

Trauma And Loneliness: Understanding Their Interplay In Post-Traumatic Growth

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Abstract:

Understanding the nature of trauma, which is a possible antecedent of loneliness is utmost important among youth to recognize possible hindrances in coping from stressful life event. Social isolation plays a major role in the perception of trauma which is entirely subjective in nature. The present study intends to assess the association between loneliness, trauma symptomatology and post-traumatic growth. A sample of 116 emerging adults of age range 18-29 from different parts of Haryana were included in the study. The results of the study revealed significant negative correlation between family loneliness and Post-traumatic Growth. Also, both loneliness and trauma symptoms facilitate levels of Post-traumatic Growth, with loneliness contributing slightly more to the experience of Post-traumatic Growth. The study tried to investigate if loneliness plays a moderating role between the relationship of trauma symptomatology and post-traumatic growth, but no significant moderation was found.

Keywords: Post-traumatic growth, trauma, loneliness, family loneliness.

Introduction

Loneliness can be defined as perceived discrepancy between a people's ideal and real social relationships that leads to emotional distress. (Cacioppo et al., 2015). It is an intensely felt event that has the potential to significantly affect a person's physical and mental health. Loneliness is intrinsically subjective, in contrast to social isolation, which is an objective indicator of social contacts. It expresses how a person views their social environment and can happen even when other people are around, or on the other hand, people can experience social fulfilment even in situations when they have little opportunity for social engagement (Wilson et al., 2018).

Post COVID-19, the significance of this experience has increased, gaining more attention (Palgi et al., 2020). Each theorists have sought to explain loneliness differently, some suggest that it is manifested in a range of emotional and psychological states, such as a feeling of being left out, inability to meet ones interpersonal and social needs, and psychological pain (Stein & Tuval-Mashiach, 2015b) whereas Winnicott (1958) explains as a gap between oneself and the world due to individuals cognitive and emotional experiences. Essentially loneliness is different from being alone or social isolation, hence it becomes crucial to explore emotional and perceptual aspects of loneliness. Loneliness is known to have an impact on both physical and mental health of individual as well as quality of life that is usually independent of person's experience. Furthermore, loneliness is associated with a number of adverse consequences, such as increased risks of substance abuse, depression, anxiety, suicidal ideation (Hawkley & Cacioppo, 2010; Masi et al., 2011).

Wises(1973) conceptualized loneliness into social and emotional loneliness i.e. when loneliness arises from lack of

social support or network (such as friends, colleagues, peers etc) it is social loneliness, the latter is result of not having an intimate relationship for instance marriage. Further, emotional loneliness is divided into family loneliness and romantic loneliness (Di Tamaso and Spinner, 1997).

Trauma and loneliness

Trauma is an emotional response to any upsetting or stressful event that potentially surpasses individual's ability to cope. Often events such as battles, natural disasters, or intimate partner abuse, can predispose individual towards trauma and conditions like anxiety, depression, and post-traumatic stress disorder (PTSD) (Briere & Scott, 2015; Calhoun et al., 2010). Experiencing traumatic events can be a causal factor of loneliness (Kao, J. C. et.al, 2014). such experiences can predispose individuals towards feeling of alienation as well as loneliness (Stein and Tuval-Mashiach, 2015a). Additionally, there have been positive co- relation between PTSD and loneliness (Kuwert et al., 2014). Trauma survivors go on to have deep seated sense of loneliness and isolation that can hinder individuals' ability to adjust interpersonally due to complex PTSD (Dagan, Y., & Yager, J. 2019). Loneliness and trauma have a dynamic relationship. Sometimes trauma may lead to fear of abandonment and feelings of estrangement that increases feeling of loneliness as individual's struggle relating with others and isolate themselves (Stein & Tuval -mashiach, 2014). While some studies contradict these findings suggesting that sometimes loneliness can facilitate mental growth (Ettema et, al.,2010). Furthermore, cultural differences can influence the way people the experience and perceive trauma and loneliness. For example, people from individualistic cultures could feel less alone during stressful times than people from collectivist societies (Heu et al., 2019). Hence it becomes essential to investigate into the matter in order to create interventions for the same.

