Predicting Post-Traumatic Growth from Social Support and Meaning-Making Ability

Sophia. Lee[1] , Brian. Matthews[2]* , Jennifer. Torres[3]

[1] Department of Psychology and Counseling, Stanford University, Stanford, USA
[2] Department of Health Psychology, University of Michigan, Ann Arbor, USA
[3] Department of Educational Psychology, University of California, Berkeley, USA

* Corresponding author email address: bmatthews@umich.edu

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ABSTRACT

Objective: This study aimed to investigate the predictive roles of perceived social support and meaning-making ability in post-traumatic growth among adults who have experienced traumatic events.

Methods and Materials: The study utilized a correlational descriptive design with a sample of 392 participants from the United States, selected based on the Morgan and Krejcie sample size table. Participants were recruited through online platforms and completed standardized self-report questionnaires: the Post-Traumatic Growth Inventory (PTGI), the Multidimensional Scale of Perceived Social Support (MSPSS), and the Integration of Stressful Life Experiences Scale (ISLES). Data were analyzed using SPSS-27, with Pearson correlation coefficients calculated to examine the relationships among variables, and multiple linear regression analysis conducted to assess the predictive capacity of social support and meaning-making ability on post-traumatic growth.

Findings: Descriptive results showed moderate to high levels of post-traumatic growth (M = 72.84, SD = 14.26), perceived social support (M = 60.47, SD = 11.73), and meaning-making ability (M = 61.32, SD = 10.91). Pearson correlations indicated significant positive relationships between post-traumatic growth and both social support (r = .54, p < .001) and meaning-making ability (r = .61, p < .001). Regression analysis confirmed that both predictors significantly contributed to the variance in post-traumatic growth (R^2 = .45, $F_{(2, 389)}$ = 159.22, p < .001), with meaning-making ability (β = .44) showing a slightly stronger effect than social support (β = .36).

Conclusion: These results suggest that psychological interventions aimed at enhancing trauma recovery should address both cognitive and interpersonal dimensions to effectively promote positive psychological change.

Keywords: Post-traumatic growth, social support, meaning-making, trauma, regression analysis, psychological resilience.

1. Introduction

Experiencing traumatic events often leaves individuals grappling with emotional, psychological, and existential challenges. While the adverse consequences of trauma have been extensively documented, contemporary research increasingly emphasizes the possibility of positive psychological transformation in the aftermath of such experiences—a phenomenon termed post-traumatic growth (PTG). Defined as the positive psychological change that occurs as a result of the struggle with challenging life circumstances, PTG encompasses improved interpersonal relationships, increased personal strength, the emergence of new possibilities, enhanced appreciation for life, and deepened spiritual development (Kiarasi et al., 2022). Theoretical and empirical investigations have identified PTG not as a mere return to baseline functioning but as a transformative process that fundamentally alters one's worldview. This transformative perspective has gained empirical support in diverse populations and contexts, including those recovering from medical trauma, natural disasters, violence, and bereavement (Azeem & Rauf, 2022; Tian & Wang, 2023; Titlestad et al., 2022).

Social support has emerged as a central predictor of PTG in numerous empirical studies. It is often considered a critical external resource that buffers the negative impacts of trauma while simultaneously facilitating meaning reconstruction and emotional recovery. Research consistently shows that individuals who perceive themselves as being socially supported report higher levels of PTG across various cultural and demographic contexts (Karakoç & FarajÍ, 2023; Kim & Park, 2022; Savenysheva & Razygraeva, 2024). For example, Hwang et al. (2022) found that social support was positively associated with PTG among kidney donors, suggesting that interpersonal reassurance and encouragement help transform distress into growth. Similarly, Syed Aziz Ud Din and Haque (2021) highlighted that bereaved individuals who reported higher social support were more likely to exhibit PTG, indicating its buffering effect against the psychological toll of loss. In the context of individuals with chronic health conditions, Chen et al. (2022) also demonstrated that social support significantly contributed to PTG among Chinese women with gynecological cancer, reflecting the global relevance of this construct.

