The types of ACEs investigated in the included studies were parental loss ($n = 3$), childhood sexual abuse ($n = 1$), childhood illness ($n = 1$), parent with mental health concerns ($n = 1$), siblings with cancer ($n = 1$), and childhood abuse ($n = 1$).

Growth Experiences of Individuals Who Experienced Childhood Adversity

From existing literature, it is thought that the experience of PTG is slightly different for children as compared to adults. This is because they are still developing cognitively, affectively, and socially, key factors in the development of PTG after adverse experiences (Bernstein & Pfefferbaum, 2018). The findings from this meta-synthesis support this assumption through results that portray PTG in children as more of a developmental process, where the experience of growth after adversity seems to add to or compound a young person's existing beliefs, self-identity, and values rather

Table 1
Quality Assessment Process of Articles

Article	Congruity: Philosophical perspective and research methodology	Congruity: Research methodology and research question	Congruity: Research methodology and data collection	Congruity: Research methodology and data analysis	Congruity: Research methodology and result interpretation	Statement locating the researcher culturally or theoretically	Influence of the researcher addressed?	Participants adequately represented	Ethical approval?	Conclusion flow from the analysis of the data?	Include?
Altunsoy, (2023)	Yes	Yes	Yes	No	Yes	Yes	Yes	Unclear	Yes	Yes	Yes
Anderson et al. (2011)	Unclear	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Asgari and Naghavi (2020)	Unclear	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Brewer and Sparkes (2011)	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Devine et al. (2010)	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No
D'Urso et al. (2017)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Glad et al. (2013)	Unclear	Unclear	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Hartley et al. (2016)	Unclear	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Kim (2017)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Kissil et al. (2010)	Unclear	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
McCormack and Devine (2016)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Salawali et al. (2020)	Unclear	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Salter and Stallard (2004)	Unclear	Yes	No	Yes	Yes	No	No	No	Unclear	Yes	No
Sheridan and Carr (2020)	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Umberger and Risko (2016)	Unclear	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Walker-Williams et al. (2013)	Unclear	No	Yes	No	Yes	No	No	Yes	Yes	Yes	No
Wong et al. (2009)	Unclear	Unclear	Yes	Yes	Yes	No	No	No	Yes	Yes	No
Woodward and Joseph (2003)	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Note. Table demonstrating the quality assessment process using the 10-item checklist.

Table 2
Characteristics of Included Articles

Article	Study location	Type of ACEs	Participants (<i>n</i>)	Age of ACEs (year)	Age at interview (year)	Time between ACEs and interview	Data analysis	Main findings
Altinsoy (2023)	Turkey	Parental loss	8	2–17	16–18	4 months–13 years	Phenomenological analysis	Findings include three main themes: (a) reaction to loss; (b) readjustment; and (c) posttraumatic growth.
Asgari and Naghavi (2020)	Iran	Parental loss	14	5–11	14–17	4–9 years	Descriptive phenomenology	Findings include two main themes: (a) “initial phase” and (b) “growth over time.” Within “initial phase,” there are two subthemes: (a) initial confusion and (b) reaction to grief. Within “growth over time,” there are five subthemes: (a) taking time with a positive outlook, (b) strengthening the bonds, (c) academic competency, (d) psychological well-being, and (e) existential improvement.
Brewer and Sparkes (2011)	United Kingdom	Parental loss	13	3–13	9–25	2–15 years	Ethnographic analysis	Findings include several positive changes after parental loss in five areas: (a) positive outlook, (b) gratitude, (c) appreciation of life, (d) living life to the full, and (e) altruism.
D’Urso et al. (2017)	United Kingdom	Siblings with cancer	6	9–16	12–18	1–3 years	Thematic analysis	Findings include three overarching themes: (a) difficult emotions, (b) strengthened relationships, and (c) personal development. There are several subthemes within each main theme.
Hartley et al. (2016)	United Kingdom	Childhood sexual abuse	6	3–14	30–52	16–39 years	Interpretive phenomenological analysis	Findings include three main themes: (a) making sense of and understanding abuse in relation to growth, (b) relating to self in new way and acknowledging the positives, and (c) experiencing growth through relationship with others.

