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The Experience of Posttraumatic Growth for People With Spinal Cord Injury

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The purpose of this qualitative study was to explore the characteristics of posttraumatic growth for people with spinal cord injury. In this study, we intentionally selected people exhibiting evidence of posttraumatic growth to capture distinctive characteristics of the phenomenon. A thematic analysis was used to examine the narratives of life experiences before and after spinal cord injury. The three most salient themes of posttraumatic growth were identified: experience of meaningful family relationships, experience of meaningful engagement, and appreciation of life. Further investigation into the experience of posttraumatic growth is necessary in the future for a better understanding of the phenomena.

Keywords: *grounded theory; illness and disease; life-threatening; interviews; relationships; spinal cord injury*

Spinal cord injury (SCI) is a leading cause of long-term severe physical disability, with approximately 250,000 adults suffering from SCI in the United States (National Spinal Cord Injury Statistical Center, 2006). People with SCI are more likely to experience functional limitations that restrict and decrease their ability to perform daily activities (Nagi, 1991). Moreover, as a result of various life challenges and changes, they tend to experience a high level of psychological distress (e.g., D. S. Calhoun & Atkeson, 1991; Noreen, 2005). Specifically, people facing traumatic events often experience anxiety, depression, fear (D. S. Calhoun & Atkeson, 1991; Moreno, 2007), and the development of posttraumatic stress disorder (Falsetti & Resick, 1995). In addition, SCI negatively affects construction of one's biography on everyday life (Bury, 1982, 1991). Once life stories are disrupted following negative life events, people tend to lose control over their lives (Lazarus, 1999) and are disturbed by the personal patterns, relationships, and even identities of those involved (Kleiber, 1999). Moreover, they are at general risk for social isolation, a sense of difference from peers, poorer educational outcomes, lower employment, and less engagement in physical activities

than that of the general population without disabilities (e.g., Murray & Harrison, 2004; Turner & Turner, 2004).

Despite the considerable evidence that individuals experience negative stressors (e.g., distress, social isolation, stigma, loss of job) as a result of SCI, a growing body of literature provides compelling evidence of positive life changes in the midst of their traumatic experiences. This phenomenon is conceptualized as posttraumatic growth (PTG), referring to "the perception of benefits and the experience of personal growth as a result of struggling to cope with traumatic events" (L. G. Calhoun & Tedeschi, 1999, p. 5). The experience of growth following trauma has been identified in individuals with various types of chronic and life-threatening illnesses, such as cancer (Bellizzi & Blank, 2006; Widows, Jacobsen, Booth-Jones, & Fields, 2005), HIV/AIDS (Milam, 2004), heart disease (Sheikh, 2004), and visual impairment (Salick & Auerbach, 2006).

Review of Relevant Literature

Experience of Chronic Illness and Disability

Traditionally, the health-related research on trauma has extensively reported the negative consequences—especially the experience of disrupted life story, or biography—following traumatic illness or events. Bury

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(1982) conceptualized chronic illness as involving “the disrupted structure of everyday life and the forms of knowledge,” as well as “a recognition of the worlds of pain and suffering” (p. 169). As a result of those experiences, people with chronic illness may lose their senses of identity, experience disrupted social relationships, and struggle with uncertainty of their future (Bury, 1991). In addition, individuals with chronic illness have to deal with feelings of unworthiness and the belief that one is not loved or cared about (Lazarus, 1999). Moreover, they may experience death-related thoughts because the illness can be considered psychological death (Bury, 1982; Livneh & Antonak, 1998). To fight against the symptoms of illness, people have to learn how to cope with the negative effects of illness and how to renegotiate “identity which includes biography-altering facts, altered relationships, a changed vision of the future, and a changed sense of self” (Green, Todd, & Pevalin, 2007, p. 525).

Posttraumatic Growth

In spite of the negative consequences associated with illness and disability, people with chronic illness often try to find meaning and purpose (Tedeschi & Calhoun, 1995), which has led positive psychologists to explore positive sides of traumas (Seligman & Csikszentmihalyi, 2000). Although PTG has been studied using various terms—such as *benefit finding* (Affleck & Tennen, 1996), *stress-related growth* (Park, Cohen, & Murch, 1996), and *thriving* (Parry & Chesler, 2005)—many researchers tend to use the term *posttraumatic growth* as the most appropriate expression to define the positive life changes following traumatic events (e.g., Bellizzi & Blank, 2006; Tedeschi, Park, & Calhoun, 1999). Tedeschi et al. (1999) argued that PTG occurs as a result of coping with trauma. Although people may experience growth and perceive benefits resulting from a traumatic experience, these positive experiences do not preclude the experience of distress, negative consequences, and vulnerabilities resulting from the experience overall. L. G. Calhoun and Tedeschi (2001) stated that the experience of personal growth might, paradoxically, coexist with significant psychological distress and an increased experience of being vulnerable to negative life events.

