



Review article

Posttraumatic growth among people living with HIV: A systematic review

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ABSTRACT

Objectives: The aim of this systematic review was to analyse, synthesise and review existing results on post-traumatic growth (PTG) among PLWH. In particular, we investigated the relationship of PTG with socio-demographic, HIV-related clinical variables, positive and negative psychological correlates as well as HIV-related social issues among PLWH.

Method: A literature search was performed on Web of Science, PsyARTICLES, MedLine, Proquest and Scopus databases using appropriate descriptors for positive changes among PLWH. Articles were analysed by title, abstract, and full text.

Results: We accepted a set of 24 articles for systematic review and analysis. Consistent findings were obtained with respect to the positive association between psychological and social correlates (optimism, resilience, positive reappraisal coping, positive affect, self-efficacy and social support) and PTG among PLWH. PTG was also negatively related to various aspects of HIV-related distress (depression, substance use, PTSD symptoms, HIV stigma). On the contrary, sociodemographic and especially HIV-related clinical variables were mostly unrelated to PTG among PLWH.

Conclusions: The self-reported PTG among PLWH may be related to psychological variables rather than to objective characteristics of HIV infection itself. Nevertheless, several aspects of research on PTG among PLWH require modification, both theoretically and methodologically.

1. Introduction

Two decades have passed since Tedeschi and Calhoun [88] devised the concept of posttraumatic growth (PTG), which initiated a significant shift in trauma studies from concentrating merely on the negative consequences of traumatic events to considering also positive changes that may occur among people struggling with such events [46]. These changes encompass more satisfying interpersonal relationships, finding new possibilities in life, greater appreciation of life, openness to spiritual issues and enhanced perception of personal strength [88]. In the meantime, alternative terms have emerged to describe positive changes after aversive life events, such as stress-related growth [66], thriving [15], benefit finding (BF; [90]) and adversarial growth [46]. Similarly to aforementioned concepts, PTG does not arise only as a consequence of experiencing traumatic stressors, leading to trauma-related disorders (e.g. posttraumatic stress disorder, PTSD; [3]), but also as a result of being confronted with highly stressful life events. However, in contrast to above mentioned, alternative terms, in order to such defined growth to occur, this event must be serious enough to evoke transformational changes, which does not mean a return to

balance or the level of functioning before the crisis [89].

PTG has become one of the leading research areas of the positive psychology field [81] and resulted in a plethora of studies on positive changes among various populations after experiencing trauma (see e.g. [35,69]). A controversial, and yet still understudied research areas, is the analysis of PTG in the context of the trauma related to struggling with life-threatening illness [6,17,78].

The analysis of PTG in the context of illness-related trauma requires some clarification – that is, distinguishing PTG from other concepts associated with coping with disease (e.g. illness adjustment), as well as specifying the specific nature of this potentially trauma-related growth. First, PTG arising from struggling with disease is different from illness adjustment, which may also entail some positive outcomes [12]. This latter term, described in many models of psychological adaptation to disease (see [22]) and referring to the stress and coping model of Lazarus and Folkman [45], assumes a regaining of control over the disease and life and, therefore, to a greater or lesser extent, a return to pre-disease equilibrium. In contrast, PTG describes transformational changes, which go beyond the process of adaptation to the disease [17]. Adaptation, therefore, would be a return to the level of well-being characteristic of an

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individual [23], while PTG would include not only quantitative but also qualitative transformations in functioning. This conceptual distinction is important, as some authors use these terms interchangeably or apply the term “posttraumatic growth” to any positive constructs related to coping with illness or illness adaptation (e.g. [12,93]).

The diagnosis and living with a potentially fatal somatic disease together constitute a strong stressor, which has been classified as meeting the criterion of a traumatic event necessary for the development of posttraumatic stress disorder (PTSD; [2,43,58]). However, the nature of medical illness-related trauma is complex and provokes much controversy [40]. Edmondson [25] proposed the Enduring Somatic Threat model of PTSD for analysing PTSD symptoms strictly in the context of this type of traumatic stressor. The traumatic load accompanying seriously ill patients has a complex etiology and dynamics. Although usually initiated at the moment of diagnosis, it also results from a later struggle with a disease, including the often painful awareness of a justified life threat, severity of somatic symptoms and their treatment, and sometimes various social stressors [59]. In other words, trauma experienced by such patients applies not only to the historical moment of diagnosis but is a continuous process induced by an interaction of somatic, psychological and social factors, leading to present and future stressors, including potential death. This distinguishes it from the traditionally understood traumatic stressor as an external event operating in the past (see [2,3]). Among the authors studying PTG in the medical context, there is no agreement on the critical moment that can potentially trigger PTG or on how much time must elapse between this event and the appearance of possible positive changes. Most researchers assume that this critical moment constitutes receiving an official medical diagnosis, which has been observed mainly in the context of cancer [86]. However, other authors have found that positive changes may occur at different stages of the disease, sometimes many years after diagnosis, which has been observed especially with chronic disease with a high level of unpredictability, such as HIV/AIDS [78].

