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Post-traumatic Growth from the Perspectives of Adolescents with Chronic Diseases: A Phenomenological Study

*Fatma Altınsoy^{ID}

Abstract. This study aims to conduct an in-depth analysis of the phenomenon of post-traumatic growth based on the perceptions of adolescents with chronic diseases. It was conducted through an interpretive phenomenological design. Five volunteer adolescents, who are high school students and have a chronic disease, participated in the study. The data were collected by using a semi-structured interview form and subjected to content analysis. The results yielded five sub-themes: “appreciation of life”, “personal strength”, “spiritual and existential change”, “relations with others” and “life opportunities”. The sub-theme of “relations with others” is composed of “awareness of family support, awareness of social support, awareness of compassion, gaining empathic understanding, unconditional acceptance and self-disclosure to individuals with shared life, treatment of individuals with shared life selflessly, and closeness in relationships”. The “appreciation of life” subtheme emerged as “understanding the value of the family, understanding the value of life, understanding the value of health, taking life easy, and awareness of the realities of life”. The sub-theme of “personal strength” emerged as “psychological maturity, awareness of coping skills, gaining an optimistic perspective, giving positive energy, gaining self-confidence, and psychological resilience”. The subtheme of “spiritual and existential change” was reported as “relying on God, giving thanks, and believing in the power of prayer”. The subtheme of “life opportunities” was expressed by the participants as “gaining entrepreneurial skills, strengthening communication skills, developing artistic and social skills, gaining career decision competence, and gaining self-awareness and responsibility.” The findings of the study were discussed in the light of the related literature.

Keywords. Post-traumatic growth, adolescents, chronic illness, trauma.

* Dr., Ministry of Education, Bilecik, Turkey

e-mail: fatmaaltinsoy.26@gmail.com

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Even though no one would like to have them, traumatic experiences are inevitable in the modern world. A traumatic event is “the individual's exposure to actual or threatened death, serious injury, or sexual assault” (American Psychiatric Association [APA], 2013). Accordingly, trauma is an event that threatens the physical and mental integrity of the individual (Işık & Aker, 2014).

One of the traumatic experiences is serious health problems and chronic diseases (Briere & Scott, 2014; Kömürçü, 2020; Levine & Frederick, 1997). Chronic diseases continue throughout the life of the individual and negatively affect the quality of life. Accordingly, the individual may experience difficulties and some psychosocial disorders while performing daily activities (loss of self-confidence, depression, etc.). However, every traumatic experience does not result in a disorder or negative outcome. When a traumatic experience is successfully restructured, it can even be the beginning of positive psychological changes (Levine & Frederick, 1997).

Possible positive changes after traumatic experiences that have been described in different literary and cultural forms throughout history are among the research subjects that have been examined in the recent literature (Linley & Joseph, 2004), and such development and growth opportunities are described in the psychology literature with the concept of *post-traumatic growth*. Post-traumatic growth is the set of positive changes due to the increased functionality of the individual as a result of struggling with stressful difficult life crises (Calhoun & Tedeschi, 2006; Linley & Joseph, 2004). According to this definition, post-traumatic growth is the result of positive and negative internal experiences in the process of overcoming a traumatic life. Among the different models that explain the concept of post-traumatic growth, Tedeschi and Calhoun's *Functional Descriptive Model* reveals the phenomenon in the most comprehensive way. This model was first introduced into the psychology literature in 1995 and has become the most widely recognized and accepted growth model (Tedeschi & Calhoun, 1995; Werdel & Wicks, 2012). Accordingly, post-traumatic growth is observed in five areas as the appreciation of life, personal strength, new opportunities, relationships with others, spiritual and existential change (Tedeschi et al., 2017).

Serious medical interventions and chronic diseases, which are traumatic experiences, can trigger positive changes as well as negative outcomes. Especially during adolescence, when emotional ups and downs are experienced with the development of identity and personality at their full speed (Steinberg, 2013), being able to make sense of traumatic experiences is of central importance in terms of guiding life (Gül, 2018) because the presence of trauma (such as a chronic disease) in adolescence can cause radical changes in the individual's sense of identity, self, and justice.

