

Posttraumatic growth among people infected with HIV

Brief presentation of research results



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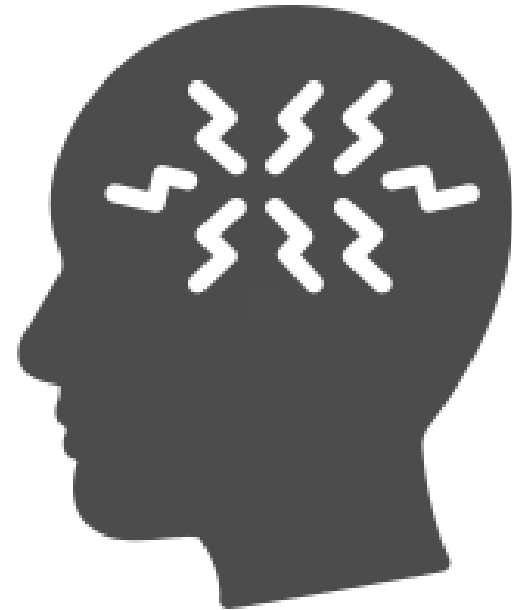
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Zaburzenie po stresie traumatycznym (z ang. *Post-traumatic stress disorder, PTSD*)



Diagnosis and life with a potentially fatal somatic disease constitutes a **very powerful stressor**



It can lead to **posttraumatic stress disorder (PTSD)**

Somatic disease as a stressor

PTSD and somatic diseases

- **Oncological diseases** (e.g. Andrykovski and Cordova, 1998; Cordova *et al.*, 2007; Hahn *et al.*, 2015; Kangas *et al.*, 2002; Swartzman *et al.*, 2016)
- **Cardiological diseases** (e.g. Ayers *et al.*, 2009; Rorabaugh *et al.*, 2015; Stoll *et al.*, 2000; Whitehead *et al.*, 2006)
- **Diseases associated with chronic pain, e.g. rheumatoid arthritis** (e.g. Asmundson, 2014; Britvic *et al.*, 2015; Andersen *et al.*, 2014; Rzeszutek *et al.*, 2016, 2017; Sharp and Harvey, 2001)
- **HIV infection** (e.g. Abramowitz *et al.*, 2009; Kagee *et al.*, 2017; Kelly *et al.*, 1998; Machtinger *et al.*, 2012; Neigh *et al.*, 2016; Rzeszutek *et al.*, 2012, 2015, 2016, 2017).

Somatic disease as a stressor

- **Depression** (Bonacquisti *et al.*, 2014; Leserman, 2008; Slot *et al.*, 2015; Wouters *et al.*, 2016)
- **Anxiety disorders** (Brandt *et al.*, 2017; Chawarski *et al.*, 2006; Reback *et al.*, 2014; Roberston *et al.*, 2014)
- **Abuse of psychoactive substances** (Chibanda *et al.*, 2014; Gonzales *et al.*, 2013; Hartzler *et al.*, 2017; Pecoraro *et al.*, 2015)
- **PTSD prevalence in people with HIV: 30 %-64 %** (Olley *et al.*, 2005; Sherr, 2011)

