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Posttraumatic Growth in Eating Disorders

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Posttraumatic Growth in Eating Disorders

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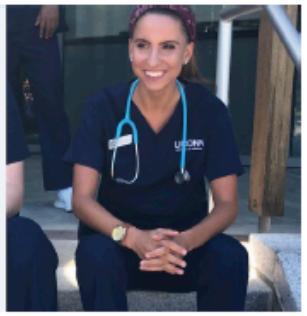
"The positive changes I have experienced in recovery could form a novel with the most important part being the last chapter because it is filled with joy ." *Participant Quote*

Introduction

- Posttraumatic Growth is defined as "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, 2004, p.1).
- The five dimensions of posttraumatic growth include: appreciation of life, relating to others, personal strength, new possibilities, and spiritual change (Tedeschi & Calhoun, 1996).
- The objective of this study was to investigate posttraumatic growth (PTG) in individuals who have engaged in treatment for an eating disorder. Current research focuses on posttraumatic stress following struggle with an eating disorder and posttraumatic growth following trauma in different areas.

Method

This study used a convergent parallel mixed-methods design, including both a quantitative strand and a qualitative strand. The sample consisted of 38 participants with eating disorders.



Procedure

An online survey was used to collect two independent strands of qualitative and quantitative data together and analyzed them in a single phase.

Quantitative strand:

1. Posttraumatic Growth Inventory (PTGI): 21-item Likert scale that assesses the amount of positive changes experienced after challenging life events (Tedeschi & Calhoun, 1996).
2. Core Beliefs Inventory (CBI): 9-item Likert scale that assesses the degree to which a person examines core beliefs and assumptions about the world when he or she experiences significant life events (Cann et al., 2010).
3. SPSS was used to analyze the quantitative data obtained from the PTGI and CBI. Mean and SD calculated for the PTGI and CBI using the sum of the 6-point Likert scale ratings. Range of Scores: PTGI (0 to 105) and CBI (0 to 45).

Qualitative strand:

4. Participants were asked to respond to the following statement: *Please describe in as much detail as you can remember the experiences of any positive changes in your beliefs or life as the result of an eating disorder.*
5. Content analysis (Krippendorff, 2013) was used to analyze the qualitative data. We utilized Tedeschi and Calhoun's (1996) five dimensions of PTG as the preset categories.

Results- Quantitative Strand:

There were no significant differences in demographics or scores on the PTGI or CBI for the group who had complete data (n=28) and the group who answered the quantitative questions and not the qualitative questions (n=10).

N=38 responded: Diagnoses the participants have had included anorexia nervosa (73.7%, n=28), bulimia nervosa (50%, n=19), binge eating disorder (10.5%, n=4), avoidant restrictive disorder (10.5%, n=4), other specified feeding and eating disorder (13.2%, n=5), eating disorder not otherwise specified (31.6%, n=12).

N=38 responded: Other psychiatric diagnoses the participants had included depression (76.32%, n=29), anxiety (76.32%, n=29),OCD (21.05%, n=8), PTSD (18.42%, n=7),Bipolar disorder (15.79%, n=6), ADHD (10.53%, n=4), dissociative identity disorder (10.53%, n=4), and 5.26% (n=2) from each of the following: Borderline personality disorder and substance use disorder.

N=38 responded: When asked about their treatment experience, most had been to several types of treatment, including acute inpatient (50%, n=19), residential (44.74%, n=17), partial program (63.16%, n=24), IOP (65.79%, n=25), group therapy (63.16%, n=24), individual therapy (94.74%, n=36).

Instrument Scores (shown as mean and standard deviation)
PTGI Range: 0-105; CBI Range: 0-45

Completed Quantitative and Qualitative Data (n=28)
PTGI: 69.68 (16.11); t-value = -.986; p-value = .331
CBI: 30.21 (8.43); t-value= -.233; p-value = .817

Completed Quantitative Only (n=10)
PTGI: 75.7 (17.91) and CBI: 30.9 (6.52)

Conclusion

The quantitative and qualitative data obtained from this study support the presence of posttraumatic growth within individuals who have struggled with and received treatment for an eating disorder. Individuals who have suffered from an eating disorder undergo a type of trauma that allows them to grow within the five dimensions of posttraumatic growth, demonstrating that not only posttraumatic stress, but positive change can occur as a result of overcoming an eating disorder. Additional research with larger sample sizes should be performed to increase the validity of these findings and to be able to develop treatment programs that foster posttraumatic growth within individuals recovering from an eating disorder.

Significance

Eating disorder recovery lacks definitional clarity due to its enigmatic etiology, but what is known among individuals who are recovering or recovered is that successful treatment involves connections and positive relationships, meaningful life experiences, and whether clinicians convey the possibility of recovery. Uncovering elements of positive growth helps to identify the physical, psychological, and social systems that interact in a successful eating disorder treatment process and a sustainable recovery.

Results- Qualitative Strand:

Relating to Others
"Recovery has provided me with deeper connections with friends, the ability to eat ice cream without feeling like I might die, compassion for myself and others, and a willingness to be courageous and fail gracefully. I hope I never go back to relying on anorexia. It can be a persuasive friend in the midst of stressful life experiences, but the relationship is built on false pretenses."

New Possibilities
"With as many times as I have been hospitalized for my eating disorder I wound up working in healthcare. I have been able to connect with patients from all walks of life and show them a unique compassion."

Personal Strength
"It was after a psychological treatment for unhealthy thoughts about myself as a person (not my body) and low self-worth that the true healing began. During this time I made a poor decision which cost me time in prison. It was sitting in a cell, where I loathed myself and thought, "I could easily starve myself to death" and then all the new learning I had put in place with my psychologist strengthened me. It was in prison, locked up with no choice of food…that I knew I was truly recovered. The irony was, that in this place is where I believed I was truly worth something."

Appreciation of Life
"I think my most positive change would be my appreciation of life…with a lot of cognitive behavioral therapy I was able to change my thinking. I realized how much I had to live for."

Spiritual Change
"My faith in God has helped me learn to value solitude and meditation. I recognize I will sometimes be the only one to understand me and that's okay. I began to believe in God again knowing I am not ever truly alone. There is a plan for me. I conquered my own mind; I can do anything."

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