Post-Traumatic Growth (PTG) and Loneliness

Some individuals experience positive changes following a traumatic event known as Post-Traumatic Growth (PTG) (Bayer et al., 2007; Bush, Skopp, McCann, & Luxton, 2011). it occurs when individuals integrate the experience into their existing belief system and use it to cope from the traumatic event (Bayer et al,2007).It is characterized by shifts in cognitive and emotional conceptualizations of oneself and the world, which lay the foundation for growth (Janoff-Bulman, 2006) . Conceptually post traumatic growth is distinct from resilience; resilience is the ability to bounce back from adversity while post traumatic growth refers to enhancement of one's functioning as compared to pre trauma level (Tedeschi & Calhoun, 1995, 1996; Ogin'ska-Bulik, 2015). Number of factors such as cognitive, social and personality influence post traumatic growth. for instance, certain cognitive factors such ruminating , ability to draw meaning from experience , perceived control and cognitive processing are significant while talking about post traumatic growth (Janoff-Bulman ,2006;Ben-Zur, 2012;Taylor 1983). Additionally social support and certain personality traits such as openness, extraversion, agreeableness and conscientiousness are known to facilitate post traumatic growth (Evans, Steel, & DiLillo, 2013; Linley & Joseph, 2004). The relationship between PTG and loneliness is rather intricate i.e. loneliness limits an individual's ability to engage and maintain social as well as interpersonal relationships that can potentially hinder PTG (fees, Martin, & Poon, 1999; Ben-Zur, 2012). It is often because loneliness impacts a person's motivation making it difficult to seek or maintain relationships (Ben-Zur, 2012). On the contrary, provided individuals confront the situation, loneliness is known to facilitate post traumatic growth. That is because when they confront their self perception changes, that further foster resilience and personal growth (Ettema et al., 2010). A study done on British veteran's supports the same by suggesting that optimum levels of loneliness increases the experience of growth (Guthrie-Gower & Wilson-Menzfeld, 2022). . However, these studies also indicate that loneliness does not consistently moderate the relationship between PTG and trauma symptoms. This implies that while loneliness might affect PTG, its moderating effect may vary on individual and contextual factors. Further research is necessary to better understand how loneliness interacts with PTG and to identify the conditions under which loneliness might either hinder or facilitate growth following trauma.

METHOD

Research objectives

- 1) To find the relationship between different dimensions of loneliness and Post-traumatic growth.
- 2) To explore the moderation effect of loneliness between trauma and Post-traumatic growth

Hypothesis

H01: There would be no significant relationship between Social loneliness and post-traumatic growth.

H02: There would be no significant relationship between Family loneliness and post-traumatic growth.

H03: There would be no significant relationship between Romantic loneliness and post-traumatic growth

H04: There would be no significant moderation effect between trauma and post-traumatic growth.

Sample

Convenience sampling technique was used to collect data from 116 emerging adults from Haryana of age 18-29 who has experienced trauma.

Inclusion criteria

- Participants who gave their consent and reported history of trauma in Trauma History Screen (Carlson et al., 2011) were included.
- Emerging adults of age range 18-29 from different parts of Haryana.

Exclusion criteria

- Individuals who did not gave their consent or did not fall on age range.
- Individuals who did not report any kind of trauma as determined by the Trauma History Screen (Carlson et al., 2011) were excluded.
- Participants with any kind of psychiatric conditions or those undergoing mental health treatments.
- Participants with any language barrier.

Tools

Demographics

This questionnaire consisted general information about the participants like age, gender, religious affiliation, marital status, and socioeconomic status. The demographic assessment helped in highlighting the diversity of the sample.

Post-traumatic Growth Inventory (PTGI).