PTG themes. Empirical studies have revealed several categories of growth outcomes reflecting psychological, interpersonal, and life orientation changes (e.g., Tedeschi & Calhoun, 1995; Turner & Cox, 2004; Woodward & Joseph, 2003), such as the strengthening of relationships with family and friends, the perception of positive personal change (e.g., the development of greater patience,

tolerance, empathy, and courage), the valued changes in life’s priorities and personal goals, the deepening of spiritual beliefs, and the appreciation for life (O’Leary & Ickovics, 1995; Park et al., 1996). Woodward and Joseph (2003) examined PTG using 29 people who had experienced childhood abuse. Related to positive change processes, the respondents’ narratives identified the three domains: “inner drive, vehicles of change, and psychological changes” (p. 273). The researchers emphasized that it is important to explore not only psychological factors but also social contexts for better understanding of the PTG. Similarly, using qualitative method, Turner and Cox (2004) explored the recovery experiences of 13 people who had been in a rehabilitation program. The authors found that following unexpected accidents, the respondents had strengthened their willpower and developed new perspectives on life and living. In addition, Tedeschi and Calhoun (1996) developed a PTG inventory including five domains of outcomes: appreciation of life, relating to others, personal strength, new possibilities, and spiritual change. Since the PTG inventory was introduced, numerous empirical studies have supported Tedeschi and Calhoun’s conceptual framework by documenting positive changes in various life domains, including richer and closer social relationships with family and friends, new priorities, and a greater overall appreciation for life (e.g., Antoni et al., 2001).

PTG and coping. The concept of coping has been a central issue in the stress and trauma literature (Lazarus & Folkman, 1984). Coping is typically discussed as a method of alleviating and preventing negative change (Sheikh, 2004). However, only a few studies have identified coping strategies related to PTG. Park et al. (1996) argued that the most relevant coping strategies on stress-related growth include positive reinterpretation and acceptance coping, whereas avoidant coping and the use of escapism are negatively related to the experience of PTG (Aldwin, 1994). The researchers stated that coping processes such as personal resources, appraisals, and coping activities and cognitive processing were also related to positive growth. In addition, Collins, Taylor, and Skokan (1990) found that coping efforts involving cognitive reinterpretation of the event and positive behavioral change are related to a greater amount of positive change in beliefs. The findings illustrate that positive thinking and rumination about the traumatic event are significantly related to the amount of psychological growth (L. G. Calhoun & Tedeschi, 2001). However, Grubaugh (2003) stated that active coping efforts, such as thinking about the event and trying to make sense of the event, should not be confused

with rumination about the event, because these two different efforts facilitate opposite outcomes. The author explained that through making an effort to make sense of traumatic events, people are more likely to experience PTG. In contrast, through ruminating about the event in a self-punitive or circular manner, individuals tend to increase adverse psychological symptoms. These findings explain that PTG tends to emerge in the process of active integration of a traumatic event into one's cognitive framework.

Purpose of the Study

An extensive number of previous studies on trauma and recovery have applied several qualitative methods to conceptualize the phenomena and have proposed numerous models of coping and recovery (e.g., Frankl, 1985; Taylor, 1983). However, ever since Tedeschi and Calhoun (1996) introduced a PTG inventory, an extensive number of quantitative studies have used it and have reported categories of PTG outcomes reflecting psychological, interpersonal, and life orientation changes (e.g., Bellizzi & Blank, 2006; Widows et al., 2005).

Although a valid and reliable PTG inventory has contributed to the advancement of PTG research by providing significant insights, some researchers have criticized it. Smith and Cook (2004), for example, argued that "current methods of measurement may actually underestimate PTG to a small but significant degree, particularly in the areas of Personal Strength and Relating to Others" (p. 356). Also, the scale may capture overlapping types of PTG, which creates difficulty in defining and measuring people's actual PTG experience (Smith & Cook, 2004). In addition, Pals and McAdams (2004) noted that the PTG inventory captures culturally sanctioned outsiders' views rather than adequately explaining the insider voice of the individuals. The researchers emphasized that it is critical to employ qualitative methods for better understanding of PTG because such methods can effectively explain how people positively transform their traumatic experience and so integrate "the transformed sense of self" (p. 65) into their own life stories. In addition, Maslow (1987) argued that the characteristics of positive phenomena, such as self-actualization and growth, can be better understood by using healthy people who actually demonstrate such positive characteristics. Because PTG research has tended to use convenience samples of individuals who have experienced traumatic events and illnesses without checking whether they have demonstrated positive characteristics, a need exists to purposefully select people demonstrating the evidence of PTG.

The purpose of this qualitative study was to explore the characteristics of PTG for people with SCI. In this study, we intentionally selected people exhibiting evidence of PTG to capture distinctive characteristics of the phenomenon, and employed a qualitative grounded-theory method for an in-depth understanding of insiders' views.

Method

Sampling Strategy

The present study used purposeful criterion-based sampling strategies (Strauss & Corbin, 1998). After the interviewer (the first author) explained the study's purpose and the criteria for selecting participants, two recreation therapists working at different rehabilitation centers in a metropolitan city in the Midwest identified 71 potential participants who were former and current patients of the centers. The criteria for selecting participants required individuals who had SCI, demonstrated clear external evidence of achievements (e.g., holding full-time jobs, demonstrating athletic achievement, providing consistent voluntary public service), reported satisfaction in their lives, had the appropriate cognitive ability to describe their life stories, and were at least 18 years of age. Individuals receiving psychiatric treatment and medication were excluded from this study, given that these factors could prevent people from explaining their lives accurately (King et al., 2003; Maslow, 1987). Research information packets were mailed to potential participants as invitations to the research interview.