(table continues)

Table 2 (continued)

Article	Study location	Type of ACEs	Participants (<i>n</i>)	Age of ACEs (year)	Age at interview (year)	Time between ACEs and interview	Data analysis	Main findings
Kim (2017)	Korea	Childhood illness	15	2–14	16–28	6–19 years	Phenomenological analysis	Findings include four essential themes: (a) self-directed life, (b) normalcy in life, (c) removing restrictions, and (d) inner maturity. There are several subthemes within each main theme.
McCormack and Devine (2016)	Australia	Parent with mental health concerns	5	Parent diagnosed with mental health concerns prior to birth	28–38	Approximately 10–20 years	Interpretive phenomenological analysis	Findings include two main themes: (a) tragic and turbulent young years and (b) knowing, absolution, and posttraumatic growth. There are several subthemes within each main theme.
Sheridan and Carr (2020)	Ireland	Institutional childhood abuse	9	0–17	41–75	28–59 years	Interpretive phenomenological analysis	Findings include two main themes: (a) survivor identity and (b) engendering growth. There are several subthemes within each main theme.

Note. Table summarizing information from included studies. ACE = adverse childhood experiences.

than conflict with or change them. PTG in the included studies is therefore presented as continued development across six themes: (a) self-identity, (b) personal beliefs, (c) personal values, (d) social attachment, (e) emotional regulation, and (f) personal goals. Each theme will be expanded upon below, and where relevant both processes involved in PTG and outcomes following PTG will be described. Illustrative quotes from the included articles for each of the six themes are shown in Supplemental Table 1 in the online supplemental materials.

Ongoing Development of Self-Identity

A key experience of PTG after childhood adversity was expressed as the continued development of self-identity. Individuals who experienced ACEs and subsequently PTG defined PTG as learning to improve their understanding of self and developing their self-perception to transform their perspective of the world (Hartley et al., 2016; Sheridan & Carr, 2020). In their narratives of this experience, they described various processes that helped them perceive growth in their developing self-identity. Some found having the maturity to view their painful experience positively helpful in shaping their self-identity (D'Urso et al., 2017; Kim, 2017). Others reported that gaining strength to overcome their vulnerabilities and learning to be self-sufficient influenced the development of their self-identity after adversity (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011). Another factor that helped with achieving growth in developing self-identity was the expressed desire to better understand and relate to their adverse experiences and their influence on self-identity (Hartley et al., 2016). Cognitive processes that helped with this included self-reflection and self-forgiveness. Self-reflection helped to build flexibility and optimism toward adverse experience and self-perception (Kim, 2017). Self-forgiveness helped to dissolve self-blame despite continued perceived responsibility and letting go of any personal sense of responsibility for the abuse (McCormack & Devine, 2016; Sheridan & Carr, 2020). These descriptions of growth after adversity suggest a continuous development of self-identity and self-perception in young individuals who encountered adversity in childhood as they continued forming their sense of self after the traumatic experience.

A notable observation when reviewing the descriptions of PTG and the processes involved in developing PTG was that individuals who experienced institutionalized childhood abuse expressed the importance of embracing their "survivor identity" when developing PTG (Sheridan & Carr, 2020). The term "survivor identity" was used uniquely by individuals who experienced institutionalized childhood abuse and these individuals described PTG as developing a positive self-perception toward their "survivor identity" that helped in forming a stronger sense of self allowing them the personal strength and positive qualities to move forward after their painful experience.

Ongoing Development of Personal Beliefs

Another key experience of PTG that was expressed by individuals who encountered ACEs was the continued development of personal beliefs. PTG was defined by these individuals as understanding and making sense of the adverse experience (Hartley et al., 2016) and forming better cognitive insights into personal thoughts and beliefs (Sheridan & Carr, 2020). PTG was also described as questioning personal beliefs (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer

& Sparkes, 2011), shifting and broadening personal life perspectives (Kim, 2017), changing personal narratives and beliefs (Altunsoy, 2023; McCormack & Devine, 2016), and positively restructuring personal thoughts of the adverse experience (Asgari & Naghavi, 2020).

