

Anna Brandt-Salmeri

SUMMARY

Subjective and Relational Determinants of Posttraumatic Growth in Women with Breast Cancer

Key words: breast cancer, posttraumatic growth (PTG), post-traumatic stress disorder (PTSD), survivorship, perceptual distortions of body image, ruminations, reflections, ego-resiliency, perceived social support

The present dissertation is focused on the issue of achieving posttraumatic growth in the context of cancer. The diagnosis of breast cancer changes significantly the current life's dynamics, and the disturbance of the bodily integrity as a result of treatment may lead to transformations involving the psychosocial feminine identity. It has been assumed that for most women the diagnosis of cancer could be a critical event or potentially traumatizing and breaking the current lifeline. However, the experience of such an acute crisis can become a trigger for the development of positive posttraumatic growth (PTG).

The PTG theory by Tedeschi and Calhoun (2004) is the central axis for theoretical considerations in the present dissertation. During the literature review, it was decided to broaden the research scope on variables particularly important for this disease context, which are not included in the Tedeschi and Calhoun model. Therefore, in the present research model, *inter alia*, the image of the changed body as a potentially important variable for understanding the process of adaptation to the disease was introduced. The author's concept of the present work stems from the assumptions of the positive trend in clinical psychology, including the need to consider both the perspective of distress and personal development during the characterization of posttraumatic reality. In the present dissertation it has also been assumed that the possible ways of reaching positive changes may vary depending on survivorship phase.

The main goal of the present study was to increase the knowledge regarding the role of selected subjective (symptoms of PTSD, perceptual distortions of body image, ruminations, reflections, ego-resiliency) and relational (perceived social support) factors affecting the

development of the posttraumatic growth in women with breast cancer at various stages of the struggle with disease.

Four main research questions were posed: (1) regarding the characteristics of PTG in the examined respondents' experiences, depending on the perception of posttraumatic stress and selected contextual variables), (2) regarding intergroup comparisons between women at various stages of struggle with the disease (survivorship phase), (3) regarding significant determinants (subjective and relational) of posttraumatic growth in three groups of women with breast cancer identified on the basis of the survivorship phase, (4) regarding the diversity of posttraumatic adaptation profiles in the group of women with breast cancer identified on the basis of the distribution and intensification of the distress spectrum (PTSD and perceptual distortions of body image) and PTG.

The present studies were conducted in Poland. This exploratory research was carried out in a cross-sectional studies. The respondents group includes 229 women with breast cancer. Inclusion criteria were: age (30-70 years), surgery (mastectomy, sparing surgery, or mastectomy with reconstruction) and a span of time not exceeding 15 years since the first diagnosis.

In the present research the following measurement tools were used: Posttraumatic Growth Inventory (Tedeschi and Calhoun, 1996), Impact Events Scale - Revised (Weiss and Marmar 1997), Body Image Scale (Hopwood, Fletcher and Al Ghazal, 2001), Ego-Resiliency Scale ER89-R12 (Block and Kremen, 1996), Reflection-Rumination Questionnaire (Trapnell and Campbell, 1999), the Multidimensional Scale of Perceived Social Support MSPSS (Zimet, Dahlem, Zimet and Farley, 1988) and the author's Posttraumatic Growth Survey.

It may be said that that satisfactory answers have been found to the research questions posed in the present study. The most important findings include: (a) the demonstration that PTG enters into weak and positive relationships with PTSD and that the linear model is better suited to the data compared to the curvilinear one; (b) the demonstration of the lack of differences between women belonging to different phases of survivorship in terms of factors entities selected for the model; however, there were differences in relation to relational factors, i.e. perceived social support; (c) the obtainment of a different configuration of determinants (subjective and relational) of PTG in 3 groups distinguished due to the survivorship phase (4) the distinction of three posttraumatic adaptation profiles including different distribution and intensification of the distress spectrum (perceptual distortions of body image and PTSD) and PTG.

The results obtained, on the one hand, confirm the empirical findings of other researchers, on the other, they broaden the PTG picture on new perspectives of analysis in women with breast cancer. They can provide a valuable contribution to the development of conceptualization of growth after the trauma in women with breast cancer. The obtained results and their interpretations bring closer to a fuller understanding of the complexity of relations that occur between PTSD and PTG, and also indicate the need to control the time factor that elapses from the diagnosis. The survivorship perspective adopted in the studies, rarely taken into account by the Polish scientific viewpoint, allowed for a better understanding of the specific needs of patients at specific stages of illness. It also contributed to a more complete identification of PTG determinants of breast cancer progression.

The results of the author's research on potentially different trajectories of posttraumatic adaptation are confirmed by literature reports on various forms of PTG. The obtained data is an inspiration for further research and indicates areas that should be considered when determining future research directions. They can also be valuable material for application purposes: the results obtained can be used either in clinical psycho-oncological practice or during general psychological treatment provided to people struggling with difficult life circumstances.