Beyond its direct role, social support also serves as a mediator in the development of PTG through its influence on stress perception and coping efficacy. Studies suggest that perceived support from family, friends, and significant others can foster a sense of belonging and emotional stability, creating the psychological safety needed for post-traumatic reevaluation and growth (Lee, 2024; Wu et al., 2024). This is evident in the work of Wu et al. (2024), where social support was positively correlated with PTG among parents of very low birth weight infants. Likewise, Yao et al. (2024) showed that social support mediated the relationship between proactive personality and PTG during the COVID-19 pandemic, indicating that supportive environments not only alleviate stress but also facilitate deeper existential processing.

While social support constitutes an important social determinant of PTG, internal cognitive processes such as meaning-making also play a pivotal role. Meaning-making refers to an individual's ability to integrate traumatic experiences into their broader worldview and identity, often by reconstructing life narratives and finding purpose within suffering. The process of making meaning out of adversity has been associated with higher levels of PTG across numerous studies and populations (Ghosh & Purohit, 2024; Leeman et al., 2023; R. Zahra et al., 2024). For instance, Leeman et al. (2023) reported that the ability to derive meaning from distressing life events significantly predicted PTG among trauma survivors. Similarly, Zahra et al. (2024) observed that perceived stress and social support moderated the relationship between resilience and PTG in cancer patients, highlighting how meaning-making interacts with other psychosocial factors.

Recent studies also point to the interdependence of social and cognitive factors in promoting PTG. Individuals are more likely to engage in meaning-making when they are embedded in supportive social contexts that validate their emotional experiences and encourage reflection (Kim & Shin, 2024; Kurtoğlu & Gökkaya, 2023; Tanner et al., 2022). In particular, Kurtoğlu and Gökkaya (2023) emphasized that Turkish housewives who perceived strong social support during the COVID-19 pandemic exhibited greater PTG, partially due to increased opportunities for self-disclosure and reflective thinking. Furthermore, Kim and Hur (2023) used structural equation modeling to demonstrate that social support, self-disclosure, and cognitive reframing were significant predictors of PTG among elder abuse victims, thereby underlining the integrative role of both interpersonal and cognitive mechanisms.

Given the robust associations between social support, meaning-making, and PTG, it becomes imperative to explore their predictive relationships using empirical models

that account for their relative and combined influences. This is particularly relevant in light of research suggesting that the impact of each factor may vary depending on the nature of the trauma, cultural context, and individual psychological resources (Kim & Hur, 2023; Poya et al., 2023; K. Zahra et al., 2024). For example, Poya et al. (2023) found that Afghan adolescents experiencing paternal loss developed PTG primarily through meaning-making rather than social support, while Zahra et al. (2024) identified perceived social support as a stronger predictor of PTG than religiosity among cardiac patients. These findings indicate the need for integrative models that examine the simultaneous contribution of external and internal variables in fostering PTG.

Moreover, the role of socio-demographic and situational moderators must not be overlooked. Age, gender, cultural values, and type of trauma can influence both access to social support and one's capacity for meaning-making (Mehraban et al., 2022; Tabry, 2023; Turan et al., 2023). For instance, Tabry (2023) highlighted that perceived stress mediated the relationship between emotional distress and PTG among teachers, revealing how contextual stressors interact with cognitive appraisals. Turan et al. (2023) found that family members of individuals with substance use disorders showed varied levels of PTG depending on the nature of familial relationships and coping strategies employed. Additionally, Mehraban et al. (2022) demonstrated that the mediating role of coping strategies between mental health and PTG was influenced by levels of perceived social support in COVID-19 survivors. These nuances point to the necessity of understanding the unique pathways through which PTG develops across varying populations and circumstances.

