

Posttraumatic Growth: A Narrative Review

Tiffany Field*

University of Miami/Miller School of Medicine
and Fielding Graduate University

*Corresponding Author

Tiffany Field, University of Miami/Miller School of Medicine and Fielding Graduate University, USA.

Submitted: 2026, May 08; Accepted: 2026, Jun 02; Published: 2026, Jun 10

Citation: Field, T. (2026). Posttraumatic Growth: A Narrative Review. *Int J Psychiatry*, 11(2), 01-06.

Abstract

The prevalence of posttraumatic growth has significantly varied from 2% to 82% in this current literature. Although posttraumatic growth is a positive experience, the current literature on posttraumatic growth only addresses two positive effects including resilience and future time orientation. Correlates of posttraumatic growth include posttraumatic stress, rumination, optimism, higher education, cognitive processing, and social support. Positive predictors of posttraumatic growth include positive childhood experiences, empathy, resilience, and “meaning-making”. Negative predictors include abuse and neglect, posttraumatic stress, posttraumatic stress disorder, depression, recent suicide loss, being a veteran, being in intensive care and experiencing severe trauma. The only mechanism study that appeared in this literature suggested increased cerebellar volume as a potential underlying biological mechanism for posttraumatic growth. Cognitive behavioral therapy was the only intervention included in this current literature. Methodological limitations include the self-report, cross-sectional design of the studies, the frequent sampling of adults with clinical conditions and the multiple correlates of posttraumatic growth that were not evaluated for their relative significance by regression analyses or structural equation modeling.

1. Introduction

Posttraumatic growth has been defined as positive changes in life philosophy, relationships, and personal growth attributed to gaining understanding and making sense of a traumatic event. This narrative review represents current research on posttraumatic growth which includes its prevalence, correlates of posttraumatic growth, positive effects, positive and negative predictors of posttraumatic growth, a potential underlying biological mechanism, an intervention and methodological limitations of this literature. This research was found on PubMed and PsycINFO by entering the term posttraumatic growth and the years 2024-2026. Exclusion criteria were protocols, case studies, and non-English language papers.

Most of the data in the current literature are based on The Posttraumatic Growth Inventory which is comprised of 21 items that have been divided into four factors [1]. These include personal strength, new possibilities, spiritual – existential change and appreciation of life. Central mechanisms underlying posttraumatic growth include the disruption of core beliefs, the role of rumination and reconstruction of a life narrative [2]. Although the four factors are based on factor analysis of a database, the somewhat disparate

mechanisms are based on a theoretical orientation/bias of the latter authors.

Post-traumatic growth is usually studied in the context of posttraumatic stress (PTSS) or posttraumatic stress disorder (PTSD). Common symptoms of posttraumatic stress include: 1) re-experiencing (intrusions, flashbacks, nightmares, intrusive memories; 2) avoidance (staying clear of reminders, memory blocks and emotional numbing); 3) negative changes in mood and thinking (distorted beliefs, emotional flatness); and 4) hyperarousal (reactivity, hypervigilance).

2. Prevalence of Posttraumatic Growth

The prevalence of posttraumatic growth has significantly varied from 2% to 82% in this current literature. In a study on adolescents, as many as 76% of the students reported signs of posttraumatic growth (N=408 urban students, grades 6 to 12) [3]. In a regression analysis, bereavement, coping and social support contributed to posttraumatic growth. Again, this was an arbitrary selection of variables that might be expected to follow from a traumatic event and contribute to posttraumatic growth.

In a review of studies on surveys of child and adolescent survivors of traumatic events, 35 articles were included [4]. The prevalence of posttraumatic growth was highly variable from 2% to 82%. Correlates of posttraumatic growth in these studies were posttraumatic stress, support, religion and cultural practices, coping strategies and rumination. The same research group published a scoping review on a larger number of studies (N=51 articles) that, not surprisingly, suggested a similar prevalence of 3% to 82% as well as similar predictor variables [5]. Exposure to armed conflict was the trauma that most children and adolescents experienced in these studies. Given the severity of their experience, it's not surprising that the prevalence of posttraumatic growth was as low as 2% and it is surprising that the prevalence of posttraumatic growth was as high as 82%.

