

NEGATIVE LIFE EVENTS, POSTTRAUMATIC GRWOTH AND PSYCHOLOGICAL DISTRESS IN ADULTS WITH ACQUIRED PHYSICAL DISABILITY

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Abstract

Aims. The recent study aimed to investigate the relationship between negative life events, posttraumatic growth and psychological distress in adults with acquired physical disability. **Method.** Purposive sampling technique was used to collect sample of 112 participants form Rawalpindi Hospital. Traumatic Experience Checklist (Nijenhuis et al., 2002) was used to measure the potentially traumatizing events, Post Traumatic Growth Inventory (Tedeschi & Calhoun, 1996) was used to measure overall assessment of positive outcomes occurring after a traumatic event and Kessler's Psychological Distress Scale (Kessler, 2002) to check one's psychological condition and the level of Stress, Anxiety and depression were used in this study. **Result.** Findings of the study suggested that there was a significant positive relationship between negative life events and posttraumatic growth. Negative life event was positive predictor of psychological distress and posttraumatic growth. Moreover, Posttraumatic growth was not predictor of psychological distress. **Conclusion.** Findings of this study concluded that higher number of negative life events and posttraumatic growth leads to psychological distress.

Keywords: Negative Life Events, Posttraumatic Growth, Psychological Distress, Acquired Physical Distress.

1. Introduction

Individuals with physical disabilities often face physical challenges that interfere with their daily activities. Considerable evidence has suggested that such physical challenges cause poorer overall health and less access to adequate healthcare for individuals with disabilities than those individuals without disabilities (Casey, 2015; Haverkamp & Scott, 2015). In addition, due to a variety of physical challenges, individuals with physical disabilities often experience negative social and psychological problems, such as depression, adjustment difficulties, anxiety, fear, and disrupted social relationships as well as functional limitations (Bostock et al., 2009).

Thus, it can be understood that individuals with physical disabilities experience stressful and traumatic life events associated with their disabling conditions. In spite of negative perspectives on physical disabilities, a growing body of empirical evidence has demonstrated that individuals who experience traumatic and stressful life events can experience positive psychological changes as a result of their struggles with adversity, stress, and trauma (Peterson et al., 2008). These positive psychological changes have been labeled as posttraumatic growth and defined as "the experience of positive change that occurs as a result of the struggle with a highly challenging life crisis" (Tedeschi & Calhoun, 2004).

Researchers have shown that a variety of factors, including demographic information (e.g., age, socioeconomic status and educational background), optimism, and positive emotions, and coping strategies have facilitated posttraumatic growth (Urcuyo et al., 2005). Some researchers have expanded the body of literature on posttraumatic growth by examining the effects of posttraumatic growth on health among individuals who experienced traumatic life events. For example, individuals with terminal illnesses and disabilities who reported high posttraumatic growth reported fewer symptoms related to distress, posttraumatic stress disorder, and depression (Harms & Talbot, 2007). Barskova and Oesterreich (2009) conducted a longitudinal review on posttraumatic growth and found a positive association between posttraumatic growth and health. Specifically, they found

that individuals who experienced high post-traumatic growth had increased positive health outcomes, such as those out-comes related to mental and physical health.

In spite of a growing body of research focused on the relationship between posttraumatic growth and health, several research gaps exist in relation to the domains of posttraumatic growth such as relating to others, recognition of new possibilities, a feeling of personal strength, spiritual change, and a greater appreciation of life associated with health benefits among individuals with physical disabilities. Even though posttraumatic growth has been considered a multidimensional construct, very little research has explored how the domains of posttraumatic growth are associated with psychological benefits. Almost every individual faced stressor in their life. Some individuals face minor stressors like financial crises, adjustment problems and others experienced major stressors, death of loved ones, any physical disability and accidents.

Almost everybody can experience a kind of impairment or incapacity (either temporary or permanent) in their time period (Hartley, 2011). Therefore, the current study was designed to identify people who were living without a body organ called amputation and the level of stress, anxiety and depression after trauma. In the context of Pakistan, few researches are available on amputation, so the purpose of the research was to seek knowledge about individuals with amputations when they become victim of trauma, negative life events they counter and resulting experience positive growth or to investigate how individual to mental distress i.e., anxiety, sadness and pressure. The investigation gives the guideline to patients and their caregivers regarding amputation and their ability to cope up with distress after trauma.

2. Method

2.1. Research Design

The Correlation study method was utilized in the current research that was to explore the linked between negative life events, post-traumatic growth & psychological distress with adults in acquired physical disability.

2.2 Sampling Strategy

The non-probability purposive sampling method was utilized for the present investigation.

2.3 Sample

The study sample size was defined through G-Power review. The sample size come out to be 100. Furthermore, keeping in view the literature. Sample consisted of 120 participants. There were 79 males and 33 females in adults with amputation were taken from Artificial Limb Centre. Data was taken from Fauji Foundation Hospital (FFH) and Armed Forces Institute of Rehabilitation Medicine (AFIRM) Hospital from Rawalpindi. Participants were recruited on the basis of inclusion & exclusion standard.