In studies conducted with samples of adolescents with different traumas, positive psychological changes are reported. Through semi-structured interviews, Barakat, Alderfer, and Kazak (2006) studied the experiences of post-traumatic growth with adolescents (11-19 years) who were diagnosed with cancer in childhood and survived. In this study, the participants reported that they experienced positive changes in self-perception, relationships with others, and life philosophy. In another study, adolescents surviving cancer were reported to experience post-traumatic growth (Turner-Sack, Menna, & Setchell, 2012). Adolescents with different traumatic experiences were also reported to have post-traumatic growth (Milam, Ritt-Olson, & Unger, 2004). A qualitative study conducted on a sample of adolescents who survived traumatic brain injury reported that post-traumatic growth is experienced as a cumulative permanent psychological change that develops after injury (Di Battista et al., 2014).

Although traumatic experiences are associated with mental health deterioration, little is known about the long-term effects of trauma on adolescents. How adolescents make sense of trauma, what function it has and its implications are some important questions that remain unanswered. There has not yet been a sufficient amount of research on the phenomenon of “post-traumatic growth” in adolescents (Barakat et al., 2006; Di Battista et al., 2014; Phippsi et al., 2014). In Turkey, this phenomenon has been examined mostly by focusing on adult and young adult samples (Altınoy, 2020; Altınoy & Erkorkmaz-Çoban, 2019; Haselden 2014; Kardaş & Tanhan, 2018), while the adolescent population has been becoming of interest to researchers only recently (Usluoğlu, 2018, Yanar, 2019). The current study will shed further light on the areas that adolescents experience growth after traumatic events and how they make sense of these growth areas. In the existing literature, the concept of posttraumatic growth has a special place in terms of mental health. When the related field is examined, it can be seen that the traditional understanding focusing on the pathological effects of traumatic life events has transformed into a new perspective that focuses on the positive outcomes resulted from negative life experiences. The present study may expand the relevant literature by contributing to empirical findings focusing on the positive perspective derived from post-traumatic growth experiences in adolescents with chronic diseases. To this end, the aim of this study is to carry out an in-depth examination of the experiences of adolescents with chronic diseases related to post-traumatic growth based on their perceptions. In line with this purpose, the research questions of the current study are as follows:

- What does post-traumatic growth mean for adolescents with chronic diseases?
- What are the post-traumatic growth experiences of adolescents with chronic illnesses?

Method

Research Model

This study focuses on the post-traumatic growth experiences of adolescents with chronic illnesses. The study was conducted by following the interpretative phenomenology design (Yıldırım & Şimşek, 2016), one of the qualitative research methods, as it examined how the participants made sense of this process. The interpretative phenomenology seeks to reveal the meanings hidden in life experiences beyond simply explaining the concepts and their qualities, and the theory guides the research (Ersoy, 2016). Therefore, the theoretical framework of the study is the “*Functional Descriptive Model*” that is used to elaborate on the post-traumatic growth of participants.

Study Group

Five high school adolescents in a city in the east of Marmara region of Turkey participated in the study. These five students were selected according to the criterion sampling technique. The criteria are continuing high school education, having experienced a chronic illness (brain, heart, blood, and endocrine), and volunteering to participate in the study. The reason why these are the specified criteria of the current study is that serious health problems and chronic diseases are considered as traumatic life experiences (Briere & Scott, 2014; Kömürcü, 2020; Levineve Frederick, 1997). In addition, an above-average score on the *Post-Traumatic Growth Scale (PTGS)* (Tedeschi, et al., 2017) was another criterion. The PTGS consists of 25 items and is a 6-point Likert type scale. The points obtained from the PTGS ranges from 0 to 100. The PTGS includes five factors: relationships with others, appreciation of life, spiritual and existential change, personal strength, and life opportunities. The PTGS can be calculated on the basis of the total score, as well as on the sub-dimensions. The demographic characteristics of the participants are listed in Table 1.

