Corporeality and trauma: The role of the body in posttraumatic growth

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Posttraumatic growth (PTG)

“It is through this process of struggling with adversity that changes may arise that propel the individual to a higher level of functioning than which existed prior to the event”

(Linley & Joseph, 2004, p. 11)

- Perceived changes in self
- Improved relationships
- Changed life philosophy
- Changed priorities
- Enhanced spiritual beliefs

- 40-70% of survivors experience some positive benefits from trauma (Joseph, 2012)
- Focus is not to advocate suffering as a situation worth striving for, but rather to examine the phenomenon in which suffering and grief can co-exist with enlightenment and growth (Linley and Joseph, 2004)
The start....PhD Research

• September 2005

• Preliminary literature review identified limitations in the current models, theories and methods of assessment

• Over-reliance on a limited number of questionnaires [numerically restrictive; not validated on more than one population; did not address negative changes leading to the potential for positive response bias and they were found to use confusing language (Park & Lechner, 2006)]

• Generalisation of PTG processes and outcomes amongst trauma types

• Lack of understanding of the “how” and “why”

• Aim: To understand the experience of PTG following Breast cancer, from an in-depth, first person perspective rather than a top-down, researcher-led paradigm
Interpretative Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009)

- Inductive, idiographic methodology
- Very popular in Europe within health, clinical and counseling disciplines
- Small sample sizes (1-10)
- Expert participants
- Intensive and semi-structured interview techniques
- Focus is on *depth* not *breadth*
- Harnesses the interpretation of the Researcher rather than trying to bracket it

(Hefferon & Gil-Rodriguez, 2011; 2013)
Sample Demographics

• 10 female breast cancer survivors
• West of Scotland
• Age range 43-63
• All married
• Chemotherapy, radiotherapy or combination of treatments
• All had undergone a structured 3-month exercise intervention during diagnosis and treatment (Hefferon, Grealy & Mutrie, 2008)
• Participated in 1 semi-structured interview one year post cancer diagnosis
Results: The Body (Hefferon, Grealy & Mutrie, 2010)

- The body was found to be:
  1) A vital component to the process and outcomes of PTG
  2) Integral component to their self identity (influencing PTG facilitation)

- Participants discussed visceral experiences not mentioned in current tools
- They experienced dramatic changes to their body which made them feel a sense of betrayal by their body (as the transgressor)
- PTG was experienced via the renegotiation of this corporeal relationship
“Well I just felt, when your **nails go yucky** and your **hair falls** out, eh, every hair on your body falls out. Your eyes **look flat**, there’s **no sparkle** in them, and all the rest of it [...] When the **chemotherapy stopped**, and things started to grow back again, like my hair [...] Um (pauses) **it was like spring**...because everything was just, you know, bursting out! My hair! [...] **and I really began to feel so much better**. I suppose, once that stuff, filters out of your system. I just felt really great... [...] Another **positive thing** was I felt, through all of it, although the **treatments horrible**, when I finished my chemotherapy (pauses) looking back, no not looking back, at the time even, I felt as though it was **almost like a cleansing...experience.**”
Impact of using IPA

• Highlighted the limitations of the contemporary assessment tools and theories [omitted any novel outcomes of growth that were not currently in the five domains of Tedeschi and Calhoun’s (2006) model of growth (Manuel et al., 2007)]

• Stressed the need to include and explore the addition of health/somatic categories (embodiment, adoption of healthy lifestyle, new awareness of the body)

• Offered further support to the argument that different types of events can potentially cause differing PTG processes and outcomes (Shakespeare-Finch, 2012; Fritz et al., 1988)

• Led to further research: Meta-synthesis research showed that there was another “domain” of growth within illness related trauma (Hefferon, Grealy & Mutrie, 2009)

(Hefferon et al., 2008, 2009, 2010; Hefferon 2012; Hefferon et al., 2013; Park & Ai, 2006; Park & Lechner, 2006)
Journey since