Many individuals reported experiencing recurring distress after encountering childhood adversity (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011; Hartley et al., 2016; McCormack & Devine, 2016; Sheridan & Carr, 2020). Persistent grief, difficulties with intimacy, interpersonal trauma, and heightened sensitivity to threat cues were some examples of ongoing distress reported by these individuals after experiencing childhood adversity. Learning and practicing acceptance was therefore a key psychological process that helped individuals with overcoming this distress through continued cognitive reflection on, and amending of, personal beliefs. Individuals who experienced childhood sexual abuse (Hartley et al., 2016) reported the helpfulness of learning to accept the occurrence of the abuse by letting go of worries and moving forward with life. Individuals who experienced parental loss (Altunsoy, 2023; McCormack & Devine, 2016) expressed similar experiences with acceptance when they reported learning to move forward in life without their parent through normalizing and overcoming the loss by actively practicing acceptance. Likewise, individuals who grew up with parents who struggled with mental health issues (McCormack & Devine, 2016) also described acceptance as helpful with acknowledging their personal guilt and feelings of helplessness that later aided them in choosing forgiveness over disappointment and regret.

Other internal processes that helped the individuals grow in their personal beliefs included the ability to ruminate and having a general sense of resilience and strength. The ability to ruminate helped with reconceptualizing the adverse experience and aided the individual in learning to view life events analytically to transform their views of the world. Having resilience and strength helped with learning to problem solve and to be self-reliant, which subsequently led to better coping after adversity. These descriptions of growth after adversity support the assumption of a continuous development of personal beliefs about self, others, and the world in young individuals who are still developing their core beliefs.

Ongoing Development of Personal Values

The next experience of PTG expressed by individuals who encountered childhood adversity was the continued development of personal values. PTG was defined by these individuals as learning to appreciate the present moment (D'Urso et al., 2017) and finding meaning in life after experiencing childhood adversity (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011). In their narratives, they identified various processes that helped them to develop personal values. Some reported the importance of learning to take responsibility for life as helpful for growth (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011) and others shared that reviewing life priorities and acknowledging personal needs was helpful for growth (D'Urso et al., 2017). Religion and gratitude were two other factors that were found to facilitate continued development of personal values. Individuals reported using religion to grow after experiencing childhood adversity by finding purpose through religious beliefs, developing meaning for existence, and integrating religious values into life (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011; McCormack & Devine, 2016; Sheridan & Carr, 2020). Having

gratitude helped with increased appreciation for life, focusing on positive aspects of past experiences, and increased appreciation for current relationships (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011).

Ongoing Development in Social Attachment

Individuals who experienced PTG after adversity further described continued development in social attachments. They identified key components of PTG as developing empathy for others, forming secure relationships, prioritizing personal needs in a relationship, and accepting and redefining relationships (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011; D'Urso et al., 2017; Hartley et al., 2016; Kim, 2017; McCormack & Devine, 2016). In their narratives, they identified several processes and factors that helped with developing social attachments.

The first process was interacting with other individuals who had similar experiences, this interaction helped by providing a shared identity and offering a sense of feeling understood (Sheridan & Carr, 2020). The second process was developing meaningful relationships, and this helped in forming social attachments by guiding the individual in shaping a sense of self (Sheridan & Carr, 2020). The third process that helped in developing social attachments was forming stronger familial bonds. Having a stronger bond with family members helped in providing support to aid the individual in achieving growth (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011). The next process was supporting others; individuals expressed that helping others allowed them to make peace with early life experiences (Sheridan & Carr, 2020) and also taught them what was important in life (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011). The final process that helped in developing perceived growth in social attachments was receiving support from others. Individuals reported that receiving help from others guided them in positive directions (Kim, 2017) and taught them to navigate interpersonal relationships (Sheridan & Carr, 2020).

Key factors that helped with developing social attachments were disclosure of the adverse experience and having a relationship with their own child in adulthood. Some reported that being able to talk about the abuse experience without judgement was helpful in guiding them to move forward with life (Hartley et al., 2016). Others expressed that having the capacity to develop bonds with their own children was viewed as an achievement and helped with continued growth and development of social attachment (Sheridan & Carr, 2020).