Participants

Among 71 potential participants with SCI, a total of 15 individuals volunteered to participate in the study, including 13 people who met the initial criteria and 2 who did not demonstrate the positive evidence of PTG (i.e., negative cases). Among the 15 participants, 2 participants were recruited through snowball sampling; 10 were male and 5 were female; they ranged in age from 27 to 58; and their average length of time since injury was 10.7 years. The majority of the participants were White individuals with paraplegia who had some college experience. Nine participants were living alone at the time of the study, although two had lived with spouses. Six people were married and had children. Cause of injury included car accidents, gunshot, falls, and work accidents. Eight individuals reported that they held jobs: Six had full-time jobs in administration,

management, customer service, and teaching, and two had part-time jobs in counseling and teaching. Among the five who were unemployed, three were regularly involved in community volunteer work, whereas the two who were considered negative cases neither worked nor engaged in any social activities. Two participants reported that they were students at the time of the interview.

Interview Procedures

In-depth interviewing was used to explore the characteristics of PTG, with interviews taking place at participants' homes. With the participant's permission, each interview was audiotaped using a regular cassette recorder and an MP3 player. Each interview lasted 1 to 4 hr.

At the beginning of each interview, the interviewer introduced herself to build trust and then answered the participant's questions related to research and personal qualifications. To help interviewees confidently explain significant activities, people, events, and time, this study employed a grand-tour and mini-tour question method developed by Spradley (1979). The following grand-tour questions were used to encourage participants to share their life experiences: "Could you tell me your life story before experiencing the injury?" and "Could you describe your life experience after the injury?" The length of time to answer the grand-tour questions varied. Good storytellers spent about an hour or more explaining their life stories before and after the accidents, but others replied briefly, even though the interviewer encouraged them to explain their lives as descriptively as possible. The interviewer then asked mini-tour questions to explore the narratives of participants' life experiences. For example, the interviewer asked, "What has helped you most in dealing with SCI?" and "Could you explain any turning point in your life after your accident?" In addition, participants were encouraged to provide examples of significant events or experiences. At the end of the interview, the participants completed a demographic survey asking gender, age, educational background, employment, and length of injury. The final question requested identifying possible participants who had experience relevant to the study. Immediately following each interview, the interviewer wrote field notes recording personal insights and participants' observed emotional changes, behaviors, communication skills, and environmental conditions (Strauss & Corbin, 1998). To clarify interviewees' comments and to correct errors in transcription, the interviewer used follow-up phone calls and e-mail to

the five participants who were willing to be involved in the member-checking process. The participants who demonstrated distinctive characteristics of PTG and provided rich descriptions of their lives were contacted before the participants who showed less distinctive characteristics of PTG.

Data Analysis

A thematic analysis based on a grounded theory methodology was used to explore insiders' views of the phenomenon. Thematic analysis enables researchers to "increase their accuracy or sensitivity in understanding and interpreting observations and interviews about people, events, and situations" (Boyatzis, 1998, p. 5). The five steps of data analysis were developed and used on the basis of guidelines by Boyatzis (1998) and Strauss and Corbin (1998). First, interviews were transcribed by a professional transcriber. After completing the first draft of the transcript, the researcher (the first author) reviewed it while listening to each tape to verify the transcription's accuracy (Atkinson, 1998). Second, the quantity of raw data was reduced through developing the open coding scheme of each transcription. Through line-by-line data analysis, the broad categories of life experiences (including rich quotes from the data) were generated within each subject. Third, the open coding scheme of each participant was compared across participants to determine similar patterns. Fourth, an axial coding scheme was created, and it included all the emergent themes and quotes from the data. The researcher reviewed each coding scheme category to substantiate the relevance and relatedness of the coding. In addition, she carefully reviewed the original transcripts to verify that each coding scheme included all the quotes related to emergent themes (Boyatzis, 1998). Fifth, by using a selective coding strategy, a master coding scheme was created. The researcher analyzed the emergent themes and identified core themes and sub-themes, including rich quotes and narrative descriptions. Strauss and Corbin (1998) emphasized that the process of selective coding is critical to the creation of systematic and solidified master coding data.

Trustworthiness

To enhance credibility (i.e., internal validity in qualitative studies), three methods were employed. First, an expert debriefing process (Denzin & Lincoln, 2003) was used to enhance the credibility of the findings. In each stage of coding, the second author reviewed the coded data and reached agreement with the data. In addition,

we employed member checks. Five participants who were willing to be involved in the member-checking process reviewed the coding drafts to clarify interviewees' comments and to correct errors in the drafts.

Results

The personal narratives of the participants' life experiences before and after SCI were analyzed using a thematic analysis. Among numerous topics discussed during the interviews, the following were identified as being the most salient themes of PTG: the experience of meaningful family relationships, the experience of meaningful engagement, and an appreciation of life.

Experience of Meaningful Family Relationships

The experience of meaningful family relationships was one of the most distinctive themes that emerged from the data. Based on the narratives of the participants, meaningful family relationships are defined as being interpersonal relationships built on the experience of emotional intimacy, gained trust, and mutuality in relationships.

