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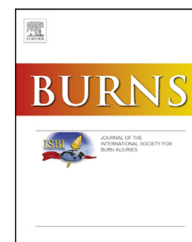

Post-traumatic growth in adults following a burn

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ABSTRACT

It is well established that a burn can result in negative psychological consequences. Throughout the literature there is also reference to individuals reporting positive changes post-burn. The concept of 'post-traumatic growth' (PTG) refers to such individuals, whose recovery exceeds pre-trauma levels of well-being. To date there has only been one quantitative analysis directly examining PTG post-burn. The present study builds on this, examining the prevalence of PTG and related constructs, including: social support, coping styles, dispositional optimism, functioning, post-traumatic stress symptoms, severity and time since burn. Seventy-four participants recruited through a regional burns unit completed a battery of self-report questionnaires. Burn survivors were found to experience PTG, although to a lesser degree than previous research suggests (GM = 1.26, range = 0–4.67). Severity of burn, post-burn functioning and trauma symptoms significantly correlated with PTG. Regression analysis proposed a model explaining 51.7% of the variance, with active coping, perceived social support and avoidance coping as significant predictors of PTG. Results support the theory that distress and trauma symptoms act as a catalyst for PTG. Coping styles and social support appear to facilitate this process. Clinical implications are discussed.

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1. Introduction

The emergence of positive psychology at the turn of the century, which aims to understand the adaptive and emotionally fulfilling aspects of human behaviour, brought about an interest in the concept of perceived growth following a traumatic event [1]. Commonly termed 'post-traumatic growth' (PTG), this concept aims to describe those individuals who have exceeded pre-trauma levels of personal functioning and well-being [2]. There are thought to be three domains of PTG: a change of life philosophy (spiritual beliefs; a renewed appreciation of life); a change of self-perception (greater sense of resilience or strength); relationship enhancement (valuing friends and/or family more; increased compassion towards others). Not only is PTG associated with better outcomes in terms of mental health, but it has been established as an outcome in itself rather than a mere reflection of lack of trauma [3]. Researchers have examined PTG following a wide range

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of traumas, for example terrorist attacks [4] and bereavement [5]. Research in the field of health psychology has taken particular interest in the concept of PTG [6–8].

Differing theoretical perspectives have attempted to explain the processes involved in PTG [9]. The functional-descriptive model proposes that a traumatic event will shatter pre-trauma schemas that an individual holds; how they manage distress, their goals and their beliefs [2]. Through this shattering, an individual will then engage in rumination, which although distressing, will provide the cognitive processing necessary to rebuild schemas. This process is influenced by such factors as social support networks. Successful coping at this stage may prompt a search for meaning, and thus PTG. Another theoretical perspective, termed the organismic valuing process (OVP), integrates person-centred theories and refers to an innate ability people have to know what is right for them [9]. Again, following a traumatic event, an individual will work to integrate the new trauma-related information and either accommodate or assimilate it within their existing models of the world. If experiences are assimilated, a pre-trauma baseline of functioning is returned to. If experiences are accommodated in a negative direction, this leads to distress. If, however, an individual can accommodate experiences in a positive direction, a person can experience PTG because their world view has evolved and developed.

Perceived social support [10], certain coping styles (problem focused, acceptance and positive reinterpretation coping) and dispositional optimism are consistently positively associated with PTG [11]. The relationship between PTG and time since trauma has yet to be established; however, as PTG relates to intrusive and avoidant thoughts about the traumatic event, this suggests that some time since trauma needs to pass so the event can be cognitively processed [3]. The relationship between PTG and post-traumatic stress (PTS) symptoms is complex. Individuals have often been found to experience PTG and PTS together, leading to the hypothesis that not only can they co-exist, but that PTS acts as a catalyst for PTG and is necessary to activate and maintain growth [12]. Furthermore, some theorise a curvilinear relationship between PTS and PTG [13], where low levels of PTS indicate minimal impact of the trauma, so minimal PTG is experienced; moderate PTS suggests a challenge to the individual's world and the occurrence of intrusive and avoidant experiences which can be worked through to achieve PTG, and high PTS results in an inability to work through the trauma or to engage with the processes necessary for PTG to occur. Conversely, both PTS and PTG are viewed as occurring together but as distinct and independent constructs [14]. As yet, the most accurate of these theories has not been established [15].

Importantly, if clinicians were aware of the potential for growth after a trauma, they could begin to open up this possibility to clients [14] and rather than focus on negative symptoms, clients could be encouraged to reflect on their beliefs and relationships positively. Facilitating PTG during therapy has been linked to the reduction of distress and restored hope [11]. Furthermore, PTG could be used as an outcome measure to counteract the negative bias of traditional outcome measures [16].

1.1. *Post-traumatic growth in burn survivors*

The psychological impact of burn is widely recognised and an increasing number of studies have examined not only the prevalence of psychological difficulties post-burn, but also the impact these difficulties have on recovery [17]. Psychological difficulties manifest as body image dissatisfaction, low mood, anxiety, or sleep disturbances [18] and significant post-traumatic stress symptoms are found to occur in approximately one third of burn patients [19]. Certain factors have been considered important to aid the process of recovery from a burn, namely coping styles, social support and optimism. The objective severity of a burn is generally found not to be associated to distress [20], although a link was found between elevated anxiety and depression in those with burns to their hands, suggesting that limitations in post-burn functioning may be an important consideration [21]. The lack of correlation between the extent of a burn, as measured by the percentage of total body surface area burnt (TBSA), and distress has led researchers to warn of the clinical importance of psychological care for patients with even minor burns.

Evaluation of the psychological outcomes in burn survivors tends to focus on the negative aspects rather than any growth that might occur from such a trauma [18]; however, a number of studies, mostly qualitative, have referred to positive change. The achievement of a positive and meaningful life that is better than life prior to the burn has been noted to occur alongside experiences of suffering [22]. In one study focused on adapting to life after burn, the theme of gaining a new understanding of life emerged [23], which maps onto the PTG domain of a change of life philosophy. Through examining the concept of resilience post-burn, one narrative exploratory paper of adolescents' experiences found five of the six themes contained tales of positive transformation and growth, including reference to rediscovery of self and meaningful connections with others [24]. Furthermore, it was noted that this positive change coexisted alongside struggles and fragility, indicating again that growth and distress co-occur. One study referred to the process of reframing; commenting that women in particular coped with the trauma of their burn by acknowledging gains such as 'personal growth' [25]. This related to redefining life in a more meaningful way, improved relationships with others, development of coping skills and an enhanced sense of self-esteem. Again themes of growth coexisted with distress following the accident, including strong emotions of anger, depression, and loss. This supports the notion that growth results from the struggle with trauma, not from the traumatic incident itself. One quantitative paper indirectly examined PTG post-burn when including a measure of benefit-finding in response to patients commenting on positive changes [26]. Up to 26% of participants reported significant positive outcomes and 44% reported moderate benefits.

Two studies have looked specifically at the concept of PTG in burn survivors. A Chinese qualitative study explored the dimensions of PTG post-burn, determining that cognitive processing of the trauma was a central element to achieving PTG and depended on individuals' coping styles and social systems [27]. Four dimensions of PTG emerged: personal strength, a new life philosophy, sharing self with significant

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