Table 1.
Participant Profiles

Participants	Gender	Age	Class	İllness	PTGS Score
P1	Woman	15	9	Brain	86
P2	Male	15	9	Heart	140
P3	Male	15	9	Brain	108
P4	Woman	15	9	Blood-Brain	113
P5	Woman	15	9	Endocrine	101

Researcher Roles

In qualitative research, the roles and personality traits of the researcher carrying out the study process are important. Accordingly, the researcher who conducts the procedures in qualitative research is himself/herself a data collection tool rather than a tool that records the phenomena experienced by the participants as it is (Yin, 2011). Therefore, the researcher's role and demographic information are important.

The researcher who carried out this study completed her undergraduate, graduate and doctoral studies in the "Guidance and Psychological Counseling" department and also took courses on qualitative research during this period. She conducted her doctoral thesis on the concept of post-traumatic growth as well. The researcher has experience in counseling with individuals and groups, as well as continuing her training in other schools of therapy training.

Process and Data Analysis

Firstly, the volunteer participants and their parents were identified and reached in line with the predetermined criteria. They were given detailed information about the content and process of the study. Then, *informed consent* and *parental permission* were obtained from the students and parents who volunteered for the study. In addition, the related ethical principles and legal processes were taken into consideration and the confidentiality of the participants was protected by obtaining institutional permissions.

The data were collected by applying the semi-structured interview technique. The qualitative data were collected through face-to-face interviews. The interviews were recorded, and the recorded data was transcribed upon the completion of interviews. The interview questions were shaped on the basis of the *Functional Descriptive Model* addressing post-traumatic development and in line with the literature findings. In addition, the opinions of three experts working on qualitative research methods were obtained and they were considered in finalizing the questions. The interviews were conducted at the school's psychological counseling service. Each of the interviews lasted approximately 45-60 minutes.

The following questions were asked to the participants during the interviews:

1. How did you feel after you learned about your disease?
2. After this event, what have you experienced in a positive sense in your relationships with other individuals? Can you give an example?

3. After this event, what have you experienced or discovered in a positive sense about your perspective on life? Can you give an example?

The data were analyzed by applying the content analysis technique. Content analysis is applied to organize and interpret data that are similar to each other and categorize them into certain themes and concepts. The content analysis in the study was performed in four steps (Yıldırım & Şimşek, 2013). In the first step, the data obtained from the participants were coded one by one. In the second stage, the codes were classified according to their similarity and difference, and themes were created. Then, the appropriateness of themes and codes was examined. In the last step, the findings were defined and themes were interpreted. In addition, the researcher diversity increased the validity and reliability of the qualitative analysis.

Credibility/Trustworthiness

One of the techniques used for credibility is the expert opinion (Creswell, 2013). The codes and themes obtained in the current study were presented to two experts in the field of counseling and psychology and an expert in the field of assessment and evaluation, and they were reviewed again in line with the opinions of these experts. Another method for the study of credibility is a detailed description (Creswell, 2013). In addition to the in-depth analysis of the interviews, direct quotations from the participants are presented.

Results

The findings obtained as a result of interviews with high school adolescents with traumatic experience constituted the dimensions of post-traumatic growth. Under this main framework, five themes have been reached: relationships with others, personal strength, spiritual and existential change, appreciation of life, and life opportunities. The categories and themes obtained in this study are presented in Figure 1.

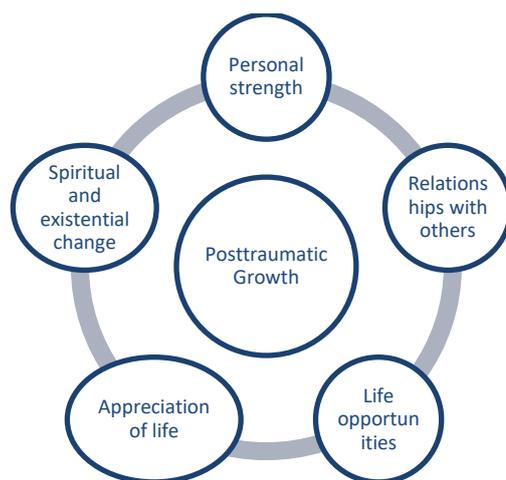


Figure 1. The Overarching Theme of the Elements That Constitute Post-Traumatic Growth in High School Adolescents with Chronic Diseases.

