

GREAT GOOD FROM GREAT SUFFERING - A CASE OF POST TRAUMATIC GROWTH

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INTRODUCTION

It is a well known entity that devastating life tragedies typically engender unpleasant psychological reactions. Depending upon various biological and psychosocial factors different psychiatric disorders can be observed in sufferers PTSD, depression, pathological grief, anxiety disorders and dissociative reaction are all common occurring. At the same time that people suffer, some of them show a very different response to disasters. They have their sufferings and wounds on the inner self but tend to show a tremendous change in their personality. This is the phenomenon that has been well observed and recognized since a long time. The earliest writings of Greeks, Christians, Hindus, and Muslims depict the phenomena quite elaborately [1]. The case report below is about a similar person that the authors had the opportunity of evaluating and examining in the wake of 8th October 2005 earth quake.

CASE REPORT

A twenty years old student of B.Sc, resident of Muzaffarabad was brought to mental health relief centre established in Department of Psychiatry Military Hospital Rawalpindi 03 weeks after October 2005 earth quake, with complaints of low mood, disturbed biological functions and feelings of restlessness.

During the interview she revealed that she was attending her classes when earthquake struck. At first she couldn't think clearly as to what was happening around her; moments later she was running towards her

home, in a dazed state. She was relieved to see all her family members alive and safe. She spent next two days fighting against heavy rains with no shelter over her head. She was so terrified that she lost her sleep and couldn't eat anything for more than thirty six hours. Finally on the fourth day of the disaster, she, along with her family was shifted to Rawalpindi, by her maternal uncle. She continued to have episodes of crying, difficulty in falling asleep, loss of appetite and constant fear of earthquake over next two weeks. She would startle at slightest of sounds and was always in a state of hypervigilance. She became dysfunctional in most of the routine affairs of the house and it was then that she was brought by her uncle to the Department of Psychiatry at MH Rawalpindi.

Her family history revealed that she was second amongst five siblings. Her father was working in Middle East for past two years. There was no past or family history of any neuro-psychiatric, physical or surgical issues. Her personal history revealed normal achievement of developmental milestones, a predominantly happy childhood and an average school performance record.

Her psychiatric examination revealed restlessness, worrying thoughts related to earthquake, depressed mood, impaired concentration and a reluctance to talk about her traumatic experience. There was hypervigilance, exaggerated startle response and avoidance of thoughts, memories and conversation related to the earthquake. It was also established that she had witnessed deaths of many of her colleagues and seen mutilated and wounded bodies of many others during the time she was fleeing from the college.

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A provisional diagnosis of Acute Posttraumatic Syndrome was made and she was subjected to non-pharmacological interventions including anxiety management skills. She was encouraged to ventilate her emotions related to her experiences. Supportive psychotherapy was also offered and she was asked for a revisit a week later.

On subsequent sessions the authors noticed that she was a quick learner and started to exhibit an encouraging response to the interventions. Her coping with the crisis improved progressively and there was a noticeable change in her behaviour over the next few weeks. In order to have an understanding of what she was going through, a thorough review of her case was carried out. Her previous personality was re-assessed at length and following information was revealed: before the earthquake she was taking life as a bunch of routine activities that ensured fulfilment of basic biological needs. She was very much possessive about her belongings and was very selective about friends. She had difficulties mixing up with relatives and would never interact with strangers. She would always expect others to do things for her. If things didn't go her way, she would react with annoyance and anger. She had a low self confidence and was an average student. Following the earthquake she felt a change in her person. She felt a strange sense of control over her self and her environment. When asked why, she would say, "I have seen death which is the worst that happen to anyone and now I don't have any thing to fear. If Allah has saved my family members and let so many others die, it means something is there that my Allah likes about me and my family". The result was a boost in her self esteem and confidence. She would no longer be bogged down by small irritations in her life. On the contrary she started having more fun in her life. She would feel pleasure in everything that she did. For her, life became meaningful and purposeful. She started ascribing meanings to her interactions with people and felt more close and warm towards others. Her faith in God

was strengthened and she had an increased sense of personal strength leading to increased self confidence. However, that she was showing such remarkable changes in her person, she continued to have anxiety, episodes of fear and hyper-arousal and painful memories of the friends that she lost during the disaster.

She was tested for Posttraumatic Growth using Cahoun's Posttraumatic Growth Inventory at 8 weeks, 18 weeks and 36 weeks and she was showing a progressively improving score, ranging between moderate and high. Her functioning at home and college has improved remarkably. She finds herself more responsible and emotionally more mature to handle different relationship matters within her family and outside as well. She is on regular follow up and the changes that she experienced appear to be enduring in nature.

DISCUSSION

The frightening and confusing aftermath of trauma where one's fundamental beliefs are severely challenged, can be fertile grounds for unexpected outcomes that can be observed in survivors. The post-traumatic growth refers to positive psychological change experienced as a result of struggle with highly challenging life circumstances [2]. Positive changes observed in our case were a result of struggle to adjust to adverse situations in aftermath of earthquake.

PTG is not only seen in disasters situations but has been well documented and reported in other major life crises like bereavement, HIV infection, rheumatoid arthritis, cancer, bone marrow transplantation cardiac ailments, RTA, sexual assault and sexual abuse [3]. It appears that phenomenon of PTG occurs in a wide range of people facing a wide variety of traumatic circumstances. There are five domains of PTG; a greater appreciation of life and changed sense of priorities, warmer, more intimate relationships, greater sense of personal strength, recognition of new possibilities or

path for one's life and spiritual development [4]. Most of these changes were experienced by the case under discussion.

Extraversion, openness to experience and optimism are three basic personality characteristics that may make PTG a bit more likely [5]. Our case did not have these personality traits; nevertheless she experienced great deal of positive psychological changes. Similarly involvement in rehabilitation activities and self disclosure are also important factors in the experience of PTG. Survivors who have stable and persistent social support over time are more likely to experience PTG [6]. Our case enjoyed a good social support pre and post -trauma. Most importantly, people who have faith and seek spiritual perspectives to events are known to have more chances of recovering from the effects of trauma and it is these people who also stand more chances of growing out from their misfortunes. In addition the natural resilience of the individual also plays vital role in predicting posttraumatic growth. Clinicians can play a important role through empathic listening, positive regard, facilitating ventilation and encouraging participation in rehabilitation activities [7]. All of above principles were incorporated in management plan of this particular case.

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