Experience of emotional intimacy. All participants, except for those of the two negative cases, reported that they could build intimate and loving relationships within their families. Negative cases talked about disrupted family relationships. Jane mentioned that she had never been close with her family and that the relationship with her parents had been "pretty hectic."

In contrast, although most participants experienced disrupted friendships, they became closer to their families following the traumatic accidents. William described his relationship with his dad before the accident: "My dad never once told me he loved me until I broke my neck. We never showed any affection. He came from Germany, and he was just a toughened person." However, after the injury, William's father told him that he loved him a lot, and he encouraged William by sharing his life story as a man with one eye. When William talked about his father during the interview, he shed tears and expressed that he "still missed the grumpy old man" (William's father had passed away 7 months before the interview).

Likewise, Boyd talked about his intimate relationship with his mother. After his accident, Boyd returned to his hometown and lived near his mother.

Every morning, Boyd took her for a walk around the town and shared his daily life with her, saying that she was an important source for his enthusiasm. Because Boyd realized the value of his close relationships with his family members, he decided to live in his small hometown although he wanted to move away for a better job and for athletic opportunities. Like William and Boyd, other participants reported that they became very close to and more interested in their families and were able to talk about their issues with them. These examples illustrate that emotionally intimate relationships appear to be a critical PTG experience because they not only allow the participants to experience a sense of belonging and attachment but give them a reason to live well.

Experience of gained trust. Gained trust was another essential component of the meaningful family relationships demonstrated in this study. Several participants reported that they had gained trust in their families, who provided strong support after the accidents. Several participants stated that before experiencing SCI, they tended to value their friendships and their work over their families and "could not trust other people" because they were independent enough to deal with life issues. However, after the accidents, the participants had to learn simple activities required for daily life, and they needed support. Whereas many friends left them or maintained distance from them, regardless of their level of closeness before the traumatic event, the participants' families were "always there for them," "very good at helping them," and "did not leave them alone." As a result of receiving significant family support, the participants realized the value of their families and thus built trust in them. Mary expressed that she could rely on her family members for assistance with daily personal activities without embarrassment but that she was not ready to receive support from other people. She described how she felt when people outside her comfort zone encouraged her recovery:

People meant very well, but they were saying, "Oh, you're such an inspiration. We know you can handle this." It was just like . . . "Wow, you're such a great person. Why [did] this happen to you?" I wasn't ready to hear the whole parade, the cheerleader for marching. I was just, "Okay . . ." I think, though, you need people to support you. . . . The important people are your family, and though it's wonderful to hear that everybody is praying for you—and that's a great thing and I know that really helped—but that's off for a week or two out.

Through her experience, Mary felt “emotionally and physically connected to her family,” and she gained a great amount of trust in them.

Likewise, depending on other people was one of the biggest struggles for William, and he did not want untrustworthy people to assist him in his personal activities for daily living; therefore, his 15-year-old son “took care of everything” for him. William said that he “totally depended on his son” and “trusted in what he said to him.”

In contrast, instead of building trust, the participants of the negative cases experienced mistrust and anger toward some of their family members. Jane lost the guardianship of her children after the injury, and she described her fight to reclaim it against her own mother, who had not supported her at all throughout her life:

I used to do everything for myself, [then] I couldn't do anything. It affected my life even when it came to my kids because my mum went and got guardianship of them. That's been really hard, and I'm still in court fighting for my kids.

Through strong family support, the participants in this study grew to trust their families, who in their words became the most important and valuable people in their lives.

Experience of mutuality in relationships. Several participants in this study experienced mutuality in family relationships by building two-way relationships. Before the accidents, most participants were busy doing their own things and were not really attentive to their families. However, the participants and their family members became more closely connected to one another because they experienced a sense of commonality and shared understanding following the accidents. Although most participants expressed the experience of mutuality, Mary provided an in-depth understanding of this subtheme. In speaking of being able to share her thoughts, feelings, and daily life with her youngest daughter, Mary said,

It has been nice to have somebody to talk with about personal issues. If I need to unload my issues with somebody, I unload it on my youngest daughter, and sometimes I complained about my husband because he did not understand something.

Mary's daughter often called Mary to talk about school, her roommate, and daily issues in her life, 3,000 miles away from home. This relationship demonstrates

a shared understanding of life and a sense of mutuality as mother and daughter and as close friends.

Ellie similarly reported that she experienced mutuality in relationships by receiving and offering help for daily living. Before the accident, Ellie said that she practiced one-way love toward her family because she felt comfortable that way but that she learned to receive help from them and thus experienced joy in the newfound mutuality of relationship. Ellie said, “I think I'm closer to my family now than I've ever been because they help me with things that I need and I actually help them.” As a person with quadriplegia, Ellie demonstrated her love toward her parents and her fiancé by preparing dinner every day, and she gained confidence in sharing life with her family. It seems that the experience of mutuality in relationships is an important element of meaningful relationships.

Experience of Meaningful Engagement

The experience of meaningful engagement in activities was another salient theme of PTG. The analysis of the in-depth interview data revealed three subthemes that explain the experience of meaningful engagement: recognition of personal strengths, experience of strengthened social relationships through activities, and experience of positive emotions.