The high school adolescents with traumatic experiences participating in the study stated what kind of positive changes they experienced in their relationships with other individuals in terms of relationships with others. They expressed the positive changes (self-confidence, survivors, etc.) they noticed in themselves regarding the theme of personal strength. They stated that they discovered various life opportunities that they had not noticed before. They stated that they focused on the meaning of life regarding the spiritual and existential change. Finally, in the appreciation of life, they explained that they question life more and reflect on the meaning of life.

Relationships with Others

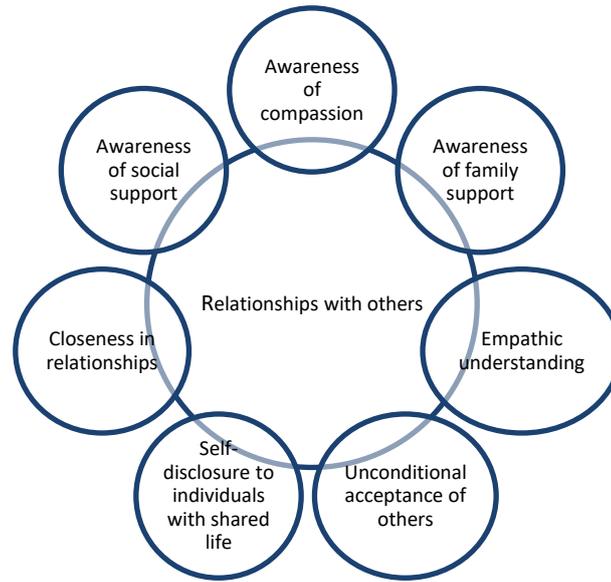


Figure 2. Relationships with Others Sub-Theme and Codes.

The high school adolescents with chronic diseases in the study stated what the positive changes they experienced in their relationships with others were. The codes reached regarding this theme were classified as awareness of compassion, awareness of family support, empathic understanding, unconditional acceptance of others, self-disclosure to individuals with shared life, and closeness in relationships. Two examples for the positive changes in relationships with others are given below.

«I have learned to be able to accept to listen to other people and accept them as they are and have become a more understanding human model (P3)»

«I think I better understand people who are in this situation like me and that's why I want to help everyone. I have also learned to listen to people without upsetting and hurting them, and I have learned not to be prejudiced. (P4)»

Appreciation of Life

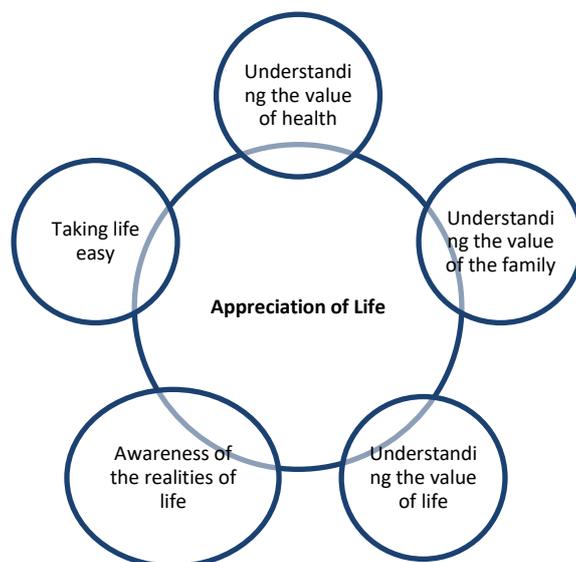


Figure 3. The Appreciation of Life Sub-Theme and Codes.

