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NOT SINKING WITH THE TITANIC

Personal Agency as a Key Factor in Transforming Trauma into Posttraumatic Growth

Alida C. van Dijk

NOT SINKING WITH THE TITANIC

Personal Agency as a Key Factor in Transforming Trauma into Posttraumatic Growth

by

Alida Catharine van Dijk

Master of Arts in Educational Ministry,

Calvin Theological Seminary, 1999

Bachelor of Arts

Dordt College, 1992

DISSERTATION

Submitted to Waterloo Lutheran Seminary

in partial fulfillment of the requirements for the

Doctor of Philosophy in Human Relationships degree in the field of

Spiritual Care and Psychotherapy

Wilfrid Laurier University

2016

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DEDICATION

In memory of Anna van Dijk

(May 5, 1944 – February 10, 2015)

whose tragic and unexpected death leaves her husband, children, grandchildren,

extended family and friends coping with their loss.

Her death prompted a sharing of many stories of her strong faith.

She would be the first to encourage us with the words,

"We do not grieve as those who have no hope…"

(1 Thessalonians 4:13, paraphrased)

ACKNOWLEDGMENTS

While it takes a village to raise a child,
it takes a whole community to complete a dissertation.
My gratitude goes out to my family community—
my parents, siblings and their families who supported me
in many ways through this process,
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I doubt I would have been drawn to this topic if it wasn't for Jake
(not his real name) and my experience in my first Pastoral Counselling Education unit. (See my story in Chapter 1.)
Thanks to Elizabeth Seidl, Creative Consultant and co-secretary of the Crown Point Community Planning Team who created the cover design,
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Alida van Dijk, Spiritual Care and Psychotherapy, Waterloo Lutheran Seminary

Abstract of doctoral dissertation

NOT SINKING WITH THE TITANIC:

Personal Agency as a Key Factor in Transforming Trauma into Posttraumatic Growth

The discipline of spiritual care and psychotherapy integrates theology with social sciences. Its starting place and the lens through which the social sciences are engaged is through theological reflection. From this perspective and using the theoretical framework of theological reflexivity and an understanding of people as living human documents, this doctoral dissertation examines the question, "What are some factors that enable an individual to transform a self-defined traumatic experience into posttraumatic growth?" The second chapter explores the question of trauma and suffering using the biblical narrative of the concubine in Judges 19 to examine the issue of her powerlessness and victimization, the narrative of Job to wrestle with the question of unjust suffering, the narrative of Joseph to explore his meaning-making and posttraumatic growth, and Jesus and the theology of the cross which makes possible the ability to change from a life-limiting theology of trauma to a life-giving theology of trauma. The literature review in Chapter 3 connects the theological reflection on trauma and suffering with the current literature from the social sciences on trauma and posttraumatic growth.

A qualitative, phenomenological research methodology was chosen as the researcher was seeking understanding from the research participants' narratives about the phenomenon of transformation from trauma to posttraumatic growth. The research data set consists of twelve rich stories obtained through a purposive sample of ten semi-

structured individual interviews and two stories from an initial focus group of two people. The data was analyzed using interpretive phenomenological analysis (IPA).

The ten individual participants reside in the Crown Point neighbourhood of East Hamilton, Ontario, in an attempt at community-based research. The data analysis revealed that personal agency is the over-arching factor that contributes to transformation from trauma to posttraumatic growth. Personal agency was evident through four subthemes identified in the participants' stories: 1) use of strong "I" statements; 2) making choices about things the individuals could control; 3) engaging their experience with the full range of human dimensions—spiritual, emotional, mental, physical, and relational; and 4) recognizing their growth through meaning-making.

The results of this research offer a practical contribution to psycho-spiritual clinicians and therapists who can use an awareness of these factors to formulate care plans and therapeutic interventions that include attention to the spiritual dimension to help their clients grow from trauma. The researcher contributes the tools of the SEMP-R Circle and the Trauma Narrative Timeline to therapists and clinicians as a way to diagram with their clients the holistic dimension of their human responses to trauma and to their posttraumatic growth.

Psycho-spiritual therapists journey with their clients to help them incorporate the trauma into their life stories by changing their life-limiting beliefs and values about the trauma to life-giving beliefs, recognizing that the traumatic event forever changes their lives, but it need not cause them to sink with the Titanic. This researcher is interested in investigating further how the use of metaphoric language—like the image of not sinking with the Titanic—can be used to facilitate meaning-making after trauma.