The PTGI was developed by Tedeschi and Calhoun (1996) with the aim to measure growth in an individual aftermath of trauma experiences. The 21- item scale is divided into five dimensions - relating to others (7- items), New possibilities (5-items), Personal strength (4-items), Spiritual change (2-items), and appreciation of life (3-items). The scale is 5-point likert scale, ranging from 0 (*I did not experience this change as a result of my crisis*) to 5 (*I experienced this change to a very great degree as a result of my crisis*). The scale has appropriate reliability and validity.

Social and Emotional Loneliness Scale for Adults- Short version (SELSA-S).

Developed by DiTommaso, Brannen & Best, 2004 in order to measure levels of romantic, family and social loneliness experienced by an individual. The scale consists of 15 items divided into three dimensions; romantic loneliness (5-items), family loneliness (6-items) and social loneliness (4-items). The scale is 7-point likertscale, ranging from 0 (Strongly disagree) to 7 (Strongly Agree). The scale has appropriate reliability and validity.

Trauma Screening Questionnaire (TSQ)

Developed by Brewin et al., in 2002 with the purpose to diagnose possible post-traumatic stress disorder (PTSD) symptoms early among trauma survivors. The questionnaire consists of 10 items with Yes/No response options. Higher score indicates possibility of PTSD symptoms.

Trauma History Screen (Carlson et al., 2011)

Developed by Carlson et al., in 2011. This measure consists of 11 statements with different possible traumas of an individual life like; car, boat, train, or airplane accidents; accidents at home or work; hurricanes, floods, earthquakes,

tornados, or fires; being hit or kicked hard enough to incur injury (either as a child or an adult); being forced to make sexual contact (either as a child or an adult) etc. The measure also consisted of narrative component. This questionnaire was important as the participant was included in the study only if they reported experiencing one of these traumatic event in their life.

Procedure

The study was carried out in both online and offline mode. The aim of the study was to measure the relationship between loneliness and post-traumatic growth. After taking the consent from the participants, data was collected, to be used only for research purposes. The scales were administered via online and offline mode to collect relevant data. Once data was collected from 116 participants, scoring was done according to a standardised manual and analysis was done with the help of SPSS-20 version.

Data Analysis

Descriptive statistics was used to determine the level of loneliness, trauma symptomatology and post-traumatic growth in the sample. Pearson product moment correlation was calculated to determine the magnitude and direction of relationship among the constructs. Simple regression analysis was used to determine the predictive nature of loneliness and trauma on the five dimensions of PTG (i.e., Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life) and on total experience of PTG. Loneliness and trauma symptoms being predictor variables were tested to check any moderation effect to check if loneliness plays a moderator role between trauma symptoms and post-traumatic growth.

Results and Discussion

The purpose of the study was to investigate relationship between dimensions of loneliness (Di Tommaso and spinner,1997; Wiess,1973) and post traumatic growth. The results obtained are as follows.

Table-1

Correlations, Means, and Standard Deviations amongo the Variables

Variables	Trauma	Social Loneliness	Family Loneliness	Romantic Loneliness	Post-traumatic Growth
Trauma	1	-	-	-	-
Social Loneliness	-.080	1	-	-	-
Family Loneliness	-.055	.331**	1	-	-
Romantic Loneliness	.025	.120	.169	1	-
Post-traumatic Growth	-.076	-.143	-.325**	-.030	1
Mean	5.44	16.16	11.65	20.10	73.19