**PTSD
and
psychological
consequences**

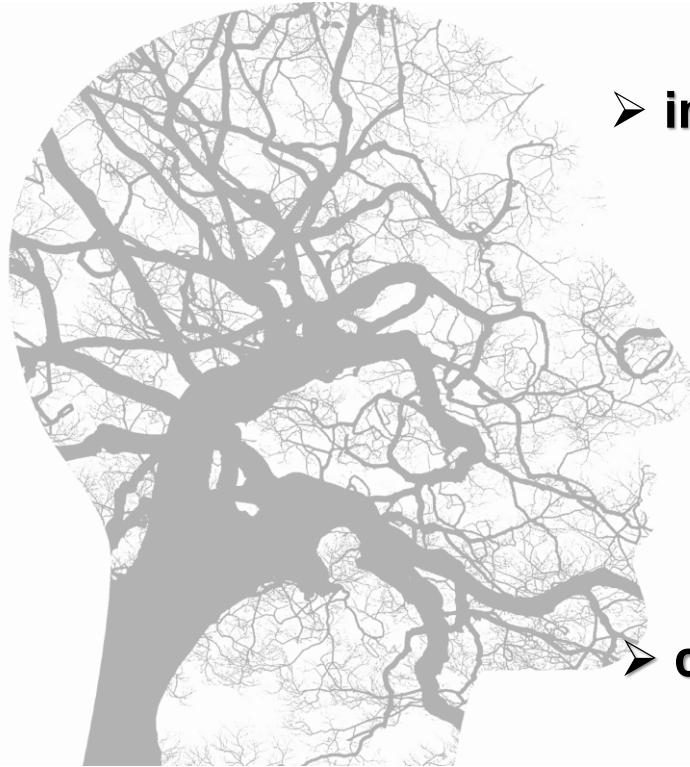
Somatic disease as a stressor

Enduring Somatic Threat Model of PTSD

(ang. *Enduring Somatic Threat Model of PTSD*, Edmondson, 2014)

➤ **diagnosis** of a potentially fatal somatic disease

➤ **painful** medical diagnostic and treatment procedures



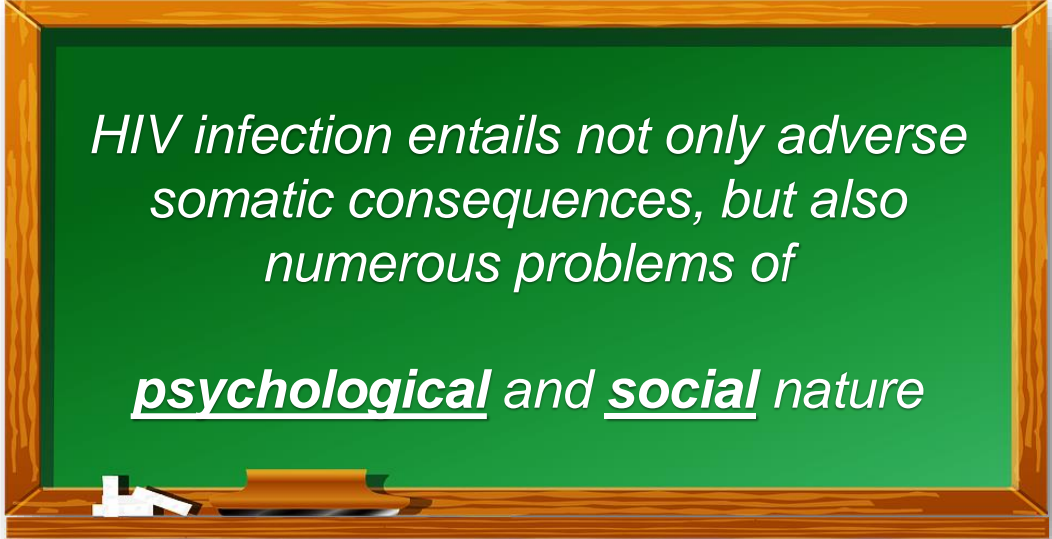
➤ **impairment** of psychosocial functioning

➤ **constant awareness** of a potential threat to life

HIV trauma

- communication of a positive result of HIV test and suicide risk

(Cooperman, Simoni, 2005)



HIV infection entails not only adverse somatic consequences, but also numerous problems of

psychological and social nature

- presence of the virus in the body and unpredictable course of the disease (Kagee 2008; Kahana, 2011; Neigh *et al.*, 2016)

- awareness of the constant threat to life and symptoms of post-traumatic stress

(Chernoff, 2007)

HIV trauma

Special existential source of trauma, or broadly understood **trauma of loss**, which is experienced by persons living with HIV (Nawrocki, 2000):

- loss of **health** (somatic as well as psychological)
- loss of **social status**, of friends or even of close family
- loss of **self-image** and **control over one's own life** resulting from the inability to project oneself into the future

The HIV stigma



Living with HIV entails numerous problems of social nature, resulting from strong stigma and discrimination (Breet et al., 2014).