The high school adolescents in the study stated what the positive changes they experienced regarding the changes in appreciation of their lives were. The codes regarding this aspect are classified as understanding the value of health, understanding the value of the family, understanding the value of life, awareness of the realities of life, and taking life easy. Some sample statements for the positive changes experienced by the participants with traumatic experience regarding the appreciation of life are given below.

«I thought that difficulties and diseases could happen to anyone and I did not have to be bothered (too much) by them, so I moved on with my life, I understood better that the family is the most important thing in the world. (P1)»

«I have discovered that I should not be upset no matter what. (P2)»

«I have discovered that there is nothing important in life other than health, (and) I think it is absurd to be sad about some small things. Even if you have money, if you are not healthy (it means nothing), the most important thing in life is health. Life is precious, after all. (P5)»

Personal Strength



Figure 4. Personal Strength Sub-Theme and Codes.

The high school adolescents in the study stated what the positive changes they experienced regarding personal competence were psychological maturity, awareness of coping skills, gaining optimistic perspective, giving positive energy, gaining self-confidence, and psychological hardiness. Therefore, this sub-theme was named as personal strength. Some participant statements regarding the positive changes in personal strength are given below.

«I saw that I could endure anything no matter what (P2)»

«I was able to go on with my life and realized that I was strong. (P4)»

«I think I have become more mature than my friends. Sometimes my friends tell me that I sound like my grandmother, but it is what it is. (P5)»

Spiritual and Existential Change



Figure 5. Spiritual and Existential Change Subtheme and Codes.

The high school adolescents with a chronic illness in the study stated what the positive personal competence changes they had experienced were. The codes obtained in relation to this sub-theme are labeled as believing in the power of prayer, relying on God, and giving thanks. Some participant statements regarding the spiritual and existential change are given below.

«I learned to thank God every day even though I was in this situation. (P5)»

«In this sense, I have learned to be always understanding to everyone, I have learned to be always thankful, and I express my gratitude not to go through these events again. (P4)»

«I felt stronger, I prayed to God every night to give me the strength to endure because if I can endure, my family will be happy. (P2)»

Life Opportunities



Figure 6. Life Opportunities Sub-Theme and Codes.

The high school adolescents with chronic illnesses reported some positive changes they had experienced regarding life opportunities. The codes obtained for this sub-theme are gaining entrepreneurship skills, strengthening communication skills, developing artistic and social skills, gaining career decision competence, and gaining self-awareness and responsibility awareness. Some exemplary statements regarding the positive changes observed by the participants regarding life opportunities are given below.

«I have begun developing skills and tastes for myself, and become interested in sports such as basketball. (P3)»

«I saw that life was short and I had to live; life takes (only) three days (very short), so I have to achieve my dreams, I have come to understand that very well. (P2)»

«I think I am doing well for my future by focusing more on my lessons and using my time well. (P1)»

Conclusion, Discussion, and Recommendations

Five themes were obtained on the basis of the participants' experiences regarding post-traumatic growth: relationships with other individuals, personal strength, existential and spiritual change, appreciation of life, and life opportunities. These results are consistent with both the post-traumatic growth dimensions proposed on the basis of the *Functional Descriptive Model* (Calhoun and Tedeschi 1998) and the literature results regarding adolescents experiencing post-traumatic growth (Barakat et al., 2006; Di Battista et al., 2014; Milam et al., 2004; Phipps et al., 2014; Turner-Sack et al., 2012; Usluoğlu, 2018; Yanar, 2019). These studies affirm that adolescents experience post-traumatic growth. The present study findings have contributed to the literature by supporting the findings of the previous research conducted on adolescent samples by providing further evidence that adolescents experience post-traumatic growth, and added new information on post-traumatic growth in adolescents.