SD	3.427	5.474	6.315	7.322	18.040
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Table 1 shows correlation between trauma symptomology, dimensions of loneliness and post traumatic growth. The first objective of the study was to find relationship among different dimensions of loneliness and post traumatic growth. For this, Pearson product moment was applied as the data was normally distributed. According to the table 1, there was significant and negative correlation between family loneliness and post traumatic growth ($r=-.325$, $p<0.01$) i.e. reduced level of family loneliness among trauma survivors facilitates post traumatic growth. Whereas relationship between post-traumatic growth with social and romantic loneliness were not significant. Hence, it may be said that an individual with social support or reduced levels of loneliness, post traumatic growth can be facilitated with emphasis on family loneliness i.e. only the presence of support from family members has significantly enabled post traumatic growth as compared to reduced social and romantic loneliness. Similarly, this finding is also congruent to existing studies in the field highlighting negative correlation between post traumatic growth and loneliness (Sahin et.al,2020; lee et.al, 2019; Matos et.al, 2021). According to Dickinson (2021), the modern trend of nuclear families has become a barrier to post traumatic growth in the modern times, this again is in line with the findings of the study. Furthermore, the correlational analysis also showed positive and significant relationship between social loneliness and family loneliness($r=0.331$, $p<0.01$) i.e. when social loneliness decreases family loneliness also decreases. Therefore, the second hypothesis have been rejected i.e. that there is no significant relationship between post traumatic growth and family loneliness. Whereas first hypothesis “*There would be no significant relationship between Social loneliness and post-traumatic growth*” and second hypothesis “*There would be no significant relationship between Family loneliness and post-traumatic growth*” have been accepted. The moderating effect of loneliness between trauma and post traumatic growth was explored, the findings were found to be insignificant i.e. loneliness did not moderate the relationship between trauma and post traumatic growth thus, accepting the fourth hypothesis “*There would be no significant moderation effect between trauma and post-traumatic growth*”. Other studies show that loneliness has a mediating effect between stress and post traumatic growth, where presence of social support moderated this meditational effect (Kim et.al,2023). Furthermore, another study found that post traumatic loneliness actually paves the pathway from trauma to post traumatic growth (Shorer, Weinberg & Marom 2024) that aligns with the finding of the study. On the contrary (Zeligman et.al, 2017) showed that loneliness moderated the relationship between trauma and post traumatic growth.

The findings highlight the importance of family support in facilitating post traumatic growth and sheds light on the complex role of social dynamics as well as loneliness in trauma recovery. While emphasising the significance of family loneliness over romantic and social loneliness in post traumatic growth. Although, both romantic and social loneliness may also affect growth among trauma survivors the effect may not be direct.

Conclusion

The study examined the relationship among the dimensions of loneliness and post traumatic growth. Through correlational analysis, significant and negative correlation between family loneliness and Post-traumatic Growth was found. Suggesting that social support especially from family members facilitates post traumatic growth among trauma survivors In contrast, it was found that romantic and social loneliness did not significantly affect post traumatic growth. Moreover, The analysis found that there was no significant moderating effect of loneliness between trauma symptoms and Post-traumatic Growth, challenging existing literature.

The findings bring out the complexity of social relations in post traumatic growth, emphasizing on the need of further investigation in the future researches. Future studies may collect longitudinal data when examining factors related to Post-traumatic Growth as the development of various domains post traumatic growth had different patterns over time, with participants reporting more immediate change in some domains (e.g., empathy) and more gradual change in others (e.g., personal strength). It could be that the relationship between loneliness, trauma symptomatology, and Post-traumatic

Growth changes over time as well, especially when examining the different domains of Post-traumatic Growth. Thus, researchers can determine the impact of different therapeutic approaches, on client-reported levels of Post-traumatic Growth and loneliness. Furthermore, future studies can also focus on increasing the sample size and inclusion of other populations such as widows, war survivors etc.

Moreover, expanding the sample size, and the diversity in the sample could result in more generalizable results. Some of the limitations of the current study were small sample and participation was limited to university students. Furthermore, the inclusion criteria were based on whether participants had experienced one or more potentially traumatic events listed on the Trauma History Screen. Although these events may have the potential to cause trauma, they might not have been viewed as traumatic by the participant. Another trauma measure assessing participants' perceptions of the traumatic nature of the event may have resulted in a different sample, and therefore different results.

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