The variability in posttraumatic growth is highlighted by research on college students with posttraumatic stress disorder symptoms. In this study, **four profiles** were noted based on the Posttraumatic Growth Inventory [6]. These were low symptoms (22% of the students), growth (32%), struggle (43%), and distress (3%). The distress was related to emotional and sexual abuse. Other predictors were age sex, and parents' education. Older female students of higher education parents had greater rates of posttraumatic growth. Bereavement versus trauma led to spiritual growth. The sadness of bereavement versus the anger of trauma may have made it more conducive to spiritual growth.

A review of 55 studies from 11 countries (N=35,621) suggested a moderate level of posttraumatic growth [7]. This may be an overestimate as this sample was comprised of nurses who have relatively high levels of posttraumatic stress which are correlated with the prevalence of posttraumatic growth [8].

3. Correlates of Posttraumatic Growth

Several correlates have been noted for posttraumatic growth. They have been reported in studies on children and adolescents who experienced trauma and in adults who survived a stroke. They have been called correlates as they were based on correlation analyses, making their directionality undetermined. The correlates include posttraumatic stress, rumination, optimism, higher education, cognitive processing, and social support.

In a systematic scoping review of 35 articles on child and adolescent survivors of trauma, posttraumatic growth was, not surprisingly, correlated with **posttraumatic stress** (Kayaz et al, 2024). Posttraumatic growth was also correlated with support, religion and cultural practices, coping strategies and rumination. If rumination was defined as "thinking deeply about something", that would be considered consistent with the other positive correlates. In contrast, rumination has also been defined as "excessive dwelling on negative thoughts", as in intrusive rumination.

Rumination has also been positively correlated with posttraumatic growth in adults with cancer. In a systematic review and meta-analysis of 35 studies on adults with cancer (N= 8398), a

positive relationship was noted between deliberate rumination and posttraumatic growth [9]. Deliberate rumination, in contrast to intrusive rumination, involves "actively engaging in finding meaning" in the trauma.

In a systematic review and meta-analysis on posttraumatic growth after stroke, 10 studies were included (N= 1046 stroke survivors) [10]. Posttraumatic growth gradually increased each month following their recovery from strokes. The correlates of posttraumatic growth included higher education, cognitive processing, and social support, consistent with the findings of the previously described review. None of the researchers conducted regression analyses or structural equations modeling to determine the relative significance of these correlates.

Optimism has also been associated with posttraumatic growth and resilience. In a study on university students (N=347), optimism was positively associated with posttraumatic growth and resilience [11]. In this sample, a greater expectation for positive events in the future, much like optimism, was also correlated with posttraumatic growth.

4. Effects of Posttraumatic Growth

Although posttraumatic growth is by definition a very positive experience, the current literature on posttraumatic growth only addresses two positive effects. They include resilience and future time orientation.

Resilience has been addressed as a positive effect in three different studies. In the review of 14 studies already described, resilience was a mediator that transformed distress into posttraumatic growth or a moderator that mitigated the impact of PTSD [8]. The determination of mediator or moderator is typically based on theory as opposed to empirical data. Distress might be more readily transformed than PTSD which might be only mitigated.

In a study on posttraumatic growth in adolescents with life-threatening diseases (N =200) resilience led to posttraumatic growth [12]. This study was conducted during chemotherapy, surgery and drug treatment which may have been important times to assess resilience.

In contrast, in another study, resilience resulted from posttraumatic growth, but resilience did not predict posttraumatic growth [13]. However, this was a cross-sectional, not a longitudinal study, so directionality could not be reliably determined. This study was also limited by being self-report research and having recall bias, like most studies in this literature.

Orientation toward a positive future was the other positive effect of posttraumatic growth in this literature [14]. This orientation was, not surprisingly, the opposite of that noted for posttraumatic stress disorder, which was an orientation towards a negative past.

5. Positive Predictors of Posttraumatic Growth

Positive predictors have been reported for posttraumatic growth. They include positive childhood experiences, empathy, resilience, meaning-making, age and purpose in life.

In a study entitled "Positive childhood experiences and posttraumatic growth: the mediating role of self-compassion and self-esteem", the results are in the title [15]. In this sample (N= 381 adults from 43 provinces in Turkey), the Positive Childhood Experiences Scale was administered along with scales on self-compassion and self-esteem. **Positive childhood experiences** predicted posttraumatic growth that was mediated by self-compassion and self-esteem. Self-compassion and self-esteem as contemporary variables of posttraumatic growth would be needed as mediating variables to link positive childhood experiences with an adulthood experience of posttraumatic growth.