The adolescents with chronic diseases participating in this study stated that they experienced post-traumatic growth in terms of relationships with others. These adolescents reported on the sub-theme of relationships with others with the expressions of "awareness of compassion, awareness of family support, gaining empathic understanding, unconditional acceptance of others, self-disclosure to individuals with shared life and closeness in relationships". Similarly, the post-traumatic growth literature on relations with others reports that individuals can establish more satisfactory bonds in their relationships, deepen existing relationships, and make more efforts to establish new relationships (Sheikh, 2008), besides being more sensitive and compassionate to other people who have been exposed to traumatic experiences (Tedeschi, Park, & Calhoun, 1998). One of the codes of this sub-theme, which is awareness of family support, may play a role in facilitating post-traumatic growth in adolescents. Moos (2002) emphasizes that the existence of family support in adolescents with chronic illnesses is of critical importance (in terms of coping skills and use of resources) in restoring psychosocial adjustment. All these results revealed similar findings concerning the change in relationships with others.

In the present study, adolescents stated that they also experienced post-traumatic growth in personal strength. They reported increased strength and self-confidence as a result of coping with trauma. They described their personal strength as “psychological maturity, awareness of coping skills, gaining optimistic perspective, giving positive energy around, gaining self-confidence, and psychological resilience”. Other studies report participants’ realization that not everything in life is under human control, both seeing their vulnerable side and discovering their personal strength as a survivor (Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 1995; Tedeschi et al., 1998). As such, consistent and similar findings have been obtained in terms of personal strength.

Another area of change that the adolescents in the study reported on post-traumatic growth is the appreciation of life. The threat posed by chronic illness and medical interventions has forced adolescents to confront how valuable life can be. They stated that the change in their life was in “understanding the value of health, understanding the value of the family, understanding the value of life, awareness of the realities of life, and taking life easy”. Regarding the changes observed in this area, other individuals who have had various traumatic experiences have reported that life is a gift given to them and that they understand the value of life more deeply (Tedeschi et al., 1998; Tedeschi & Moore, 2016). Thus, it can be said that common codes have been reached in the studies.

Another area where adolescents report post-traumatic growth changes is life opportunities. As regards this sub-theme, they reported “gaining entrepreneurship skills, strengthening communication skills, developing artistic and social skills, gaining career decision competence, and gaining self-awareness and responsibility awareness”. Studies on different groups with traumatic experience also report changes such as starting a new activity, making discoveries that will change the direction of life, targeting a new career, and discovering hidden skills (Calhoun & Tedeschi, 2006; Vázquez, Pérez-Sales, & Hervás, 2008). Thus, the results obtained in the current study support the findings in the related literature.

Another sub-theme that emerged in the reports by the adolescents regarding their post-traumatic growth was spiritual and existential change. The adolescents expressed this sub-theme in terms of “believing in the power of prayer, relying on God, and giving thanks”. Studies have also reported believing in the existence of transcendent power, examining existential issues, and positive changes in the belief system (Calhoun & Tedeschi, 2006; Uğurluoğlu &

Erdem, 2019; Tedeschi & Calhoun, 1995). Another study conducted with adolescents with various traumatic experiences reported a positive correlation between post-traumatic growth and religious belief (Milam et al., 2004). These results clearly indicate that the findings regarding spiritual and existential change are quite similar and consistent across various studies.

Although the number of participants is considered to be a limitation in the study, some important findings were obtained on how adolescents as the adults of the future make sense of their traumatic experiences and what the implications of this life event are. The findings of the present study can be used in group and individual counseling intervention programs while working with traumatized adolescents. For example, the content of the intervention program may include elements such as discovering personal strength, establishing meaningful relationships with others, raising awareness about life opportunities, spirituality, and the meaning of life so as to help them make sense of trauma and to attribute new meanings to their experience. Furthermore, both clinical and empirical studies can be conducted to better understand adolescents with traumatic experiences.

About Authors

Author: Fatma Altınsoy holds a PhD in Guidance and Psychological Counseling and works on post-traumatic growth. Also, she conducts research into school belonging, life goals, psychological hardiness, and coping skills. Her interests include positive psychology, positive psychotherapy, and cognitive behavioral therapy.

Conflict of Interest

There is no conflict of interest.

Funding

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Ethical Standards

Ethical principles and legal processes are complied with and the confidentiality of the participants is protected.

ORCID

Fatma Altınsoy  <https://orcid.org/0000-0003-4910-2510>

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