Despite these insights, few studies have concurrently examined the predictive effects of both social support and meaning-making ability within the same analytic model. Most existing research focuses either on one variable or treats them as mediators without exploring their direct comparative strength in predicting PTG. This study seeks to address this gap by employing a correlational descriptive design to examine the predictive roles of perceived social support and meaning-making ability in post-traumatic growth among a sample of adults from the United States.

2.   Methods and Materials

2.1.   Study Design and Participants

This study employed a correlational descriptive design to examine the predictive role of social support and meaning-making ability in post-traumatic growth. The sample consisted of 392 participants from the United States, selected based on the sample size recommendations of the Morgan and Krejcie table for a population exceeding 75,000. Participants were recruited using convenience sampling from online platforms and mental health community forums. Inclusion criteria required participants to be over 18 years of age and to have experienced at least one significant traumatic event in their lifetime. Informed consent was obtained from all participants prior to their involvement in the study. Demographic information, including age, gender, educational background, and type of traumatic experience, was collected to provide descriptive context for the analysis.

2.2.   Measures

2.2.1.   Post-Traumatic Growth

The Post-Traumatic Growth Inventory (PTGI) was developed by Tedeschi and Calhoun in 1996 to assess the positive psychological changes experienced as a result of struggling with traumatic events. The PTGI consists of 21 items across five subscales: Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life. Respondents rate each item on a 6-point Likert scale ranging from 0 ("I did not experience this change") to 5 ("I experienced this change to a very great degree"). The total score reflects the overall level of post-traumatic growth, with higher scores indicating greater growth. The PTGI has demonstrated strong psychometric properties, with internal consistency coefficients (Cronbach's alpha) typically exceeding 0.90 and test-retest reliability ranging from 0.71 to 0.80. Numerous studies across diverse populations have confirmed the scale's construct validity and reliability (Zhao, 2025).

2.2.2.   Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS) was created by Zimet et al. in 1988 to measure individuals' perception of support from three distinct sources: Family, Friends, and Significant Others. The scale contains 12 items divided evenly among the three subscales. Each item is rated on a 7-point Likert scale ranging from 1

("Very strongly disagree") to 7 ("Very strongly agree"). Higher scores indicate a greater perceived level of social support. The MSPSS has been widely used in various populations and has shown excellent internal consistency, with Cronbach's alpha values typically above 0.85 for each subscale and for the overall scale. Its validity has been supported through correlations with related constructs such as depression, stress, and well-being in multiple studies (Li et al., 2025; Li & Ma, 2025; Yuan et al., 2025).

2.2.3. Stressful Life Experiences

The Integration of Stressful Life Experiences Scale (ISLES) was developed by Holland, Currier, and Neimeyer in 2006 to assess the extent to which individuals are able to make meaning of traumatic or stressful life events. The full version of the ISLES includes 16 items grouped into two subscales: Footing in the World (reflecting a person's sense of stability after a trauma) and Comprehensibility (reflecting understanding of the event's impact). Responses are given on a 5-point Likert scale from 1 ("Strongly disagree") to 5 ("Strongly agree"). Higher scores reflect a greater ability to construct meaning from the traumatic experience. The ISLES has demonstrated strong reliability with Cronbach's alpha values above 0.85 for the total scale, and it has shown good convergent and discriminant validity across different populations and clinical contexts (Ma et al., 2023; Sokratous et al., 2023).

2.3. Data analysis

Data were analyzed using SPSS version 27. To examine the relationships between the dependent variable (post-traumatic growth) and the independent variables (social support and meaning-making ability), Pearson correlation coefficients were calculated. This allowed for the identification of the strength and direction of bivariate relationships. To further evaluate the predictive capacity of social support and meaning-making ability on post-traumatic growth, a standard multiple linear regression analysis was conducted. In this model, post-traumatic growth served as the dependent variable, while social support and meaning-making ability were entered simultaneously as independent variables. Statistical assumptions related to normality, linearity, multicollinearity, and homoscedasticity were assessed prior to interpretation of the results. All analyses were conducted at a 95% confidence level.