The HIV/AIDS stigma is not so much due to the disease itself, but arises from the frequent overlapping of accompanying stigmas: drug addiction, prostitution or homosexuality (Aggleton, 2000)

Then a specific “stigma-amalgam” is created (Wojciechowska, 2004)

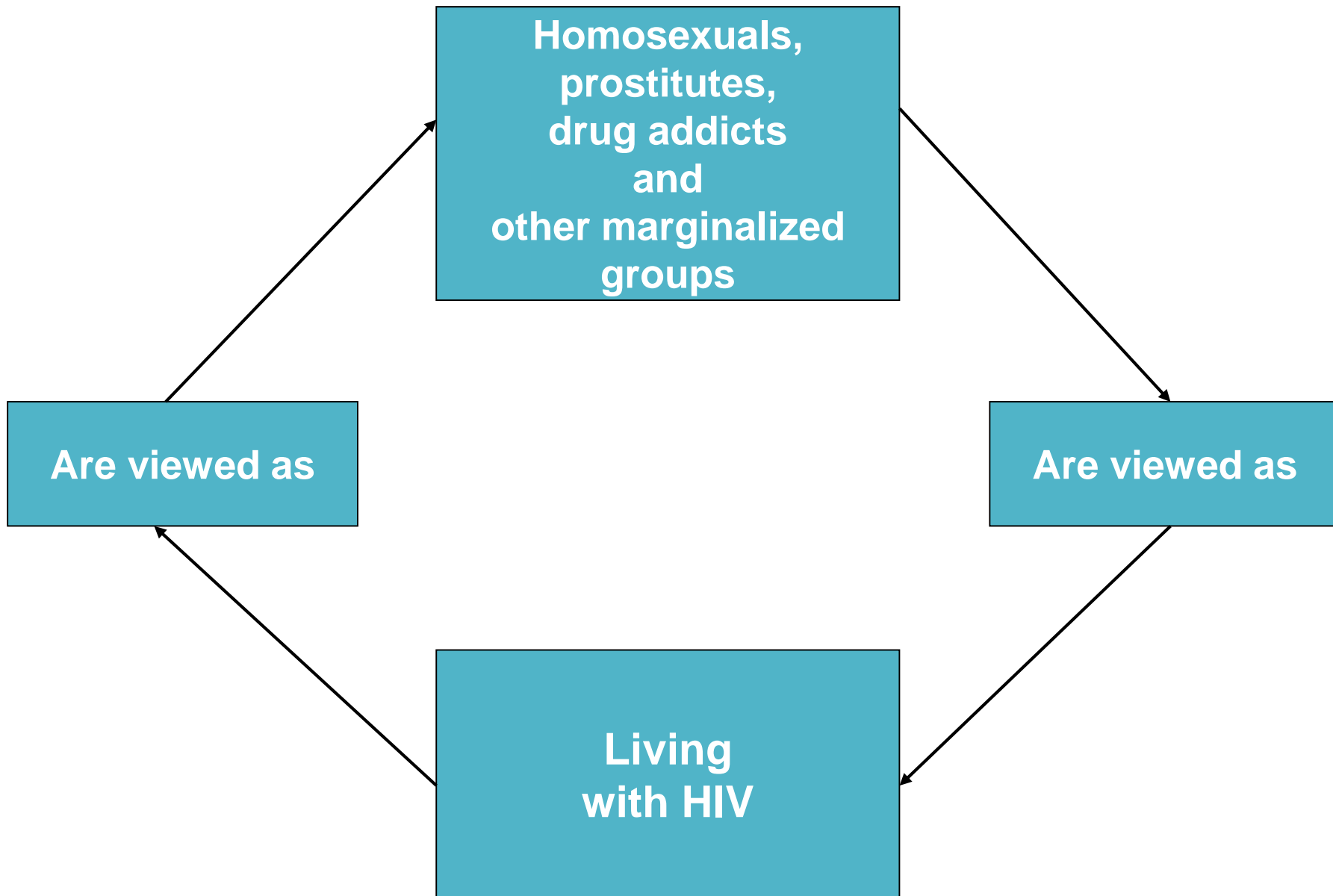


Figure 1. Vicious circle of stigmatisation of people living with HIV
(after: Parker, Aggleton, 2003, p. 46).

Posttraumatic growth among people infected with HIV

– the other face of trauma



Posttraumatic growth – what is it?

- The vast majority of research is devoted only to the negative aspects of experiencing trauma.
- Can diagnosis and dealing with a potentially fatal somatic disease lead to positive consequences for the sick?



- Research suggests the existence of paradoxical positive effects of traumatic experiences, that is the **phenomenon of posttraumatic growth (PTG)** (Tedeschi, Calhoun, 1996).



PTG

*old wine in new
barrels?*

Posttraumatic growth – what is it?

Posttraumatic growth (PTG) consists in experiencing **positive changes** in relations with other people, self-perception and adopted philosophy of life as a result of trying to **cope with the consequences of traumatic** or highly stressful life events.

