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Posttraumatic Growth in Eating Disorders
Major: Nursing
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 two 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 measure posttraumatic growth (PTG) in individuals who have engaged in treatment for an eating disorder. Current research focuses on posttraumatic stress following surgery with an eating disorder and posttraumatic growth following trauma in other arenas.

Method

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

Procedure

An online survey was used to collect two independent streams of qualitative and quantitative data 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. Current Tardiness Inventory (CTI): 14-item Likert scale that assesses the degree to which a person experiences core beliefs and assumptions about the world around them or in their current life (Tedeschi et al., 2010).
3. SPSS was used to analyze the quantitative data obtained from the PTGI and CTI. Mean and SD were calculated for the PTGI and CTI using the sum of the 6-point Likert scale ratings. Range of Scores: PTGI (0 to 10) and CTI (0 to 48).

Qualitative strand:

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 way of life before or as a result of an eating disorder."

Content analysis (Krippendorf, 2013) was used to analyze the qualitative data. We utilized Tedeschi and Calhoun's (1996) five dimensions of PTG as the main framework.

Results: Quantitative Strand:

There were no significant differences in demographic or sociocultural scores on the PTGI or CTI for the group who had completed (n=26) and the group who answered the quantitative questions and not the qualitative questions (n=12).

36 respondents. Diagnoses the patients had included anorexia nervosa (73.7%, n=26), bulimia nervosa (65%, n=19), binge eating disorder (10.6%, n=4), avoidant/ restrictive food disorder (10.6%, n=4), other specified feeding and eating disorder (13.3%, n=5), and no other specified feeding and eating disorder (0.0%, n=0) specified.

38 respondents. Other psychiatric diagnoses the patients had included depression (39.4%, n=14), anxiety (39.4%, n=14), OCD (21.1%, n=8), PTSD (21.1%, n=8), bipolar disorder (18.4%, n=7), ADHD (13.2%, n=5), dissociative identity disorder (10.6%, n=4), and 5.2% (n=2) from each of the following: Borderline personality disorder and substance abuse disorder.

36 respondents. When asked about their treatment experience, most had been in several types of treatment, including inpatient hospitalization (65.6%, n=24), residential (44.4%, n=16), partial program (33.3%, n=12), IOP (22.2%, n=8), group therapy (53.7%, n=20), individual therapy (97.2%, n=36),

Correlated Quantitative and Qualitative Data (n=26):

PTGI: 68 (19.1); Correlation -.39; p-value = .033
CTI: 59 (23.1); r-value = .233; p-value = .017

Correlated Qualitative Only (n=11):

SPSS: (n=30) (n=26)

Conclusions

The quantitative and qualitative data collected 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 underlie a type of trauma that allows them to grow within the ten dimensions of posttraumatic growth, demonstrating that not only posttraumatic stress, but positive change can occur as a result of overcoming an eating disorder. Adding more research with larger sample sizes should be performed to increase the validity of these findings and be able to develop treatment programs that foster posttraumatic growth within individuals recovering from eating disorders.

Significance

Eating disorder recovery lacks definitive clarity due to its organic etiology, but what is known among individuals who are recovering or recovering is their successful treatment involves connections, and positive relationships, meaningful life experiences, and whether or not they convey the possibility of recovery. Uncovering elements of positive growth helps to identify the physical, psychological, and social aspects that resulted in successful eating disorder treatment processes 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 I will die, comprehension for myself and others, and a willingness to be courageous and feel joyfully. I hope I never go back to trying on anxiety. It can be a prerequisite trait in the midst of stressful life experiences, but the relationship is built on balance and trust."—New Possibilities

"With the many times I have been hospitalized for my disorder I would have kept up with research. I have been able to connect with others who share all walks of life and show them their unique compassion."—Personal Strength

"It was often a psychological treatment for unorthodoxy thoughts about myself as a person (not my body) and live worth one this the true healing began. During this time I made a poor decision which cost me time in prison. It was sitting in cell, when I thought myself and thought, ‘I could easily blame myself to death’ and then all the new learning I had put in place with my psychologist strengthened me. It was in prison, not quitting on the choice of food. But I knew I was truly recovered. The scary was, that in this place is where I believed I was truly worth something."—Appreciation of Life

"I think my most positive change was 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 even truly alone. There is a plan for me. I compared my own pain; I can do anything."—Acknowledgments

References