2.4 Assessment Measures

2.4.1 Traumatic Experience Checklist (TEC)

The Traumatic Experience Checklist (TEC) was developed by Nijenhuis, et al. (2002). It has 29 items of self-report measure used to evaluate conceivably traumatizing occasions. The study participant was asked whether the events have transpired or not and the total scores contain all out number of positive responses (0-20). The participants are also asked the age at which traumatic experience occurred and how much impact the traumatic. It is consisting of 5-point Likert scale (extending from none = 1 to high amount = 5). Additionally, participants are also asked how much support they received afterwards (0=none, 1=some & 2=good). The authors have reported great inside consistency, test-retest reliability & criterion related validity on traumatic experiences checklist. Alpha reliability of current scale (.83). TEC was a translated by Yaqoob and Sitwat (2015) and was specifically developed for Pakistani population in the Urdu language. The reliability of this checklist was 0.785 which is quite adequate.

2.4.2 Posttraumatic Growth Inventory (PTGI)

Posttraumatic Growth Inventory (PTGI) was created by Tedeschi and Calhoun (1996) which translated by Saghir and Kausar (2007). It has 21 items scale. Posttraumatic growth inventory is an overview measure to intend a general appraisal of positive happening occurring after a trauma. In current study translated version of questionnaire was used. These scales are consisting of 6-point Likert was utilized with 0 = none, 3 = normal, and 5 = extraordinary level of PTG. It has 0-105 absolute score range and the higher score showed that more significant level of PTG. The scale revealed a high Cronbach's alpha coefficient (.90).

2.4.3 Psychological Distress (K10)

Kessler's Scale of Psychological Distress developed by Kessler for the (Kessler, 2002). It was a translated by Hussain and Kausar, (2014). The purpose to check one's psychological condition and the level of Stress, Anxiety and depression. It is 10 items 5-point Likert scale. All the items of scale measures stress, level of anxiety and depression separately. It's highly reliability and easy to administer scale and have no reverse scoring 5 items of the scale is for the purpose to measure severity and intensity of symptoms over the period of time. Scale has very good reliability (.79-.83) and validity. The Cronbach's alpha of this questionnaire in current research is (.81).

3. Results

The aim of the present study was to examine the relationship between negative life events, posttraumatic growth and psychological distress in adults with acquired physical disability. The data was analyzed using Statistical Packages for Social Science, version 25 (SPSS-25). First of all, the data was screened to find missing values.

Table 1

Pearson Product Moment Correlation Between Negative Life Events, Posttraumatic Growth and Psychological Distress

Variable	1	2	3
Negative Life Events	-	.58**	.45**
Post-Traumatic Growth	-	.12	.14
Psychological Distress	-	-	-

*, Correlation is significant at the 0.05 level (1-tailed)

**, Correlation is significant at the 0.01 level (1-tailed),

Table 1 findings indicate that there was significant positive relationship ($r=.45$, $p < 0.01$) between negative life events and psychological distress. However, results revealed that post-traumatic growth has not significant relationship ($r=.14$, $p > 0.01$) with psychological distress.

Table 2

Hierarchical Regression Analysis for Prediction of Psychological Distress

Variable	ΔR^2	β
Negative Life Events	.11***	.34***
Post-traumatic Growth	.10***	-.00***
Total R ²	.12	

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2 using the hierarchal regression method of regression analysis. Results showed that negative life events and posttraumatic growth highly significantly predicted psychological distress.

4. Discussion

The present findings revealed a significant positive correlation of psychological distress with negative life events in the present sample. It's a natural phenomenon that distressed individual thinks negatively which may adversely influence the individual's quality of life therefore few chances to develop psychological growth exists. However, the important finding is that both growth and personal distress can co-exist in the individual after experiencing trauma. Calhoun et al. (1999) suggests that while determining whether such growth occurred in an individual or not, one must compare the positive as well as negative changes in an individual due to the traumatic situation. The review of literature also highlights the presence of moderate to high levels of post traumatic growth levels in individuals who are living with chronic illness such as stomach cancer survivors and individuals suffering from acquired brain injury and kidney failures (Sim et al., 2015).

The positive growth in the form of PTG is an important yet relatively less understood concept. Barskova et al (2009) investigated the PTG and its association with health indicators among patients who were diagnosed with life-threatening diseases such as cancer, rheumatoid arthritis, multiple sclerosis, cardiac diseases, and HIV/AIDS. The findings of their study suggested that post traumatic growth is also associated with several factors including mental and physical health, coping strategy employed by an individual, availability of social support, quality of relationships and so on. The present study also revealed a significant positive association of PTG with psychological distress among the sample. The relationship between post-traumatic growth and psychological distress is logical for an individual who experience post-traumatic growth will appreciate life and can experience a better quality of life.

Literature review suggest that psychological distress of such patients is generally impacted due to the negative outcomes of the disease. Furthermore, factors which contribute to the quality of life among patients having a critical illness or related treatments leads to disability or pain, and thus can reduce the quality of life. Past literature establishes that treatment and disease-related factors contribute into the reduced quality of life among patients having end-stage renal disease. According to the National Service Framework, patients having such disease necessarily require psychological assistance to cope with newer life style and associated challenges (Department of Health, 2005). The relationship is also supported by a bulk of previous studies. For example; Kimmel (2005) observed a positive relationship between post-traumatic growth and psychological distress through an empirical study.

Conclusion

The current study focused on the relationship of negative life events, posttraumatic growth and psychological distress in adults with acquired physical disability. The aim of the study was to explore relationship between posttraumatic growth and psychological distress and also explored relationship between negative life events and psychological distress. It was concluded that significantly correlated with each other was both positive and negative ways. The current study concluded that participant with physical disability increases psychological distress and lower posttraumatic.

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