In research that focused on **empathy** and posttraumatic growth, empathy predicted posttraumatic growth (N=403 college students) [16]. Empathy not only predicted posttraumatic growth, but it also predicted depression. That empathy was associated with both a positive and a negative experience is not surprising as empathy has been defined as "the ability to understand any kind of experience".

Resilience has also played a mediating role in studies on posttraumatic growth (N= 14 studies) [8]. In this review, most of the findings suggested an association between greater posttraumatic stress disorder (PTSD) and greater posttraumatic growth. However, some studies found that only moderate PTSD led to greater posttraumatic growth. In all these studies, resilience was either a mediator that transformed distress into posttraumatic growth or a moderator that lessened the impact of PTSD on posttraumatic growth. Reducing the impact of PTSD on posttraumatic growth may not be desirable if greater PTSD has led to greater posttraumatic growth.

In a study entitled "A loss by suicide: the relationship between meaning-making, posttraumatic growth, and complicated grief", **meaning-making** was a mediator that transformed complicated grief into posttraumatic growth (N= 81 college students) [17]. The term meaning-making has been defined as making meaning of trauma, although a large literature has been labeled meaning-making rather than making meaning.

Both positive and negative predictors of posttraumatic growth were identified in a study on university students who had been sexually assaulted (N=278) [18]. The predictors of posttraumatic growth included **age and purpose in life as well as high magnitude stressors and trauma history**.

6. Negative Predictors of Posttraumatic Growth

Several negative predictors for posttraumatic growth have appeared in this current literature. They include abuse, neglect, posttraumatic stress, posttraumatic stress disorder, impact of events, depression, being a veteran, being an intensive care unit

survivor, experiencing a severe impact of the event, depreciation, and loss by suicide.

In a study on the effects of childhood maltreatment on posttraumatic stress and post traumatic growth (N= 794 college students, mean age = 19), the students were recruited from two universities in China [19]. In four waves of longitudinal data, **childhood abuse** was positively associated with posttraumatic stress, and **childhood neglect** was negatively associated with posttraumatic stress and posttraumatic growth. The positive association of child abuse with posttraumatic stress is not surprising. But the negative relationship between childhood neglect and posttraumatic stress is difficult to interpret. The students might have been in denial about posttraumatic stress or somehow had recovered from the neglect.

In a review of 63 studies (mean age =19), a greater association was noted between **posttraumatic stress** and posttraumatic growth in Western youth versus Eastern youth [20]. This likely related to the Western youth experiencing greater posttraumatic stress as posttraumatic stress and growth are more related at higher levels of stress.

Posttraumatic growth has been related to several other variables that are relevant to different samples, for example, **veterans** and intensive care unit survivors. In a study on veterans, the relationship between PTSD and posttraumatic growth was mediated by different types of relationships depending on gender (N=1427) [21]. The PTSD relationship with posttraumatic growth was mediated by romantic relationships for male veterans and for female veterans, the PTSD relationship with posttraumatic growth was mediated by friendships. Not surprisingly, as mediators, both romantic relationships and friendships transformed the impact of PTSD on posttraumatic growth.

In a sample of **intensive care unit survivors**, posttraumatic growth was correlated with variables related to intensive care [22]. Posttraumatic growth was not only correlated with PTSD but also with mechanical ventilation and length of time in the intensive care unit as well as education and age of those receiving intensive care.

Posttraumatic growth has also depended on the **impact of the traumatic event** in at least two studies. In one study entitled "The path of adjustment to loss: prolonged grief disorder and posttraumatic growth", the impact of the event, spirituality and a close relationship with the lost person contributed to 68% of the prolonged grief disorder scores [23]. The impact of the event, spirituality and a close relationship with the lost person contributed to 32% of the posttraumatic growth scores.

In another study entitled "Intrapersonal and interpersonal factors promoting posttraumatic growth" (N= 36, mean age= 49), measures were taken immediately after the death of a person and six months later [24]. The predictors of posttraumatic growth were the level of exposure to the death and sudden or violent death. Less acute symptomatic distress led to greater posttraumatic growth. After

six months, having an interpersonal relationship led to greater posttraumatic growth.