3. Findings and Results

The final sample included 392 participants from the United States, among whom 253 (64.5%) identified as female, 134 (34.2%) as male, and 5 (1.3%) as non-binary or preferred not to say. The age of participants ranged from 18 to 65 years, with a mean age of 31.8 years (SD = 9.7). Regarding educational background, 21 participants (5.4%) had completed high school, 96 (24.5%) held an associate degree, 175 (44.6%) held a bachelor's degree, and 100 (25.5%) had earned a graduate degree. In terms of reported traumatic experiences, 124 participants (31.6%) had experienced the sudden loss of a loved one, 102 (26.0%) reported surviving a major accident or injury, 85 (21.7%) had experienced interpersonal violence, and 81 (20.7%) reported other types of significant trauma such as natural disasters or life-threatening illness.

Table 1

Descriptive Statistics for Study Variables

Variable	Mean	Standard Deviation
Post-Traumatic Growth	72.84	14.26
Social Support	60.47	11.73
Meaning-Making Ability	61.32	10.91

Participants reported a moderate to high level of post-traumatic growth (M = 72.84, SD = 14.26), based on the PTGI scale. The mean score for perceived social support was 60.47 (SD = 11.73), suggesting a generally high perception of available support. The mean for meaning-making ability was 61.32 (SD = 10.91), indicating a relatively high capacity for constructing meaning from traumatic events (Table 1).

Prior to conducting the multiple linear regression analysis, all relevant statistical assumptions were tested and met. The data were screened for normality using the Kolmogorov–Smirnov test, which indicated no significant deviation from normal distribution for post-traumatic growth (D(392) = 0.043, p = 0.089), social support (D(392) = 0.038, p = 0.127), and meaning-making ability (D(392) =

0.041, p = 0.095). Linearity was confirmed through scatterplots showing a linear relationship between the independent and dependent variables. Multicollinearity was assessed using variance inflation factor (VIF) values, which were 1.38 for social support and 1.42 for meaning-making ability, both well below the critical threshold of 10.

Homoscedasticity was verified using residual plots, and the Durbin-Watson statistic was 1.97, indicating no significant autocorrelation. These results confirmed that the data met all necessary assumptions for performing a valid multiple linear regression.

Table 2

Pearson Correlation Coefficients Between Variables

Variable	1	2	3
1. Post-Traumatic Growth	—		
2. Social Support	.54** (p < .001)	—	
3. Meaning-Making Ability	.61** (p < .001)	.49** (p < .001)	—

Pearson correlation analysis revealed significant positive relationships between post-traumatic growth and both independent variables. Post-traumatic growth was moderately correlated with social support (r = .54, p < .001) and strongly correlated with meaning-making ability (r = .61, p < .001). Additionally, social support and meaning-making ability were also positively correlated (r = .49, p < .001), suggesting that higher perceived support is associated with greater capacity for meaning construction (Table 2).

Table 3

Summary of ANOVA for Regression Model

Source	Sum of Squares	df	Mean Square	R	R²	Adjusted R²	F	p
Regression	18453.27	2	9226.64	.67	.45	.45	159.22	< .001
Residual	22342.68	389	57.42					
Total	40795.95	391						

The ANOVA summary indicates that the regression model significantly predicted post-traumatic growth, F(2, 389) = 159.22, p < .001. The model explains approximately 45% of the variance in post-traumatic growth (R² = .45), with an adjusted R² also at .45, indicating a strong predictive capacity of the combined variables (Table 3).