Recognition of personal strengths. Whereas the participants of the negative cases occupied their time solely by taking care of activities for daily living, the other participants spent time engaging in social activities and reported an understanding of personal unique abilities and a sense of success and achievement that led to personal recognition through meaningful engagement in activities. Most interview respondents mentioned that they had never realized that they ever had a certain ability, that they had a passion for a particular activity, and that they would ever do anything like whatever it was they discovered. For instance, Jenny talked about her passion for art in her life:

I'd always colored when I was a kid and drew and stuff like that. . . . [But after the injury] I started getting into art more, taking my art more seriously. . . . I started getting into sculpture, and that's far more important than what I was doing. And I won the best of show two years in a row in high school.

Jenny said that if she had not experienced SCI, she might not have found her artistic talent, which helped her find what she really wanted in life.

Dan, who found his athletic ability while committing himself to water skiing after the accident, often expressed that the water-skiing championships were in his blood, that water skiing is everything, and that he thought about it every day. Dan noted that 2005 was probably one of the best years both before and after his accident because he received several awards from local, regional, and national water-skiing organizations for excellent performances.

In the context of volunteering, some participants recognized their unique ability while serving other people. Tom said that he found his talent to motivate diverse groups of people—including individuals with SCI, adolescents at risk, and people in prison—to plan better lives; he became one of the most well-known motivational speakers in his town through sharing his personal life story of change, from being a Chicago gang member to becoming a musician, basketball player, and counselor.

In addition, all the participants, except for those of the two negative cases, reported experiencing a sense of success and achievement from various activities in their lives. Acquiring a driver's license was a common way to experience a sense of success and to connect to the social world. Jenny expressed that getting her driver's license not only helped her experience a sense of success but also gave her a lot of confidence to get around on her own in town. In the context of traveling, William experienced a sense of success through his trip to Key West, as he vividly explained:

I've gone to the Keys by myself and had a wonderful time. I didn't need to have other people to have a good time. I could just take my tricycle out, and I was riding on those old bridges. . . . I fished. I was on vacation, but I was with myself. . . . I could have fun. I could entertain myself.

In addition, Jenny reported a sense of achievement after living in a foreign country. She said that she was the first American in a wheelchair to serve in the Japan Exchange and Teaching Program as an English teacher in Japan for 2 years. Not only did this experience give her a great sense of achievement through making some changes for benefiting people with physical disabilities, but it also opened up a whole different world to her.

Strengthened social relationship through activities. All participants (except those of the two negative cases) reported that leisure helped them build the two distinctive social relationships of companionship and friendship. Whereas for several participants, traumatic injury

and the rehabilitation process assisted in strengthened family relationships, a number of the participants reported that they expanded their social networks as a result of involvement in free-time activities. They used similar expressions, such as "made new friends," "got a bunch of friends," and "met a lot of different people," to describe their experience of expanded social networks, whereas the two participants of the negative cases mentioned that their social network had been limited following the injuries. Of the two, Jason said, "I really don't associate with people in Alabama anymore. I tried keeping in contact with a few of them, but I've been in and out of rehabs and stuff like that. So it's hard." In contrast, John, who was an advocate of national and regional SCI support groups, reported that participation in the group activities helped him rebuild his social networks. John described his experience at an action rally for the SCI group:

I went to DC for the first time, and that was just an amazing experience to be with over 200 other people in wheelchairs. I met some of the people that I've met on the Web site and made new friends. . . . I realized how big the SCI community is, which is overwhelming.

For several participants, involvement in church-related activities assisted them in keeping their social networks. Boyd, who was a Sunday school teacher, noted that his teaching at his church helped him to be connected to many church members, including some who had known him since he was young and some who began attending the church after his accident. Similarly, Whitney emphasized the importance of companionship with church members. Because he was raised in church his whole life, he felt comfortable meeting people there. With his wife, Whitney regularly attended church-related activities and made new friends. Involvement in social and church-related activities appears to be an important element of expanded social networks.

Developing friendships through engagement in activities is another vital theme of strengthened social relationships. While being involved in various activities offered by local rehabilitation centers, most participants in this study had natural opportunities to rejoin and interact with their peers who had interests in similar activities and who understood living with permanent illness. Through enjoyable interactions with their peers, the participants built friendships. Mary noted, "I'm meeting and remeeting people who have similar injuries. . . . I've met a lot of good people with whom I could share my thoughts and

feelings.” Jenny elaborated on her friendship with Emily, who became her best friend after the accident. She expressed that their relationship deepened while being involved together in enjoyable activities, such as driving a car, shopping, going out for snacks, and playing board games. Similarly, other participants reported that commitment to activities with the same group of people over a long period and sharing exciting moments with peers helped them open their minds and share personal thoughts and feelings while engaging in activities. For some participants, strengthened social relationships through meaningful engagement fostered a sense of belonging and acceptance from their friends. The participants continued to build companionship and friendship through shared experiences in activities and enjoyable interactions with friends.

Experience of positive emotion. All the participants of the positive cases reported that they likewise experienced emotions through meaningful engagement in activities. Excitement was one of the most commonly reported positive emotions. Several participants used words such as *exciting*, *thrill*, and *cool* when they talked about their involvement in new or adventurous activities. Jenny vividly described her excitement associated with her visit to Japan: “I went over to Japan for one month, and every day was like a new discovery. . . . It just opened up a whole different world to me and that was just so exciting. . . . I really enjoyed it.” Similarly, Dan described his first day of participating in a water-skiing clinic. He said, “I went to my first water-skiing clinic in 2001, and it was a thrill to be able to get back on the water and ski again.”

