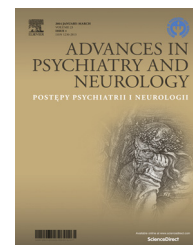


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## Posttraumatic growth of parents struggling with cancer disease of their child – the role of rumination

Wzrost po traumie u rodziców zmagających się z chorobą nowotworową dziecka – rola ruminacji

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### ABSTRACT

**Introduction:** Cognitive processes, including event related rumination, play an essential role among determinants of the posttraumatic growth. The study looks for any positive posttraumatic changes occurring in parents struggling with cancer disease of their child and the role of rumination in this process. **Materials and Methods:** Results gathered based on 49 mothers and 48 fathers of sick adolescents aged 13–18 years were analysed. The Posttraumatic Growth Inventory and the Event Related Rumination Inventory were used in the assessment. **Results:** In the surveyed parents, positive changes occurred as a result of struggling with cancer of the child; the changes were bigger in the categories of appreciation of life and relations with others than in the categories of self-perception and the spiritual sphere. Mothers, compared with fathers, have observed more positive changes related to a child's disease, particularly in the categories of self-perception and relations with others. An important role in predicting the growth after the trauma of both parents is played by deliberate ruminations, especially for positive changes in relations with others. Moreover, intrusive ruminations affecting fathers favour the occurrence of their positive changes in the spiritual realm. **Conclusions:** Encouraging people struggling with cancer to ruminate may contribute to occurrence of growth after trauma.

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### Introduction

#### Cancer as a traumatic experience

Experiencing cancer is followed by various adverse consequences which are manifested in multiple fields of human functioning, mainly in the emotional sphere. The trauma of

experiencing cancer is usually of a complex nature. It may apply not only directly to the persons suffering from the disease, but also, for example, to parents who look after their sick child. Parents of children suffering from cancer may experience trauma connected with the diagnosis process, the gravity of the disease and the degree of threat to life, the child's feeling of solitude, connected for instance with hospitalisation, the time of the disease, repeated

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medical procedures or unfavourable prognosis [1]. Depression and the posttraumatic symptoms are observed in many parents who struggle with somatic diseases of their children, including cancer [2-4].

However, the process of struggling with a chronic somatic disease may also include — apart from merely negative consequences — positive changes which constitute the posttraumatic growth. This phenomenon has already been described in details in the Polish literature [5-7]. Three categories of changes constitute the posttraumatic growth. These include changes in self-perception, interpersonal relations and life philosophy [8-10]. The review of studies presented by Picoraro et al. [11] shows the occurrence of the growth after a trauma in parents of children suffering from somatic diseases. Conducted studies — although not numerous — also provided evidence of positive changes in parents struggling with neoplastic diseases of their children. The study carried out by Barakat et al. [12] covering 150 teenagers aged 10-19 (at least a year upon treatment commencement and without a stated relapse) and their parents shows that almost 90% of mothers of oncological children revealed at least one positive change resulting from their child's disease, and almost a half of mothers observed four or more such benefits. In the group of fathers, approximately 80% experienced one change, and 25% of them — four or more.

It should be noted that the posttraumatic growth does not occur immediately; it takes time and is connected with the feeling of discomfort and the presence of negative emotions. However, as time passes, it leads to uncovering new, so-far unknown aspects regarding the self and one's relations with other people. It becomes a starting point for creating a new vision of the world, building beliefs and opinions adjusted to the new reality. This stage may be defined as the process of rebuilding one's own life. The appearance of positive changes means that the trauma has been processed and is a sign of effectiveness in coping with it. The posttraumatic growth may therefore be treated as the final stage of a generally painful process of struggling with a crisis caused by the experience of a disease.

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### Ruminations vs. the posttraumatic growth

Among the factors conditioning the presence of positive posttraumatic changes, special attention is paid to the role of cognitive processes, including the ability to process information connected with the experienced incident. A special role is played in this process by ruminations. Calhoun and Tedeschi [9] treat rumination as a sign of cognitive engagement in a trauma. This means that an individual, while confronting the trauma, not only experiences negative emotions but also thoughts and memories connected with the experienced incident, reflects on them, analyses them and gradually gives the incident a new meaning, which facilitates the appearance of growth changes. It should be stressed that the cited researchers concentrate on ruminations connected with an experienced negative life event, but not a general disposition to ruminate about the world and the self. Broader considerations regarding ruminations are presented in the article by Ogińska-Bulik and Juczyński [13].

Ruminations regarding a particular event may play various roles. One of them, referred to as the intrusive ruminations, are destructive in nature. These are the automatically occurring thoughts which an individual cannot control and which are not connected with the attempts to solve the problem. They are conducive to the occurrence and maintenance of the posttraumatic stress symptoms [14-16]. However, the second group — called deliberate ruminations — are constructive in nature. The latter ones aim at analysing the situation in order to look for the ways to solve the problem, they are used to “process the trauma” and are treated as factors facilitating the occurrence of positive posttraumatic changes [14, 17, 18]. It is assumed that the intrusive ruminations are a direct response to the experienced event of a traumatic character, hence they always occur first. Later, the deliberate ruminations become more and more important, since they enable an individual to at least partially regain control over the situation and look for ways of coping with it.

The role of ruminations in the process of emerging of positive changes after an experienced trauma constitutes a new direction for study. Available data — although not all — shows a positive correlation of ruminations, especially deliberate ones, with the presence of positive posttraumatic changes. This type of correlation was shown, for example, in people with HIV, AIDS [19] or in people who experienced heart attacks [20]. A positive correlation between ruminations and the presence of positive changes after a trauma was also observed in women suffering from cancer [21] and in people who experienced various types of cancers [22]. A positive correlation of ruminations, especially deliberate ones, with the posttraumatic growth was also demonstrated in the Polish studies carried out in relation to the adaptation of a tool measuring ruminations — the Event Related Rumination Inventory [13] — among the representatives of rescue services [6] and also in individuals suffering from cancers [7].

The literature also provides studies which show that there is no correlation between ruminations and the posttraumatic growth, as well as the presence of a negative correlation between the variables. For instance, in the long-wave studies carried out among individuals suffering from leukaemia, it was observed that intrusive ruminations present during the course of treatment did not allow the prediction of the posttraumatic growth after the therapy [23]. Similarly, in the group of individuals suffering from a large intestine cancer, the initial level of intrusive and deliberate ruminations did not allow the prediction of the posttraumatic growth 3 months later [24]. On the other hand, Park et al. [25], in a study covering oncological patients, showed that there was a negative correlation of intrusive ruminations with the presence of positive changes as a result of the experienced trauma.

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### The aim and method of the study

In Poland, no studies have been carried out so far on the correlation between ruminations in parents struggling with the cancer of their children and their manifestation of positive posttraumatic changes. The undertaken study was

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