Table 4

Multiple Regression Coefficients for Predicting Post-Traumatic Growth

Predictor	B	Standard Error	β	t	p
Constant	18.34	3.28	—	5.59	< .001
Social Support	0.42	0.06	.36	6.85	< .001
Meaning-Making Ability	0.51	0.05	.44	9.19	< .001

The regression coefficients indicate that both social support (β = .36, p < .001) and meaning-making ability (β = .44, p < .001) significantly predicted post-traumatic growth. The unstandardized coefficient for social support (B = 0.42) suggests that for every one-unit increase in perceived social support, PTG increases by 0.42 units, holding other variables constant. Similarly, meaning-making ability (B = 0.51) contributes more strongly to the variance in PTG, consistent with its higher beta value (Table 4).

4. Discussion and Conclusion

The present study examined the predictive roles of perceived social support and meaning-making ability in post-traumatic growth (PTG) among a sample of adults from the United States. The findings revealed significant positive correlations between both independent variables and PTG. Furthermore, multiple linear regression analysis demonstrated that both social support and meaning-making

significantly predicted PTG, with meaning-making showing a slightly stronger standardized beta coefficient. These results underscore the importance of both interpersonal and cognitive resources in fostering psychological growth after trauma and provide empirical support for integrative models of PTG development.

The significant positive relationship between perceived social support and PTG aligns with a large body of literature highlighting the critical role of interpersonal support systems in recovery and transformation following adversity. Consistent with prior findings, participants who reported higher levels of support from family, friends, or significant others were more likely to experience positive psychological changes in the aftermath of trauma (Hwang et al., 2022; Karakoç & Farajİ, 2023; Syed Aziz Ud Din & Haque, 2021). These results echo the work of (Savenysheva & Razygraeva, 2024), who found that mothers of children with disabilities experienced higher PTG when they had strong social support networks. Similarly, (Lee, 2024) reported that North Korean defectors with greater social support were more likely to exhibit resilience and PTG, suggesting that social networks provide both emotional reinforcement and practical resources that buffer the impact of trauma.

Social support not only facilitates emotional expression but also reinforces a sense of belonging, which can be instrumental in helping individuals reinterpret traumatic experiences through a growth-oriented lens. This is particularly relevant when considering that social contexts often shape the narratives individuals construct about their experiences. The current findings are also consistent with (Wu et al., 2024), who found that social support predicted PTG among parents of very low birth weight infants. These relationships emphasize the idea that communal validation and empathic understanding play a transformative role in trauma processing. Moreover, the present findings support (Kim & Park, 2022), who suggested that social connectedness acts as a mediator between time perspective and PTG in adolescents, highlighting how interpersonal connections facilitate adaptive psychological outcomes.

In addition to social support, meaning-making ability emerged as a significant and slightly stronger predictor of PTG. This finding reinforces the central role of cognitive and existential processing in the aftermath of trauma. Participants who demonstrated a greater capacity to find meaning and coherence in their traumatic experiences were more likely to report higher levels of growth. This aligns with previous findings by (R. Zahra et al., 2024), who indicated that perceived stress and social support mediated

the relationship between resilience and PTG among cancer patients, and by (Leeman et al., 2023), who emphasized the role of coping resources such as meaning-making in predicting PTG. These studies support the conclusion that PTG does not arise solely from the experience of trauma, but rather from the individual's ability to actively engage with and interpret that experience.

Meaning-making processes facilitate the integration of traumatic events into one's self-narrative, allowing individuals to reframe suffering in terms of purpose and personal development. This interpretation is consistent with research by (Ghosh & Purohit, 2024), who found that coping strategies rooted in meaning construction mediated PTG in Indian young adults following sexual harassment. Additionally, (Xu et al., 2024) highlighted the role of meaning-making in parents of children with Duchenne Muscular Dystrophy, showing that those who integrated their experiences into a coherent worldview reported higher PTG. The findings from this study also support (Azzahra & Putri, 2024), who documented that Indonesian women post-mastectomy experienced PTG as a result of successful meaning reconstruction, especially when accompanied by spiritual reinterpretation and social validation.