A feeling of enjoyment was another positive emotion described by the participants. Most participants used terms such as *love*, *fun*, and *like* when describing their favorite activities that they performed on a regular basis. Tom noted that playing drums with his percussion team made him happy and that he liked to make people laugh. In terms of outdoor activities, Timothy expressed that he loved nature and the outdoors. He also liked to go to the park or go in the woods, rolling his wheelchair. Similarly, William described frequently spending free time outdoors with friends, having fun until he felt exhausted, which resulted in experiencing negative physical reactions, such as twisted and shaken legs. However, nothing stopped him from enjoying outdoor activities with friends. As the examples illustrate, the participants enjoyed engagement in various activities.

Some participants reported feeling happy when engaged in their favorite activities. The level of sophistication of the experience was less important than the personal value placed on the activity. Jenny expressed that her daily exercise made her very happy and that she really got satisfaction from it because she knew that running a 3-mile track around her apartment every day was good for increasing endorphins. In addition, a number of participants described that teaching and helping others made them happy. William reported that he felt happy and enjoyed a feeling of being respected when he taught baseball to his best friend’s son, Tim, because Tim listened and tried to do what William suggested.

Appreciation of Life

Appreciation of life is a theme characterizing the experience of PTG. All participants of the positive cases expressed their appreciation of life. Three subthemes represented their areas of appreciation: appreciation for everyday life, appreciation through social comparisons, and appreciation through comparing self.

Appreciation for everyday life. Appreciation for everyday life was one of the most distinctive forms of appreciation. A number of participants stated that they realized how wonderful their lives had been and that they became more thankful for everyday life. Specifically, they showed a great appreciation for beautiful flowers, colorful butterflies, children’s laughter, and the sound of their own breathing. Eric expressed that he might not have experienced that much appreciation for life had he not experienced the falling accident:

I have a greater appreciation for life because you realize that it can be taken away or, you know, it can vanish at any point. . . . Until you come that close to dying you don’t realize what a gift, I mean, just like, not even every day but every breath. Every heartbeat is just a bonus as far as I’m concerned.

Likewise, Whitney expressed his appreciation to God for his everyday life. He noted that he was “just so happy and thanked God” for letting him “wake up and watch birds,” “watch and understand educational things on TV,” and be “able to make correct decisions.” Moreover, he continued to thank God for his wife, who “had given up her life pretty much” to take care of him. Whitney expressed that her care for him motivated him to take better care of himself and to become a better husband.

After almost losing their lives, the participants learned what they had experienced had great benefit, and they became more thankful for their everyday lives.

Appreciation through social comparisons. Most participants identified reasons to appreciate their abilities by comparing themselves to people demonstrating higher function and enjoying more successful lives and to people dealing with more serious life issues. Through upward social comparison, some participants appreciated their potential to enjoy a better life in the near future. Jenny expressed that she was thankful for seeing the possibility of functioning well, by meeting a volunteer who was experiencing SCI who demonstrated her independence by driving her car and working effectively for people with similar illnesses. Moreover, while seeing all the good things about the volunteer, Jenny became motivated to attend rehabilitation sessions to improve her health, as had the volunteer.

In contrast, a number of the participants appreciated their physical abilities through downward social comparison. As a person with paraplegia, Mary expressed that she felt thankful for her ability to enjoy various adapted sports, by comparing herself to other people with quadriplegia:

It's also awareness that "Oh, you don't have it so bad. You're only a para. Look at these quads. Aren't you glad you can do [something by yourself]?" At the tennis clinic, they have to strap the tennis racquet to their hand, wrap it up with tape so that they could move their arm a little bit, but wow, I can hold on to that thing. That's what just really gets you. . . . I feel a lot luckier. I'm very blessed in so many ways.

Tom also talked about his appreciation for his physical ability, noting that he was thankful for his good health because he had seen people worse than him and because he could help people with SCI through letting them know that there is a life after acquiring it. In spite of SCI, the participants found various ways to appreciate their abilities through upward and downward comparison with others.

Appreciation through comparing self. Comparing their lives before and after the accident provided the participants an opportunity to appreciate their current lives. After experiencing a traumatic injury and standing in an unexpected social position, all the participants in this study had gained insights and a chance to see their lives from different perspectives. Although the participants had different family and educational backgrounds and

life experiences, most talked about similar personality and viewpoint changes. Specifically, participants used the following words to describe their former selves: "selfish," "sarcastic," "a jerk," "a redneck," and "insensitive to others' needs." However, all the participants, except the two from the negative cases, reported that they were thankful for becoming better people, in terms of social relationships; in contrast, the participants of the negative cases expressed that their current lives were awful and often nightmare-like when compared to the time before the accidents.

Jenny explained that she appreciated becoming more open-minded with different people and could now judge people more on their character and their personality, although she used to be "insensitive" and "see people in wheelchairs as being different and not cool." Likewise, Ellie noted that she was thankful for becoming a nicer person through "looking at everything from other people's point of view." Ellie described her understanding toward people who were confronting life issues: "If somebody is having a bad day, I understand that their problems and their issues are just as great as my problem. And I never take things for granted." These findings support the notion that the participants demonstrated their appreciation through comparing self and by becoming better people in terms of social relationships following their traumatic accidents.