Abbreviations

IPA = Interpretive Phenomenological Analysis

PTG = posttraumatic growth

PTGI = Posttraumatic Growth Inventory

Note: I will consistently be spelling "posttraumatic growth" without a hyphen throughout this thesis. In spelling it this way, I am following the lead of Calhoun and Tedeschi (2006a), the main researchers in the area of posttraumatic growth and the editors of the book *Handbook for Posttraumatic Growth: Research and Practice.*

All Scripture passages are quoted from the New International Version (NIV) unless otherwise noted.

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CHAPTER 1: INTRODUCTION

> Yea, we had to change. If we didn't change…we would have died. Like emotionally…either our marriage would have fallen apart. Or something really bad would have happened. Because if we didn't change we would have lost everything….I really feel that way very strongly. …And I can remember talking about it with my husband and realizing it. At some point it was a decision that we made that we were not going to sink. My husband used to say, we are the Titanic. And my daughter, the source of a lot of the trauma was busy playing violin on the deck and we were all sinking. And we finally decided that we were going to get in a lifeboat and we were going to save ourselves. And she could keep playing violin if that's what she wanted to do on the Titanic, but we weren't going to sink with her anymore. We were going to get in our own boat. We were going to keep on going. -Nancy

Nancy's rich metaphoric description of her decision to not sink with the Titanic is used as a guiding metaphor throughout this thesis. Nancy captures so clearly a trajectory of trauma that was leading towards death and destruction transformed by her decision to not sink from the trauma.

In the famous Robert Frost poem "The Road Not Taken," the poet is the master of his own destiny and chooses the road less traveled. What happens when a trauma intrudes on a person's life and that person, like Nancy, finds herself on a road she did not want to travel? Is Nancy cursed to suffer her cruel fate, or is there any glimmer of hope for redemption, restoration, or re-creation of a bad situation? The research question addressed in this dissertation is, "What are some factors that enable an individual to transform a self-defined

> I shall be telling this with a sigh
> Somewhere ages and ages hence:
> Two roads diverged in a wood, and I—
> I took the one less traveled by,
> And that has made all the difference.
> Robert Frost

trauma into posttraumatic growth?"

Most people deal with difficult experiences at some point in their lifetime, such as losses, accidents, unexpected circumstances or receiving a diagnosis of an illness that alters the planned and hoped-for trajectory of their lives. Some people would describe these experiences as traumatic. Other people endure horrific experiences such as an airplane crash, kidnapping, rape, torture, effects of war, shootings, or natural disasters like earthquakes and tsunamis. Definitions of key terms like "trauma," "posttraumatic growth," and "transformation" are found in Chapter 3. This thesis investigates what are some of the contributing factors that help the transformation towards posttraumatic growth in people's lives following a traumatic experience.

My trauma narrative

In June 2009 I experienced my first panic attack. Since this was a new experience and sensation for me, I did not immediately know what was happening when I felt my throat constricting, had difficulty breathing and felt like I was going to die. My panic attacks occurred when I was eating—when I had food in my mouth and suddenly felt like I could not swallow. I felt like I was going to choke and die. I wanted to claw at my throat in utter panic to relieve this constricting sensation of impending doom and death.

***

"Today's the day. I'm going to risk being vulnerable and speak of my deepest fear."

I had decided with ironclad resolve and would not allow myself to be shaken from this plan. It was near the end of May and we only had a few more weeks before the end of the Pastoral Counselling Education (PCE) unit. I looked forward to PCE days and to

the intense self-exploration of the experiential adult education learning environment that characterizes the modular units of Supervised Pastoral Education (SPE) offered through the Canadian Association for Spiritual Care. SPE is done in a small group usually made up of about five or six people and one supervisor. We were carefully instructed that our PCE individual and group supervision work was not personal psychotherapy, but when you are working on self-reflection and self-awareness, it is sometimes difficult to tell which side of the line you are on. In PCE, we did case studies—role plays of interactions with clients—that our peers critiqued and offered insights from their observations. Peers and supervisor asked question about what we did and said, raising to our awareness issues of transference and countertransference, actions and interactions that showed how we reacted out of our own psychological space and interpretations rather than being attuned to the needs and subtle nuances of our clients.