A notable observation was that individuals who experienced childhood sexual abuse (Hartley et al., 2016) and institutionalized child abuse (Sheridan & Carr, 2020) also found that creating a distance from unhelpful relationships and rejecting the religious practices and ideologies tied to the abuse as processes that were helpful to them in developing perceived growth. Both these processes were unique to these two forms of ACEs.

Ongoing Development in Emotional Regulation

Individuals also described continued development in emotional regulation as part of PTG following childhood adversity. Individuals who experienced ACEs and subsequently PTG reported key components of PTG as letting go of shame and guilt, having tenacity despite distress, developing higher tolerance toward challenges, and achieving

psychological well-being (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011; Hartley et al., 2016; Sheridan & Carr, 2020). Processes involved in developing emotional regulation were described as learning to express emotions to others, learning cognitive-emotional flexibility (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011), learning to embrace vulnerabilities, and learning to set boundaries while tolerating uncomfortable feelings (Hartley et al., 2016). Individuals also reported that a key factor in achieving perceived growth was having a positive outlook. They expressed that having a positive outlook was helpful with evaluating life after adversity, forming optimistic beliefs, and developing perseverance and strength (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011; Hartley et al., 2016).

Ongoing Development of Personal Goals

Finally, individuals described continued development of personal goals as important in PTG following childhood adversity. Individuals who experienced ACEs and subsequently PTG defined PTG as transforming losses into opportunities (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011), finding importance in future career goals (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011), and finding purpose in life (McCormack & Devine, 2016). In their narratives, they described various processes that helped them to develop personal goals. Some found engagement with meaningful activities helpful in increasing their sense of achievement and self-worth (Sheridan & Carr, 2020). Others viewed exploration of new possibilities and trying out different adventures and activities as helpful in aiding growth (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011). The processes of setting personal goals (Kim, 2017), having a clear vision and goal for the future, and willingness to fight adversity to achieve dreams (Hartley et al., 2016) were also expressed as helpful in the experience of achieving PTG.

A notable observation around achieving growth that is unique to PTG following childhood adversity was the relevance of particular factors at different developmental stages. These factors were overcoming challenges in emerging adulthood (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011) and noticing changing roles in different life stages (Sheridan & Carr, 2020). When discussing personal goals, a frequent narrative from school-going participants centered on working to achieve academic competency and the importance of figuring out future career pathways as helpful in fostering contentment and purpose (Asgari & Naghavi, 2020). Others also mentioned entering young adulthood and gaining freedom and independence as an opportunity to distance themselves from the ACEs, which enabled new experiences and self-development (Sheridan & Carr, 2020). Entry into parenthood as young adults was also described as helpful in fostering PTG through acknowledging the ability to develop loving bonds with their own children despite ACEs (Sheridan & Carr, 2020).

Another notable observation was the expressed need of "normalcy" that seems unique to ACEs associated with experienced personal or familial illness (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011; D'Urso et al., 2017; Kim, 2017). Individuals who experienced forms of ACEs that were associated with illness described perceived growth as aiming to return to normalcy (D'Urso et al., 2017), valuing "ordinariness" (Kim, 2017), and having a desire to fulfil normal developmental tasks (Kim, 2017).

Discussion

The findings from this meta-synthesis showcase both similarities and differences in current knowledge about PTG from existing literature. The results from this review suggest that PTG after ACEs is experienced in young individuals as an ongoing development across six areas: (a) self-identity, (b) personal beliefs, (c) personal values, (d) social attachment, (e) emotional regulation, and (f) personal goals. The manner in which participants described their experiences with PTG after ACEs indicated a certain degree of change and transformation in self-identity, personal beliefs, values, goals, and social relationships, mirroring the personal and social transformation explained by Tedeschi et al. (2018). Tedeschi (1999) and Tedeschi and Calhoun (2004) described adult individuals engaging with rumination to disrupt core beliefs formed after adversity and revising existing schemas of the individual to achieve PTG. However, the results from this review seem to indicate that young individuals engage with rumination after adversity to aid in the shaping of their developing schemas and core beliefs leading to PTG. Participants in the included studies described shaping their identity by trying to making sense of their adverse experiences, which helped them to develop cognitive insight and modify their personal beliefs.