• Spinal Cord Injury (Hefferon, Sparkes & Painter, 2011)
• Severe and enduring mental health patients (Hefferon, Mallery, Gay & Elliot, 2012a; 2012b; Elliot & Hefferon, Under review)
• British Paralympians (Kampman & Hefferon, in prep)
• Multiple Sclerosis (Stuchbury & Hefferon, in prep)
• Breast-cancer 5 year follow-up (Hefferon, 2012)
PTG 5-year follow up (Hefferon, 2012)

• PTG 5 years post breast cancer diagnosis as well as the potential influence of the body on the facilitation, and as an outcome, of PTG

• The first study to qualitatively collect longitudinal data on the experience of PTG following breast cancer survivorship

• 83 female breast cancer survivors were interviewed on their long-term experience of physical activity engagement

• Inductive thematic analysis was used in order to ascertain any serendipitous expressions of posttraumatic growth

• 24% (n = 20) of the study mentioned experiencing some form of PTG, including both generic and corporeal specific domains

• Of those that reported PTG, 70% were from the original physical activity intervention group

• Indicated potential links between activity participation during cancer treatment and long term PTG

• The results support the theoretical viewpoint that recovery from physical illness may have a unique PTG journey in comparison to more cognitive/external sources of trauma

• Theory of “Corporeal Posttraumatic Growth” presents suggestions for future research
Model of Corporeal Posttraumatic growth (Hefferon, 2013)

Assumptive beliefs | Person-Pre trauma | Taken-for-granted body

- Body-related traumatic event (illness, injury)
- Corporeal Awareness (Mortality Salience)
- Fear of New body (loss of control)
- Decline in functioning (Alienation of body from the self)
- Reconnection to body

New relationship with body

Listen to body

Non-taken-for granted body

Increased awareness of health

Health behaviour changes (Exercise and diet, cessation of negative health behaviors)

The body is used as a facilitator and as an outcome of PTG
In sum...

• The utilization of IPA highlighted the corporeal self as an overlooked mechanism in the facilitation of PTG, especially within traumas where the body is damaged either from external or internal transgressors.

• Furthermore, the PhD findings challenged the currently used PTG measurement tools and their lack of embodiment.

• Currently working on several projects to further develop the theory of Corporeal Posttraumatic growth.
Symposium Conclusion

Dr. Kate Hefferon (University of East London)
Jacqui Synard (University of Ottawa)
Dr. Lea Waters (University of Melbourne)
Arabella Ashfield (English Institute of Sport)
The humanists were on to something....

• The humanistic movement introduced and solidified qualitative inquiry as an imperative approach to researching human thought, behaviour and experience

• Qualitative research can challenge current theories and research practice as well as develop conceptual clarity and formulate an overarching framework

• There are rigorous analytic processes researchers must go through according to method and methodology

• Ultimately, Qualitative research gives a “human side” to a “human discipline”
The future of positive psychology: Emphasis on Quality **AND** Quantity

- In order to understand the intricate and complex stories of the individuals we study, as well as provide a more holistic perception of the individual, positive psychology must:
  - Alter ‘either or thinking’
  - Adopt a more integrative and pragmatic approach to research (more advanced/progressive discipline)
  - Use tools for the job at hand rather than based on methodolatry (method fetishism)
  - Reduce the monopoly of quantitative publication bias
  - Acknowledge and privilege “the how---the why---the process”
Thank you for your time

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Brief History of Qualitative Research

1800s: Husserl creates phenomenology (subsequently fragmented into Heideggerian and then Dugasian)

1900s: Ethnography becomes established as a discipline within anthropology and sociological disciplines

1960s: Sociologists attempt to standardize qualitative inquiry (Glaser & Strauss)

1980s: Psychologists create participatory paradigm

1990s: Feminist and disability research takes shape

1995: Smith creates interpretative phenomenological analysis

1999/2000: Researchers introduce major standards for qualitative research

2006: Braun and Clarke solidify thematic analysis as a stand-alone methodology
References and further reading