As a result of traumatic events people can begin to **appreciate life in a special way** and open up to the world and spiritual matters.

(Tedeschi, Calhoun, 1996)



Richard Tedeschi



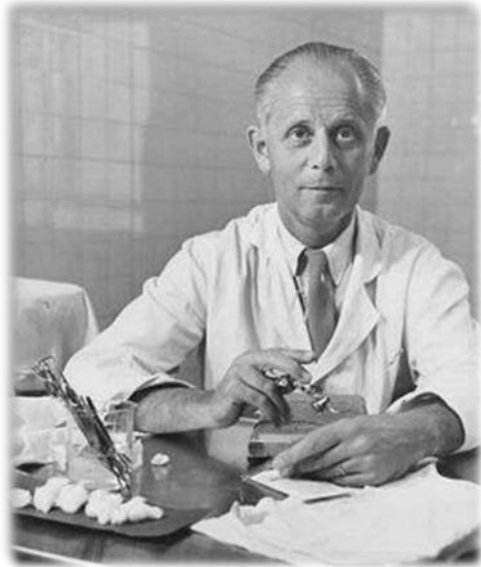
Lawrence Calhoun

Precursors of PTG

Reflections on suffering which in effect brings about positive changes can be found in the works of **philosophers, writers and in films.**

“What does not kill us, makes us stronger”

Friedrich Nietzsche



“Adopting the right attitude can turn negative stress into positive”