To enhance the credibility of the study, we also utilized the negative cases; that is, we intentionally selected two participants who did not meet the study's criteria, and we compared their life stories to those of others in an attempt to identify why they did not fit into the emerging framework (Lincoln & Guba, 1985). The analysis of data revealed that emergent themes from the negative cases were similar to the illness experiences illustrated by Kleiber, Brock, Lee, Dattilo, and Caldwell (1995). Specifically, the two individuals selected as representing negative cases reported suffering from disrupted relationships, loss of ability related to activities for daily living, dependence on others, unemployment, and physical and mental health problems related to living with SCI. Data from these individuals show that although they identified some positive aspects of their lives (e.g., independent living and vocational rehabilitation opportunities), their suffering from living with SCI dominated their minds and lives. In addition, they spent a great amount of time explaining how wonderful their lives were before their accidents. The stories told by the two representatives of the negative cases show experience that is opposite to that of PTG.

Discussion

The purpose of this study was to explore the characteristics of PTG from the in-depth interview of people with SCI. The thematic analysis illustrates many rich examples of the characteristics of PTG and identifies three salient themes: experience of meaningful relationships, experience of meaningful engagement, and appreciation of life.

Whereas the empirical literature on PTG (e.g., Davis & McKearney, 2003; Rabe, Zollner, Maercker, & Karl, 2006) has focused extensively on dispositional aspects of growth experience, this study identified experiences of behavioral and social growth in everyday lives for people with SCI. The findings reveal that people not only positively change their viewpoints of themselves, their social relationships, and the world around them but also experience strengthened relationships and meaningful engagement in activities.

For the participants in this study, the experience of traumatic injury did not serve as an obstacle. Instead, it appeared to be an opportunity to realize the importance of family. All the participants, except the two who represented the negative cases, positively transformed their traumatic experience and wove it into their family life. Moreover, they built meaningful relationships through the experience of emotional intimacy, gained trust, and a sense of mutuality in relationships. Empirical literature on personal relationships supports the idea that the three subthemes identified in this study are vital elements of strengthened personal relationships. For example, Hassebrauck and Fehr (2002) stated that emotional intimacy (e.g., taking time for another, listening to another, and openness) is one of the most important qualities of personal relationships. Speaking to intimacy and trust, Edgar and Glezer (1994) noted that those characteristics are closely related to a shared experience and a shared understanding of thoughts and feelings, which allow the experience of mutuality in relationships. Similarly, Duck (1994) stated that meaningful relationships are built through the development of shared experience and shared thoughts about certain phenomena. As such, the literature supports the finding that the experience of emotional intimacy, gained trust, and a sense of mutuality in relationships form the core elements of meaningful relationships.

Based on the narratives of the participants, meaningful engagement is defined as involvement in personally important activities that allow people to demonstrate personal strengths, strengthen social relationships, and experience positive emotions. This important finding

supports previous literature in that engagement in activities can facilitate a sense of success and achievement, the discovery of subjective purposes in life, and strengthened relationships with others through involvement in personally important activities for their own sake (e.g., Barroso, 1997; Ragheb, 1996). Likewise, the participants in this study had similar experiences through meaningful engagement in activities, one of the salient themes of PTG. The participants tended to place personal value on the activities, and they incorporated the enjoyable experiences into rebuilding their life stories and experiencing PTG. Although little research has emphasized the importance of meaningful engagement, it is clear that the experience is one of the most critical PTG characteristics.

This study demonstrated that meaningful engagement is closely related to meaningful relationships. Kelly (1983) stated that people can experience social bonding with family and friends through engagement in leisure activities. Lee, McCormick, and Austin (2001) also noted that people can build meaningful social relationships through engagement in leisure activities because such engagement allows participants to experience commonality of experience and it facilitates enjoyable interactions with peers who have similar interest in an activity. In the same way, the findings in this study indicate that meaningful engagement provides opportunities to rebuild social relationships whereas traumatic experiences assist in strengthening family relationships. Through interacting with their peers, the participants built companionship and friendships by validating and expanding their thoughts and ideas (Antonovsky, 1987; Csikszentmihalyi, 1990). More research is needed to distinguish strengthened social relationships through meaningful engagement from the recognition of the value of close relationships following traumatic events.

Among identified sources of appreciation in this study, appreciation through social comparisons captured a unique characteristic of PTG. Although the existing literature on social comparison has extensively identified the fact that upward social comparisons generate depression, anxiety, frustration, and anger (e.g., Butzer & Kuiper, 2006; Herbst, Gaertner, & Insko, 2003), a few studies in the fields of education and social psychology suggest that upward comparisons can be a source of hope and inspiration and can demonstrate a picture of successful adjustment (e.g., Aspinwall & Taylor, 1993; Burleson, Leach, & Harrington, 2005). Burleson et al. (2005) found that high school students who were involved in an art program improved their self-concept and became more inspired when they

favorably interpreted upward social comparison through seeing themselves as being similar to highly successful peers. Other empirical studies have demonstrated that optimistic people who see themselves as being similar to successful peers tend to experience positive life changes because they see possible improvement in their future (e.g., Aspinwall & Taylor, 1993; Butler, 2000; Gibbons, Blanton, Gerrard, Buunk, & Eggleston, 2000). In like manner, the participants who had the will to live productively saw the potential to enjoy a healthy life in the near future by evaluating their functional abilities against people with SCI who were enjoying successful lives. This finding demonstrates that people who are experiencing PTG are more likely hopeful and optimistic people who can positively transform their experiences with successful peers into the experience of PTG.