Depreciation (a negative view) is another negative predictor of posttraumatic growth via posttraumatic stress. In a study on posttraumatic growth and depreciation in military veterans (N=6205), greater trauma was associated with depreciation which was related to anxiety, depression, and posttraumatic stress which in turn led to posttraumatic growth [25]. In this study, the effect of posttraumatic stress on posttraumatic growth was confounded by the effects of anxiety and depression which may have happened in several other studies in this literature.

In a paper entitled “Posttraumatic growth among recent suicide loss survivors”, the authors reviewed 11 studies on American adults experiencing loss by suicide during the last six years (N= 1132) [26]. Posttraumatic growth a year after **suicide loss** was associated with greater self-rated mental health, less perceived stigma, greater use of treatment resources, greater religious participation, and greater social support. Shorter term loss survivors had less posttraumatic growth and more perceived stigma. The greater posttraumatic growth over a longer period of time would be expected. Surprisingly, the researchers didn’t conduct a regression or structural equation model to determine the relative contributions of their multiple variables to posttraumatic growth. Those results would help inform intervention research.

7. Potential Underlying Biological Mechanism

Only one potential underlying biological mechanism was addressed in this current literature. Smaller total and sub regional cerebellar volumes were reported for those with PTSD (N=1642 with PTSD and 2573 controls), implying that those without PTSD or those who had experienced posttraumatic growth had **larger cerebellar volumes** [27]. Again, directionality cannot be implied from these cross-sectional study data. But larger cerebellar volume would facilitate several functions including motor coordination, balance and posture, motor learning, attention, language and emotional regulation.

8. Intervention for Facilitating Posttraumatic Growth

Only one intervention for facilitating posttraumatic growth was

found in this literature. A systematic review and meta-analysis of 7 articles (N= 249 and 46 couples) on **cognitive behavioral therapy** (a structured, goal-oriented psychotherapy) suggested that CBT led to posttraumatic growth [28]. As the sample size increased, posttraumatic growth increased. Typically, larger samples yield greater effects. Unfortunately, like most samples in this literature, the female sample was larger than the male sample, although gender differences in posttraumatic growth were rarely reported.

9. Methodological Limitations of this Literature

Several methodological limitations can be noted for this literature. They include variability in the definitions of posttraumatic growth as well as variability in sampling, in measures, and in results.

Posttraumatic growth has been **variously defined** as growth following acute or chronic traumatic stress respectively referred to as posttraumatic stress or posttraumatic stress disorder. Some samples have been selected and compared with control groups matched on demographic variables. Other researchers explored the effects of various correlates or predictor variables. Most of the samples were university students or adults with clinical conditions which limited the generalizability of the findings to healthy samples.

Gender was unevenly distributed in many samples. That posttraumatic growth was more prevalent in women in at least one study suggests that **gender should be evenly distributed**. Most of the studies were cross-sectional, self-report studies. Being cross-sectional rather than longitudinal limits any conclusions about **direction of effects** and self-report studies are limited by **recall bias**.

Although several correlates and predictors were identified for posttraumatic growth, data **analyses to assess the relative significance of these variables**, for example, regression and structural equations analyses were not conducted. Only one potential underlying biological mechanism was addressed. Despite these methodological limitations, this literature highlights the types of future research that are needed on the positive effects of posttraumatic growth and potential underlying biological mechanisms.

<u>Prevalence</u>	<u>First Authors</u>
76% of adolescents	Platt
2% to 82% child and adolescent exposed to armed conflict	Fayaz
32% of college students with PTSD symptoms	Liu
Moderate level in 11 countries	Wang

Table 1: Prevalence of Posttraumatic Growth (and First Authors)

<u>Correlates</u>	<u>First Authors</u>
Posttraumatic stress	Kayaz
Rumination	Kayaz, Wan
Education, cognitive processing, social support	Klass
Optimism	Taku

Table 2: Correlates of Posttraumatic Growth (and First Authors)

<u>Effects</u>	<u>First Authors</u>
Resilience	Orovou, Ghasemi, Li
Orientation toward a positive future	Saltzman

Table 3: Effects of Posttraumatic Growth (and First Authors)

<u>Positive Predictors</u>	<u>First Authors</u>
Positive childhood experiences	Caglar
Empathy	Elam
Resilience	Orovou
Meaning-making	Delgado
Age, purpose in life, high magnitude stressors, trauma history	Damiani