My PCE group met every Friday where we also did practice counselling. In practice counselling, one of us was the counsellor and another peer volunteered as the client. The only rule was that the issue we brought as client had to be a real issue for us. It did not have to be our deepest, darkest issue, but it did have to be real.

But today, I decided, was the day when I was ready to tackle my deepest vulnerability in practice counselling.

I am drawn to intense self-scrutiny and self-exploration. I yearn to understand myself better, to grow healthier in interpersonal relationships. Though this training is difficult and hard, it is valuable and worthwhile to me in spite of the risk and exposure of my fears and insecurities, however shameful I feel about them. So I did not shy away from volunteering to work on my stuff in practice counselling. I considered it to be free

therapy, having an opportunity to bring one of my real issues and allow my peer to practice his or her therapeutic intervention skills to help me look at my issue from different angles—to gain new insights—to learn new approaches with which to tackle my problem.

So, today was the day. I hoped no one else jumped in before me to volunteer to be the client for practice counselling. I had been psyching myself up all week for this moment. I only hoped that Jake wasn't the practice counsellor today.

The truth is, I didn't trust Jake. We were peers together in the same PCE group, but Jake struggled with clinical depression and I carried judgments about his ability to train as a counsellor and be able to counsel others when he was not mentally healthy himself. I questioned the supervisor's judgment in allowing Jake to be a student in the unit knowing how much he struggled with clinical depression at this time. My assumption and judgment is that we are all wounded healers, but the helper in any helping profession has to have a certain level of mental health and self-awareness to not be caught in or triggered by their client's issues and problems. A counsellor needs to bring a certain level of objectivity in order to remain differentiated from the client and their issue being brought to counselling. So I had huge reservations about Jake's mental state during this unit. I worried that he might not bring the necessary detachment from his own issues to be able to help his clients well and not cause more harm than good.

The previous couple of times when I volunteered to be the client for practice counselling I shared two choking incidents that I had experienced that frightened me. Both times, I could not breathe for a few seconds, but it felt like an eternity. Reflecting on these incidents brought my own mortality to the forefront of my consciousness. Being

able to breathe is key to life. These experiences of choking—once on a piece of apple that I was eating while driving my car on the highway, and once while eating French fries in a restaurant—rudely alerted me to the inevitable consequences of no air reaching my lungs. Mercifully, both times the piece of food dislodged from my air passage on its own. But the experiences were sufficiently jarring to knock me out of my invincibility fallacy. I could have died had the food been lodged tighter. I would not have been able to breathe and I eventually would have died. But in both those instances, I survived to live another day, to take another breath.

In talking about those two choking incidents during practice counselling and reflecting on them afterwards, I realized that there were more layers to my terror of not being able to breathe in the moment. Plumbing the depths of this terror is what I had steeled myself to look at in today's practice counselling session, no matter the cost.

The scheduled practice counselling time of the day arrived and Jake volunteered as practice counsellor. "Oh no," I thought. "Now what do I do?" I don't trust Jake. I don't want him to be the practice counsellor to deal with what I want to share. But I had been gearing myself up for this moment and I did not want to miss this opportunity. And so I rationalized, "What harm can it do? This is training. Jake is learning just like I am, and my peers and supervisor are also present. So what can it hurt to carry on with my plan, even though my gut—my intuition—is telling me otherwise?

As is a pattern with me, my head won the debate over my heart's wisdom. My heart was telling me to proceed with caution—to wait for another time with another person—a peer who I had more confidence in their abilities to hold my vulnerability and to support

me in looking squarely at that which I was afraid to face alone. By sheer will, I silenced my heart and heard myself volunteering to be the client for today's session.

I boldly shared my deepest vulnerability to Jake.

And then my worst fear happened. Jake left. He was not able to stay present with me in my pain, my fear, my vulnerability. He was physically present, sitting right there in front of me. But he was psychological absent. He could not respond in any meaningful or helpful way to what I had shared—to the issue I brought for counselling that day.

I do not remember details. I cannot say how long this lasted or how exactly Jake struggled. I cannot even remember how I was feeling in the moment. I just know that I was abandoned by my counsellor.

When the practice counselling session mercifully ended, we had an opportunity to debrief and receive comments and feedback from our supervisor and peers. In my memory, this is when I felt abandoned for the second time. My supervisor and peers all turned to Jake and asked him what happened. They had all witnessed him freeze and they all expressed their care and concern for what was going on inside him in the moment. And I sat silent—twice abandoned, twice traumatized. All I could think was, "What about me? Doesn't anyone care about me? Isn't anyone going to ask me how I am feeling after being abandoned while opening the window to peak at the most painful place of my soul?"