Consistent with existing literature on PTG (Bernstein & Pfefferbaum, 2018; Linley & Joseph, 2004), this meta-synthesis highlights acceptance as a crucial process in the development of PTG. Participants from the included studies reported engaging in self-reflection and self-forgiveness to aid in building flexibility toward negative thoughts about past adverse experiences, improving self-perception, and dissolving self-blame. Findings from this meta-synthesis also suggest the presence of additional processes associated with the cultivation of acceptance that individuals navigate during the development of PTG after ACEs. Participants from the included studies mentioned the importance of appreciating the present moment, practicing gratitude, finding meaning, learning to take responsibility, acknowledging personal needs, and reviewing life priorities.

An additional aspect of personal and social transformation that was prominent in our results but not mentioned in previous studies of PTG is the continued development of emotional regulation. Participants from the studies included in this meta-synthesis frequently mentioned achieving positive growth through learning to let go of negative emotions and developing higher tolerance to distress and emotional challenges. Previous studies on PTG (Bernstein & Pfefferbaum, 2018 ; Linley & Joseph, 2004; Tedeschi, 1999) often highlight the significance of engaging in coping skills to manage distress after adversity. Such coping skills are often still developing in young individuals (Bernstein & Pfefferbaum, 2018), thus explaining why continued development of emotional regulation appears as a prominent theme in the current review on PTG after ACEs but is absent in PTG research with adult participants.

Prior to starting the meta-synthesis, gaps in existing knowledge about PTG in younger individuals were noted: (a) how do different types of ACEs influence the development of PTG; (b) how much assistance do young individuals require in meaning-making during the development of PTG; (c) how essential is social support to the development of PTG after ACEs; and (d) what is the process of deliberate rumination like for young individuals when developing PTG. Results from this meta-synthesis provide some answers to these outstanding issues.

A notable observation from the results of this meta-synthesis was that individuals who experienced institutionalized child abuse (Sheridan & Carr, 2020) described embracing their “survivor identity” as a key process in achieving PTG by developing a more positive self-perception and a stronger sense of self. This process was unique to individuals who experienced institutionalized child abuse, and the term “survivor identity” was also only used by these individuals. This process was not reported by individuals who experienced other forms of ACEs. Another notable observation was individuals who experienced institutionalized child abuse (Sheridan & Carr, 2020) and childhood sexual abuse (Hartley et al., 2016) reported that creating distance from harmful relationships tied to the abuse had aided in achieving PTG. This process was also unique to both these ACEs and was not reported by individuals who experienced other forms of ACEs.

With regard to the amount of assistance young individuals required in meaning making after experiencing childhood adversity, a key observation from the results of this meta-synthesis was that participants from nearly all included studies (Altunsoy, 2023; Asgari & Naghavi, 2020; Brewer & Sparkes, 2011; D’Urso et al., 2017; Hartley et al., 2016; Kim, 2017; McCormack & Devine, 2016) reported experiencing growth and development in social attachments. They expressed the importance of being able to talk about the adverse experience without judgement as helpful in aiding them to move forward in life. Participants also mentioned that receiving support from others was helpful in guiding them to positive directions and teaching them to navigate interpersonal relationships. Furthermore, participants highlighted the importance of forming meaningful relationships, supporting others, and forming stronger familial bonds as crucial processes for achieving positive growth after experiencing ACEs, thus indicating that social support is highly essential to young individuals who are in the process of developing PTG after ACEs. While qualitative research cannot quantify the amount of assistance from others that is needed, these findings highlight the universal and essential role played by others in assisting meaning making and growth.

