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## Factors Influencing Post-Traumatic Growth in Emerging Adults with Chronic Medical Illnesses

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## **Mixed-Methods Analysis of Post-Traumatic Growth in Emerging Adults with Chronic Medical Illnesses**

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There is an increasing interest in post-traumatic growth (PTG) generated from health-related adversity, yet the factors that facilitate PTG are understudied. The current study used a convergent mixed-methods design to evaluate biopsychosocial factors as potential predictors of PTG, including physical pain, perceived social support (PSS), coping, pain self-efficacy (PSE), pain acceptance (PA), and resilience, in emerging adults with chronic medical illnesses.

Quantitative data was collected via online self-report questionnaires, and qualitative data was gathered by online semi-structured interviews. The aim of the project was to identify and deepen an understanding of the physiological, social, and psychological components that may contribute to PTG. Five linear regression analyses were conducted, one for each predictor variable, with resilience as a mediator for PTG. Resilience mediated the relationships between PSS and PTG. Pain intensity and PSE displayed indirect mediation effects, whereas adaptive coping directly predicted PTG. PA did not predict PTG in this sample. Five themes were generated from thematic analysis of the qualitative data: 1) embracing the “silver lining”, 2) integration of the condition, 3) things I wish I knew, 4) chronic illness changes social networks, and 5) the ripple effect. The participants discussed the advantages and disadvantages of social support, challenges in daily symptom and pain management, and the benefits of accepting and integrating their condition. They also provided recommendations for others with similar conditions. The qualitative data provides insight for future intervention in socially, physically, and psychologically supporting emerging adults with chronic illness. Finally, future research needs a

more advanced statistical approach (e.g., SEM) to evaluate the interaction between predictor variables, especially within different severity levels of chronic pain symptoms.