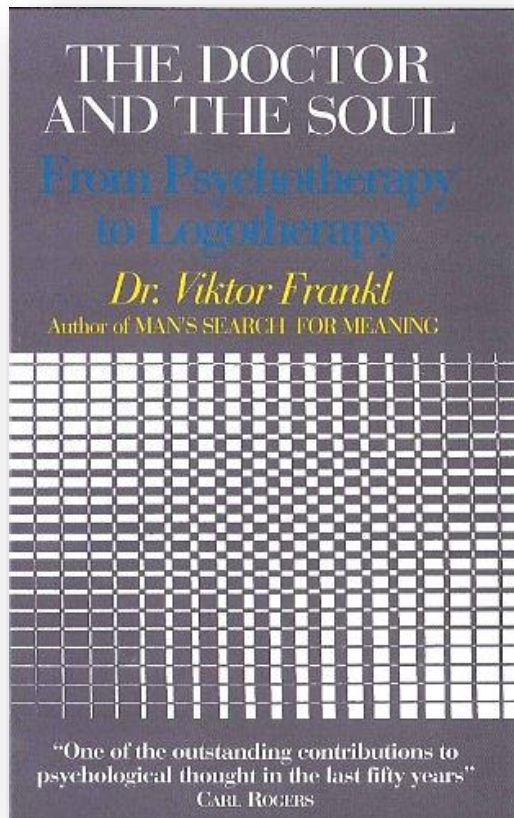
Hans Selye – eustress



Precursors of PTG

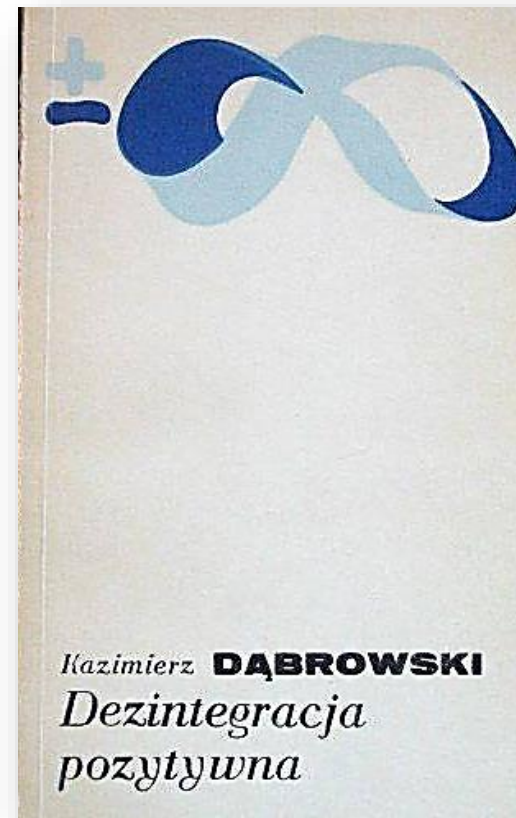
Victor Frankl

Logotherapy



Kazimierz Dąbrowski

Positive Disintegration Theory



Precursors of PTG

Positive psychology



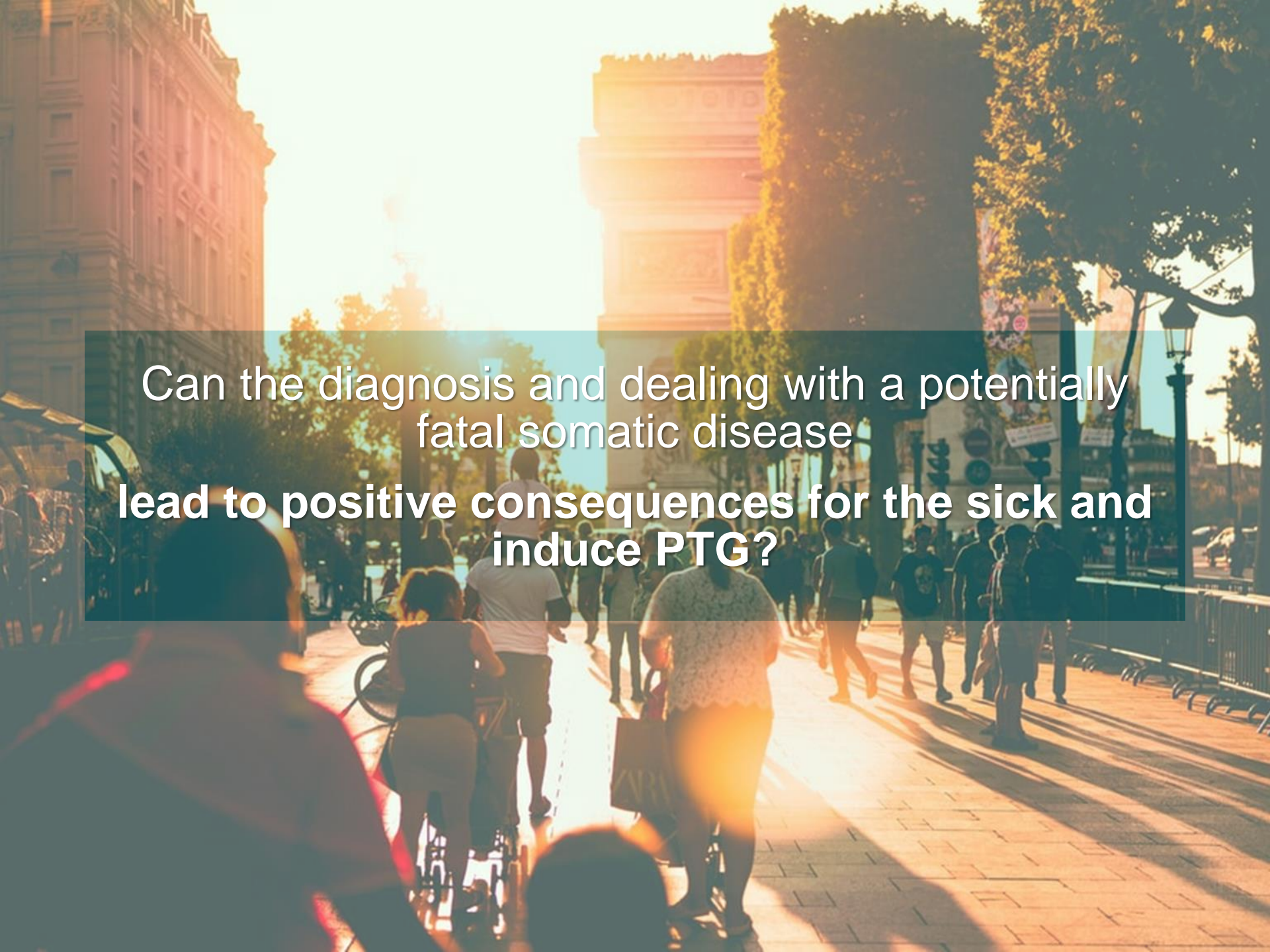
Martin Seligman

considered to be the founding
father of positive psychology

Mihaly Csikszentmihalyi

wondered what powers allow people to
maintain their mental integrity



A photograph of a busy city street during sunset. The sun is low in the sky, creating a warm, golden glow and long shadows on the pavement. People are walking in various directions. In the background, there are classical buildings and trees. A semi-transparent dark box is overlaid on the center of the image, containing white text.