The slightly stronger predictive power of meaning-making compared to social support in the current study may reflect the internal nature of cognitive processing, which allows for ongoing, self-directed engagement with trauma, independent of external conditions. This is especially significant in societies or situations where social support may be limited or stigmatized. In such cases, individuals may rely more heavily on personal reflection and existential frameworks to derive growth. This finding is in line with the study by (Poya et al., 2023), where Afghan adolescents who had lost their fathers showed higher PTG through internal meaning-making rather than through external social support systems. It also corresponds with the results of (Kim & Hur, 2023), who demonstrated through structural equation modeling that PTG was significantly shaped by cognitive reframing in elder abuse victims.

Interestingly, while both predictors were significant, their combined influence accounted for a substantial portion of the variance in PTG, suggesting that these two variables are not mutually exclusive but rather function synergistically. Social support may provide the emotional safety and affirmation required to initiate cognitive engagement with trauma, while meaning-making may convert the emotional energy provided by support into purposeful growth. This reciprocal dynamic is supported by studies such as (Kurtoğlu

& Gökkaya, 2023), who found that perceived social support enabled self-disclosure and reflection, which in turn promoted PTG among housewives during the COVID-19 pandemic. Similarly, (Tanner et al., 2022) found that social and psychological resilience factors together contributed to PTG in older adults with visual impairments, reinforcing the interconnection between internal and external resources in trauma recovery.

The positive findings of this study align with theoretical frameworks that conceptualize PTG as a multi-dimensional outcome arising from both cognitive-emotional processing and social-environmental resources. (Kim & Shin, 2024) noted that abused adolescents in foster care exhibited PTG when both internal resilience and external support systems were present. Furthermore, the work of (K. Zahra et al., 2024) with heart patients highlighted the mediating role of perceived support in promoting PTG through spiritual and psychological resources. Together, these studies reinforce the idea that while trauma may disrupt one's worldview, the capacity to reconstruct meaning and draw strength from social bonds facilitates a trajectory of growth.

5. Limitations & Suggestions

Despite the robustness of the findings, the current study has several limitations. First, the cross-sectional design limits causal inferences about the relationship between the predictors and PTG. Although regression analysis can indicate predictive relationships, it does not establish temporal order or causality. Second, the use of self-report measures may have introduced response biases such as social desirability or recall inaccuracies, particularly regarding traumatic experiences and personal growth. Third, the sample was drawn entirely from the United States using convenience sampling through online platforms, which may limit the generalizability of the findings to other cultural contexts or populations without access to such platforms. Additionally, the study did not control for the type or severity of trauma experienced, which may have moderated the relationships between variables.

Future research should consider adopting longitudinal designs to better capture the dynamic and evolving nature of PTG over time. Following individuals from shortly after the traumatic event through various stages of adjustment would provide deeper insight into the processes of social support utilization and meaning-making. It is also important to explore potential mediators and moderators in the relationship between these predictors and PTG, such as

resilience, spirituality, and coping style. Additionally, replicating this study in different cultural and clinical populations—such as refugees, frontline workers, or patients with chronic illness—could offer more nuanced understanding of how sociocultural contexts influence the relative importance of social and cognitive resources. Incorporating qualitative data may also enhance understanding of the subjective experience of growth and the specific forms that meaning-making takes across individuals.

The findings of this study highlight the importance of incorporating both social support enhancement and meaning-making facilitation into trauma-informed care. Mental health professionals should prioritize helping clients build or strengthen support networks, whether through group therapy, family involvement, or community resources. At the same time, therapeutic approaches that encourage narrative reconstruction, reflection, and existential exploration—such as cognitive processing therapy or logotherapy—can support clients in making sense of their trauma. Interventions should be tailored to individual needs, recognizing that some clients may benefit more from social engagement while others may find growth through introspection. Educational programs aimed at increasing awareness of PTG and training professionals in supportive communication could also enhance outcomes for trauma survivors across various settings.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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