Finally, these findings can shed light on the process of deliberate rumination in individuals who experienced PTG after ACEs. Participants from the included studies expressed ongoing development in personal beliefs, self-identity, and values as key experiences of developing PTG after ACEs in line with existing research (Meyerson et al., 2011; Tedeschi et al., 2018) on PTG that identified the importance of the quality of rumination when working to modify existing schemas to achieve perceived growth. The process of deliberate rumination was hypothesized to slightly differ in young individuals who are still forming their core beliefs about self, others, and the world (Bernstein & Pfefferbaum, 2018). Participants from the included studies described their experience with deliberate rumination as questioning personal beliefs and shifting life perspectives. They highlighted learning acceptance as a key process in deliberate rumination when working on transforming their personal beliefs, self-identity, and values. They reported that learning and practicing acceptance aided in overcoming the distress from ACEs, normalizing their experience with ACEs, and helping them move forward in life. Studies of PTG following trauma in adulthood emphasize the impact of core belief disruption and the need for deliberate rumination (David et al., 2022), while the current findings tend to emphasize the role of developing insight into personal beliefs and narratives. This suggests that younger individuals may not see trauma as disrupting their core beliefs in the same way as core beliefs may still be under development.

Clinical Implications

The findings from this meta-synthesis provide some clinical implications for clinicians working with young individuals who have experienced ACEs. Disclosure and having conversations about their adverse experiences without judgement were notably observed to be key actions utilized by individuals who achieved PTG after ACEs. Thus, in addition to making efforts to ensure a safe therapeutic environment is fostered when talking to young individuals about trauma, clinicians can work with these individuals' support systems to help them understand what role they can play in meaning making and how they can most helpfully respond to disclosures. Furthermore, key processes such as rumination, modifying beliefs, developing personal values, cultivating acceptance, practicing gratitude, and building positive social relationships were observed to be helpful in aiding the development of PTG after ACEs. This indicates that strategies from positive psychology interventions (Carr et al., 2021)—practicing forgiveness and gratitude, setting highly valued and meaningful goals, identifying and using signature strengths to develop self-identity and social networks—could be integrated into more typical treatments for posttraumatic stress disorder for children and adolescents such as trauma-focused cognitive behavioral therapy (Cohen et al., 2017). Furthermore, incorporating dialectical behavior therapy skills that promote acceptance and enhance emotional regulation—such as mindfulness and distress tolerance—may help alleviate intense emotions and support individuals to integrate traumatic experiences into their life narratives, thereby creating conditions conducive to PTG (Görg et al., 2017).

Limitations and Future Directions

This meta-synthesis is not without its limitations. Although much effort was put in place to search extensively for literature on ACEs and PTG, studies included in the final data analysis failed to capture a wider range of ACEs with three included studies examining parental loss and PTG. One explanation for this is that this review adopted a broader definition of ACEs thus making the literature search process somewhat complicated.

With regard to diversity, the included articles attended to the experiences of both females and males but did not identify any particular gender-based differences. Furthermore, while the included articles came from a variety of countries, the majority were conducted in English-speaking countries and only two articles provided ethnicity data with minimal information on the cultural and religious background of the participants. Religion has also been identified as a variable with positive association to PTG (Linley & Joseph, 2004). However, as the included studies did not provide data on the religious affiliation of their participants, this meta-synthesis was unable to explore any differences in PTG development in individuals from different religious backgrounds. This limits the ability of this meta-synthesis to adequately reflect on the cross-cultural transferability of these findings.

There are also unanswered important questions about the impact and mechanism of prior stress exposure on the development of PTG after ACEs and the effect of the intensity and severity of ACEs on PTG development that were raised in past studies on PTG and ACEs. These questions may be beyond the scope of cross-sectional quantitative research and qualitative research and require prospective cohort studies. Finding answers to these questions will

be crucial in furthering our knowledge and understanding on developing PTG after ACEs and might better aid clinicians in executing more personalized intervention strategies for young individuals who have experiences with different forms of ACEs. Future research on the topic of ACEs and PTG might consider directing their focus in these areas to further progress current information about ACEs and PTG.

Conclusion

In conclusion, this meta-synthesis provided rich information about the experience of developing PTG in young individuals after encountering childhood adversity from existing qualitative research. The themes generated highlighted the ongoing processes involved in PTG following childhood adversity related to developing a stronger self-identity, greater insight into personal beliefs, and establishing personal values and goals, as well as the central role of emotional regulation and social attachments. Findings from this meta-synthesis also provided answers to some outstanding questions from previous reviews (Bernstein & Pfefferbaum, 2018; Meyerson et al., 2011) on ACEs and PTG.

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