Can the diagnosis and dealing with a potentially fatal somatic disease
lead to positive consequences for the sick and induce PTG?

HIV infection and posttraumatic growth

But... end of AIDS? HIV as a chronic disease?
(Deeks *et al.*, 2013; Essex, 2017).

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Defeating AIDS—advancing global health



“The question is no longer whether the fight against AIDS can be won; the only questions are: will it be won—and when?”

See The Lancet Commissions page 371

Comment

The sustainable development agenda and the end of AIDS
See page 108

Articles

TRIGGER: Restrictive versus liberal blood transfusion for acute upper gastrointestinal bleeding
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Social network targeting to minimise population behaviour change
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The end of AIDS?



How 5 million lives have been saved, and a plague could now be defeated

HIV infection and posttraumatic growth

About 40-50 % of HIV patients also experience **positive changes associated with HIV infection** that make up the PTG (Garrido-Hernansaiz *et al.* 2017; Milam, 2004; Zeligman *et al.*, 2016).

The intensity of PTG among HIV/AIDS patients is related to:

- higher number of CD4 lymphocytes and compliance with treatment discipline (Łuszczynska *et al.*, 2007; Milam, 2006),
- lower levels of depression and less frequent abuse of psychoactive substances (Carrico *et al.*, 2006; Siegel and Schrimshaw; 2005),
- a lower degree of perceived social stigma (Kamen, 2016; Murphy and Hevey, 2013).

Research objectives

To what extent is PTG among



-infected people – with the control of

sociodemographic variables and of the course of HIV infection itself – **determined by personality traits, strategies of coping with stress and social support?**

Does PTG among people with HIV **translate into their satisfaction with life and emotional well-being** measured by the intensity of positive and negative affect?

Determinants of PTG among people with HIV

Social support:

- **Facilitates the process of assimilation of trauma** with new cognitive schemas and thus facilitates PTG (Tedeschi and Callhoun, 2004)
- It can also influence the choice of **strategies of coping with stress** that promote PTG (e.g. Bozo *et al.*, 2009; Helgeson *et al.*, 2006; Schroevers *et al.*, 2010; Senol-Durak i Ayvasik, 2010; Yeung *et al.*, 2018)
- Positive relation between the **support received** and PTG increase among people with HIV (Cieślak *et al.*, 2009)



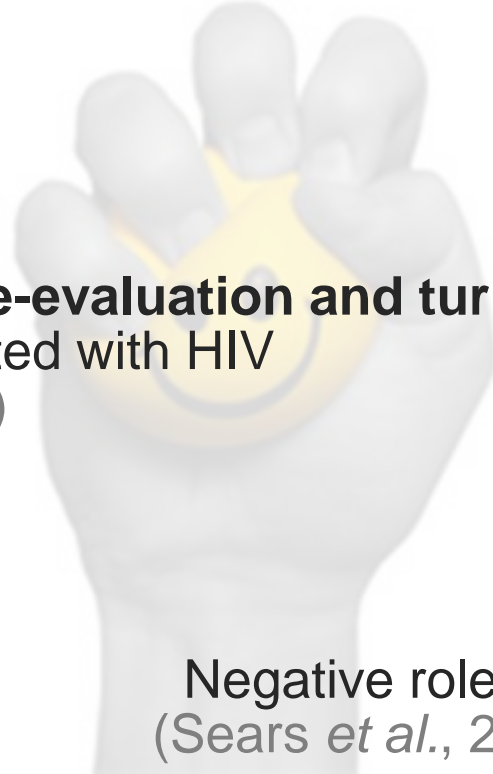
Determinants of PTG among people with HIV

Coping with stress:

Meaning-based strategies of coping with stress: **positive relation of positive re-evaluation and turn to religion with PTG**
(Gerber *et al.*, 2011; Morris *et al.*, 2007; Helgeson *et al.*, 2006; Prati and Pietrantoni, 2009)

Positive relation of **positive re-evaluation and turn to religion with PTG**, including among people infected with HIV
(Siegel and Shrimshaw, 2005)

Negative role of **avoidance strategies**
(Sears *et al.*, 2003; Widows *et al.*, 2005)



Determinants of PTG among people with HIV

Personality traits: mental resilience

(Block and Block, 1980; Block and Kremen, 1996).