An interesting finding was that the participants expressed positive emotions and appreciation for their lives in the midst of their traumatic experiences associated with SCI. Several empirical studies have indicated that meaningful relationships, meaningful engagement, and appreciation for life contribute to the experience of happiness. Myers (2000) showed that close personal relationships help people to experience happiness. Other studies have stated that meaningful engagement and appreciation for life are closely related to happiness, subjective well-being, and life satisfaction (e.g., Adler & Fagley, 2005; Lyubomirsky & Ross, 1997). Similarly, the findings in this study show that the participants with SCI experience happiness through meaningful relationships, meaningful engagement, and appreciation for their lives, as do individuals without disabilities.

Taken together, major themes emerged in this study also seem to reflect re-biographing (Howard, 1991) or re-storying (e.g., Brock & Kleiber, 1994; Kleiber et al., 1995; Lee, Brock, Dattilo, & Kleiber, 1993). People with chronic disabilities constantly attempt to discover an alternative story to help them make sense of a life that involves an adjustment process and an acceptance of limitations (e.g., Howard, 1991; Lee, Dattilo, Kleiber, & Caldwell, 1996). The participants of this study, who once experienced disrupted life, have gone through significant editing of their life stories and have successfully come up with alternative stories that characterize a renewed sense of personal agency and fulfillment through active engagement in meaningful activities and meaningful relationships with others.

From a methodological perspective, we purposefully selected healthy participants who were demonstrating external evidence of positive life changes following traumatic accidents; as such, we easily and systematically identified rich examples of each PTG

domain in this study. In contrast, two negative cases did not provide details related to positive life changes. These results indicate that if PTG studies use convenience sampling among people who are experiencing traumatic events, then underestimating PTG may be the result. As Maslow (1987) suggested, intentionally selecting healthy people to examine the characteristics of the positive phenomena contributes to a better understanding of such phenomena—in this case, PTG.

Conclusion and Implications

People who are experiencing PTG are more likely to experience strengthened family relationships and meaningful engagement in activities. They also learn how to appreciate the little things in their lives and choose to search for possibilities for the future rather than blame themselves or others for their accidents.

The findings provide a number of future research directions and clinical practice suggestions. This study proposes a holistic perspective on the growth experience through the identification of interpersonal, behavioral, and psychological growth as the three distinctive characteristics of PTG. Based on the findings, future research needs to expand the understanding of PTG through equally examining the three different areas of PTG. In terms of meaningful relationships, this study stressed the importance of strengthened family relationships rather than friendships and social relationships. Further efforts are needed to distinguish strengthened family relationships from friendships and social relationships in the experience of PTG. Moreover, it is necessary to explore the process of building meaningful relationships and meaningful engagement in the context of PTG.

Extensive PTG literature has shown appreciation of life to be one of the most powerful elements for experiencing life satisfaction and subjective well-being. However, few studies have identified the specific areas of appreciation and examined the positive effects of appreciation for people with disabilities. Whereas Adler and Fagley (2005) identified eight aspects of appreciation for people without disabilities, this study found three characteristics of appreciation for people with SCI. Further studies should examine the effects of different aspects of appreciation on PTG. Moreover, by way of a quantitative method, the relationships among PTG, appreciation for life, life satisfaction, and subjective well-being need to be examined for an understanding of PTG in the context of quality of life for people with disabilities.

The findings provide clinical implications for people with physical disabilities. First, the participants were more likely to value meaningful engagement in activities rather than active engagement because the former symbolically contributed to their experiencing a sense of meaning in everyday life. Clinical therapists need to provide meaning-focused programs that facilitate enjoyable interactions with peers to optimally promote meaningful relationships and meaningful engagement in activities. In addition, the participants in this study expressed three areas of appreciation in their lives. Based on the appreciation findings, it might be useful to provide appreciation interventions and training sessions to make clients aware of what they can appreciate (Adler & Fagley, 2005). Furthermore, the participants expressed that meeting people at the beginning of the rehabilitation process who were demonstrating high functioning helped them to appreciate their own lives and have hope for the future; therefore, providing opportunities to meet people who are experiencing PTG might demonstrate to new clients how to live successfully with their illnesses and have hope for their futures. For example, interacting with athletes, people with professional jobs, and those involved in consistent volunteer work are possible sources for encouraging people with disabilities to see options for success.

The findings provide methodological suggestions on PTG studies. In this study, health professionals identified potential participants as those who were experiencing PTG; thus, the professionals significantly influenced participant selection. For a better understanding of PTG characteristics, future studies can improve the quality of participant selection by applying a more systematic process for healthy participant recruitment. This study captured the three unique characteristics of PTG for 15 individuals with SCI, but it did not aim at generalizing findings to other groups of people. Future research is needed to build knowledge of the phenomena by studying the experience of various populations following trauma.

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