Table 4: Positive Predictors of Posttraumatic Growth (and First Authors)

<u>Negative Predictors</u>	<u>First Authors</u>
Abuse and neglect	Chen
Posttraumatic stress	Jernslett
Posttraumatic stress disorder	Bargen
Mechanical ventilation, education and age	Calkins
Impact of the traumatic event	Ferreira de Almeida
Level of exposure and sudden or violent death	Jenn
Depreciation	Renning
Suicide loss	Feigelman

Table 5: Negative Predictors of Posttraumatic Growth (and First Authors)

References

- Lee, H. J., Lee, D. H., Lee, D. H., & Kim, J. Y. (2025). Posttraumatic growth inventory–expanded: factor structure, test-retest reliability, and validity in trauma-exposed and bereaved adults. *OMEGA-Journal of Death and Dying*, 92(1), 145-175.
- Tedeschi, R. G., Moore, B. A., & Greene, T. C. (2025). Posttraumatic Growth as a Pathway to Wellness for Individuals and Organizations. *Behavioral Sciences*, 15(12), 1653.
- Platt, K. J., Marshall, H., Bogusz, P. A., Jason, L. A., Carter, J. S., & Grant, K. E. (2021). Life after the storm: an examination of bereavement and posttraumatic growth among urban adolescents. *OMEGA-Journal of Death and Dying*, 00302228251315294.
- Fayaz, I. (2025). Posttraumatic growth among children and adolescent survivors of trauma: Systematic scoping review. *Journal of Child & Adolescent Trauma*, 18(1), 191-207.
- Fayaz, I., & Khanna, P. (2025). Understanding Posttraumatic Growth in Conflict-Affected Children and Adolescents: A Systematic Scoping Review. *Journal of Evidence-Based Social Work*, 22(6), 815-835.
- Liu, M., Liu, A., Wu, X. (2025). Posttraumatic stress disorder symptoms and posttraumatic growth among college students with a history of childhood maltreatment in China: A latent profile analysis. *Psychol Trauma*, 17(3):503-510.
- Wang, J., Luo, Z., Liao, X., Zeng, Y., Zhou, J., Liu, M., ... & Luo, W. (2024). The levels and related factors of posttraumatic growth among nurses: A systematic review and meta-analysis. *Journal of psychiatric and mental health nursing*, 31(2), 241-254.
- Orovou, E., Tziritidou-Chatzopoulou, M., Rigas, N., & Sarantaki, A. (2026). Mapping the Relationship Between Post-Traumatic Stress and Post-Traumatic Growth and the Mediating Role of Resilience. *Clinical Psychology & Psychotherapy*, 33(2), e70249.
- Wan, X., Zhang, C., Du, Y., Wang, Y., Peng, R., Xu, J., & Feng, H. (2025). Rumination and posttraumatic growth in people with cancer: A systematic review and meta-analysis. *Supportive Care in Cancer*, 33(11), 1-12.
- Klass, M., Rogers, K., Dorstyn, D., Kneebone, II. (2026). Posttraumatic growth after stroke: a systematic review and meta-regression. *Disabil Rehabil*. 48(7),1860-1871.
- Taku, K., & Efthemiou, A. (2025). Posttraumatic Growth and Resilience: Their Distinctive Relationships with Optimism and Pessimism. *Behavioral Sciences*, 15(11), 1519.
- Ghasemi, Z., Nourian, M., Farahani, A. S., Heidari, A., & Nasiri, M. (2025). Post-traumatic Growth in the Link with Resilience, Self-compassion, and the Personal and Clinical Characteristics in Adolescents with Life-threatening Disease: A Cross-sectional Correlational Study. *International Journal of Community Based Nursing and Midwifery*, 13(1), 53.
- Li, S., Shu, H., Wu, Y., Li, F., Yang, J., Luo, L., & Wei, X. (2025). Post-traumatic growth promotes resilience development: A longitudinal mediation model. *Journal of Affective Disorders*, 368, 727-733.
- Saltzman, L. Y., & Terzis, L. (2024). Psychological predictors of the time perspective: The role of posttraumatic stress disorder, posttraumatic growth, and temporal triggers in a sample of bereaved adults. *Plos one*, 19(3), e0298445.
- Çağlar, A., & Kaya, B. (2025). Positive Childhood Experiences