It is a personality tendency that determines the ability to adapt to changing environmental conditions, to become immune despite difficult external conditions, the ability to regain lost or weakened strength and to regenerate after psychological trauma.



Determinants of PTG among people with HIV

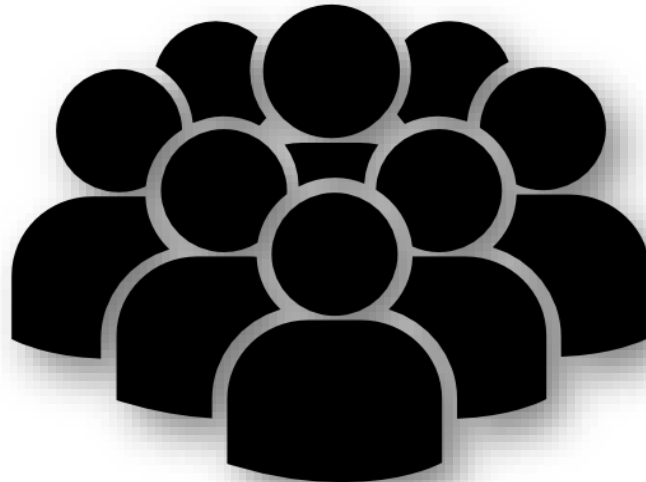
- **Appropriate regulation of emotions**, including experiencing positive affect, may indirectly **favour PTG by assimilation of the traumatic experience with new cognitive schemas** and search for the meaning of life after trauma (Tedeschi and Calhoun, 1996, 2004)
- **Positive affect** turned out to indirectly contribute to the **prevalence of PTG among various groups of people after traumatic experiences**, including among people with HIV (Boyratz *et al.*, 2010; Boyraz and Efstathiou, 2011; Yu *et al.*, 2014)
- There is an increasing number of studies on the **“salutary” role of positive emotions** for the functioning of people with HIV (Moskowitz *et al.*, 2017; Wilson *et al.*, 2016)

Study participants – own research

→ 470 people

→ 3 measurements of previously presented variables

→ control of sociodemographic variables and clinical markers of the course of HIV infection





Results and discussion

- The **support received** turned out to be the most important factor promoting PTG.
- **Mental resilience** also proved to be a factor increasing the probability of PTG.
- The hypothesis about the relations between most strategies of coping with stress and PTG level.

*Exception: **negative relation between turning to religion and PTG level.***

HIV-infected people engaging in religious practices may not experience growth due to the stigmatizing atmosphere of religious communities?

- **HIV-infected women reported higher PTG levels than men.**
- **No relation between medical variables related to the course of HIV infection and PTG** – is PTG in this group of patients determined only by psychosocial variables?



Results and discussion

- In our study HIV+ patients who experienced PTG had **higher levels of life satisfaction** and **better emotional well-being**.
- In particular, it was very important for PTG to **experience and cultivate positive emotions** every day. This made it easier to notice, give and receive social support, which in turn resulted in higher PTG.





Results and discussion

The importance of positive affect in the process of dealing with HIV:

- Moskowitz (2003) showed in a seven-year longitudinal study that experiencing positive affect was associated with **lower mortality** among HIV-infected men.
- Ironson and Hayward (2008) showed that experiencing positive affect was associated with **slower progression of HIV**. This effect was independent of experiencing negative affect.
- Wilson *et al.* (2017) in a national study of HIV-infected women found that positive affect was associated with **better immunological functioning** in these women and **lower levels of depression**.

General summary

- Posttraumatic growth is **something more than a return to equilibrium** after a trauma (Ogińska-Bulik, 2015; Tedeschi and Callhoun, 2004)
- Posttraumatic **growth does not mean that the experience of trauma is good or desirable** (Tedeschi and Callhoun, 2007)
- The number of studies on posttraumatic growth **in chronic somatic diseases** is increasing (Casselas-Grau *et al.*, 2017; Hefferon *et al.*, 2009; Sawyer *et al.*, 2010)
- Clinicians and researchers in particular should Focus more on the potentially **positive aspects of the experience of people living with HIV/AIDS** (Moskowitz *et al.*, 2017; Murphy *et al.*, 2017)

Posttraumatic growth among people infected with HIV



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