Psychological research among people living with HIV (PLWH) has been dominated by findings highlighting only the negative consequences of living with HIV infection, pointing to various aspects of HIV-related distress (e.g. [19,37]). However, the great progress in the treatment of HIV/AIDS has not only extended the life expectancy of PLWH [77], but changed the nature of this disease from an fatal condition to a chronic medical problem [21]. Thus, authors have increasingly begun to focus on various positive psychological correlates among PLWH [36,56]. One area of this topic is research on determinants and consequences of PTG in this patient group [78]. However, the studies conducted so far have presented a rather fragmentary and inconsistent picture of this phenomenon for this group of patients among PLWH, especially when it comes to its clinical and psychological correlates [78].

1.1. Aim of the review

Taking the above into consideration, the main aim of this systematic review was to synthesise, analyse and review existing results on PTG among HIV/AIDS patients. This review was based mainly on Tedeschi and Calhoun's [88,89] model of PTG and the related assessment tool (see PTG Measures) as the most frequent approach. We also referred to studies dealing with already mentioned PTG-related constructs in order to capture a broader picture of HIV-related socio-medical and psychosocial factors associated with PTG. Thus, the aim of our review was threefold:

1. To investigate the relationship of PTG with sociodemographic and HIV-related clinical variables among PLWH

The insofar studies conducted have showed that gender and age are the most important sociodemographic characteristics related to PTG [35,69]. However, among PLWH there may be significant differences in this respect due to infection pathways, disease progress and treatment,

as well as to a link between these characteristics and social status [78]. This raises the question of possible specificity of the PTG-related clinical (see CD4 count, viral load, time since HIV diagnosis, treatment adherence, AIDS phase) and social context (see also socioeconomic status, ethnicity) in this patient group.

2. To investigate the relationship of PTG with positive and negative psychological correlates as well as HIV-related social issues among PLWH

Taking into account the current advancement in the PTG research [39], we adopted an empirically-driven approach to identify the most frequent psychological correlates of PTG among PLWH. Specifically, when reviewing the articles two judges independently coded all the examined correlates of PTG and divided them into constructs describing positive (optimism, resilience, positive reappraisal coping, positive affect, self-efficacy) and negative (depression, substance use, PTSD symptoms) aspects of functioning. They also identified the HIV-related social issues (HIV stigma and social support) as a separate topic. Finally, the judges checked whether sociodemographic and clinical variables were controlled in the analyses regarding these correlates to examine the plausibility of the results obtained.

3. To provide research directions for future studies on PTG among PLWH

Our focus was to report on the state of the art of PTG in this patient group, not an in-depth critical analysis of the theoretical issues regarding the construct of posttraumatic growth itself.

However, in the discussion section we also referred to some controversies related to the PTG operationalisation [39], especially in the context of chronic illness [17].

2. Method

2.1. Literature search strategy

This systematic review was conducted in accordance with the PRISMA guidelines ([54]; see also Appendix). A literature search was performed on 31 May 2018 using Web of Science, PsycARTICLES, MedLine, Proquest and Scopus databases. We used the following keywords related to PTG: posttraumatic growth, stress-related growth, adversarial growth, benefit finding and thriving, in conjunction with the health-related keywords, HIV and AIDS. In Boolean algebra, the query had the following form: (“PTG” OR “posttraumatic growth” OR “stress-related growth” OR “adversarial growth” OR “thriving” OR “benefit finding”) AND (“HIV” OR “AIDS”). Furthermore, we searched only for papers written in English, but we did not apply any restrictions to the year of publication.

2.2. Study selection criteria

Apart from being written in English, the studies had to meet three criteria to be included in the systematic review:

- (1). Type of study – we included only peer-reviewed, quantitative, empirical articles. We excluded other systematic reviews or meta-analyses, editorials, letters, and qualitative case reports.
- (2). Participants – we included studies dealing with HIV/AIDS patients, with no restriction on age or stage of the disease. We also included studies in which the samples were composed of HIV/AIDS patients and patients with other chronic illnesses. We eliminated those articles which concentrated on caregivers of PLWH or their family members.
- (3). Quality of study – we included only studies with clearly described PTG measurement, comparable with other in the field, i.e. based on

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