- and Posttraumatic Growth: The Mediating Roles of Self-Compassion and Self-Esteem. *Psychiatric Quarterly*, 1-13.
16. Elam, T., Efthemiou, A., & Taku, K. (2025). The association positive and negative empathy have with depressive symptoms, resilience, and posttraumatic growth. *Scientific Reports*, 15(1), 9464.
 17. Delgado, H., Goergen, J., Tyler, J., & Windham, H. (2025). A loss by suicide: The relationship between meaning-making, post-traumatic growth, and complicated grief. *OMEGA-Journal of death and dying*, 92(2), 955-972.
 18. Damiani, T., Sharkey, J. D., Morgan, M. L., & Mullin, A. (2025). Posttraumatic growth, purpose, and trauma in university survivors of sexual assault. *Journal of American college health*, 73(1), 152-160.
 19. Chen, H., Liu, L., Zhang, L., & Wang, W. (2025). Childhood maltreatment affects posttraumatic stress symptoms, posttraumatic growth, and prosocial behavior in emerging adulthood: A developmental cascade model. *Child Abuse & Neglect*, 166, 107508.
 20. Jernslett, M., Kilmer, R. P., Avraam, D., & Anastassiou-Hadjicharalambous, X. (2025). Growing through adversity: A meta-analytic and conceptual elucidation of the relationship between posttraumatic stress and posttraumatic growth among youth. *Clinical Psychology Review*, 120, 102617.
 21. Barden, E. P., Kumar, S. A., Sager, J. C., Thompson-Hollands, J., Lee, D. J., Harper, K., ... & Marx, B. P. (2025). Posttraumatic stress and posttraumatic growth among female and male veterans: The contribution of romantic relationship and friendship functioning. *Journal of Traumatic Stress*, 38(3), 399-409.
 22. Calkins, K., Jones, A. C., Singh, M., Plebanski, F., Guttormson, J., & Boehm, L. M. (2026). Posttraumatic Growth, Anxiety, Depression, and Posttraumatic Stress Disorder in Intensive Care Unit Survivors. *American Journal of Critical Care*, 35(3), 216-223.
 23. de Almeida, M. F., Costa, J., Martins, C., Almeida, M. L., Ramos, C., Coelho, A., & Leal, I. (2025). The Paths of Adjustment to Loss: Prolonged Grief Disorder and Posttraumatic Growth. *Omega: Journal of Death and Dying*.
 24. Jann, P., Gräfenstein, J., & Hecker, T. (2025). Intrapersonal and Interpersonal Factors Promoting Posttraumatic Growth: A Longitudinal Study Immediately After Traumatic Loss. *Clinical Psychology & Psychotherapy*, 32(6), e70174.
 25. Rønning, L., Nordstrand, A. E., Anyan, F., Hjemdal, O., & Bøe, H. J. (2025). Posttraumatic growth and depreciation in military veterans: A gender-stratified latent profile analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*, 17(2), 446.
 26. Feigelman, W., Cerel, J., Gutin, N., McIntosh, J. L., Bottomley, J. S., Gorman, B. S., & Edwards, A. (2026). Post traumatic growth among recent suicide loss survivors. *Death Studies*, 1-9.
 27. Huggins, A. A., Baird, C. L., Briggs, M., Laskowitz, S., Hussain, A., Fouda, S., ... & Morey, R. (2024). Smaller total and subregional cerebellar volumes in posttraumatic stress disorder: a mega-analysis by the ENIGMA-PGC PTSD workgroup. *Molecular psychiatry*, 29(3), 611-623.
 28. Ahmadzadeh, A., Khanjani, M. S., Azkhosh, M., Younesi, S. J., Ghaedamini Harouni, G., & Babakhanian, M. (2025). Cognitive-behavioral therapy for post-traumatic growth (PTG) in people with post-traumatic stress disorder (PTSD): a systematic review and meta-analysis. *Journal of Mental Health*, 1-10.
 29. Ruan, T., & Li, M. (2026). The Inverse Relationship Between Post-Traumatic Growth and Job Burnout Among Medical Staff During the COVID-19 Normalization Period: A Systematic Review. *Asian Journal of Psychiatry*, 104814.

Copyright: ©2026 Tiffany Field. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.