***

In June 2009 I experienced my first panic attack. Since this was a new experience and sensation for me, I did not immediately know what was happening when I felt my throat constricting, had difficulty breathing and felt like I was going to die. My panic

attacks occurred when I was eating—when I had food in my mouth and suddenly felt like I could not swallow. I felt like I was going to choke and die. I wanted to claw at my throat in utter panic to relieve this constricting sensation of impending doom and death.

In hindsight, I now realize that in response to the relational trauma described above, I had developed a psychosomatic symptom of not being able to swallow. I approached this strange phenomenon the same way I approach other new experiences in my life—with a keen interest in learning about what was happening. Having panic attacks while eating was traumatic for me since eating and being able to swallow is an important part of life and living. I sought counselling as I did not feel that my symptoms were "normal" (or what I had normally experienced up to this point as I went about my daily life). I sought counselling to get some help with understanding what was happening and to acquire some relief from my symptoms.

After the initial phone call to the counselling agency where I described my reason for wanting to come for counselling, I was assigned to a counsellor who was trained in EMDR (eye movement desensitization and re-processing; (Shapiro & Forrest, 2004). This counsellor introduced me to EMDR and how it worked in helping to re-connect the right and left hemispheres of my brain when a trauma had occurred that had triggered a trauma response which was now stuck in my body.

The healing and recovery from my psychosomatic symptom of not being able to swallow was not simple, easy or instantaneous. The way I eat has been forever changed. I eat slower and every now and then, for reasons still unknown, that fight or flight panic trauma response can begin to occur while I am eating or needing to swallow. The difference now is that I am aware of what is happening, I can catch it a lot earlier from

the familiar early warning sensation, and I can immediately employ my mindfulness coping strategies to divert the full-blown panic reaction.

Similarly, connecting the dots to what triggered the initial panic reaction in the first place is not simple, straightforward or even linear. My brain and body, by some complicated process, connected a series of experiences in an intense experiential learning environment of pastoral counselling training to culminate in a psychosomatic symptom of not being able to swallow. From the perspective of a few years hindsight, I experienced a relational trauma in a practice counselling session that literally as well as figuratively was "hard to swallow." Somehow that relational trauma got connected with sharing in that same learning environment a few weeks prior about two separate choking incidents that impeded my ability to breathe for a few moments. These experiences, coupled with the feeling of not being able to breathe when choking created the perfect storm of a trauma response, in my case, a perceived experience that my life was in danger.

Conducting this research and writing this dissertation is my continued journey towards posttraumatic growth following my relational trauma, panic attacks and psychosomatic symptom of not being able to swallow. I am experientially learning what the research and literature confirms—that posttraumatic growth is both a process and an outcome.

Researcher's bias

Because I have shared my own trauma experience, I in no way believe that I know what it is like for other people who have experienced trauma. This is my story. Others who have experienced trauma have their own stories and I do not presume to know what

their experience is like for them. It is important for non-biased research to come from a "not-knowing" position. I am seeking understanding about their experiences.

In the field of spiritual care and psychotherapy, the foundational starting point is theological (Gerkin, 1984). My approach begins with looking at the world through a theological lens, acknowledging my beliefs about God, others and myself in relation to God and to others. The theological lens invites dialogue with the social sciences to explore the richness of conversations between theology and the social sciences, acknowledging both similarities and differences of interpretation offered by each discipline.

While my own belief system is Christian and biblically-based, I do not impose my belief system onto others. I offer multi-faith spiritual care, not making assumptions about anyone else's spirituality or faith tradition, but also approaching this from a "not-knowing" position. I seek to understand the worldview, values and beliefs of every person I encounter by inviting the individual to tell me about what they value and believe. I recognize the many ways in which people make meaning. I am open to and appreciate the richness of the variety of expressions of faith and meaning-making. I approach people with a sense of curiosity about their world views which I see as an important resource for dealing with whatever experiences have occurred in a person's life.

As a research practitioner, I am strongly informed by postmodernist thought in family therapy and in particular, solution-focused (de Shazer, 1991, 1994; de Shazer & Dolan, 2007) and narrative (White, 2007, 2011; White & Epston, 1990) therapies. I believe that people are the experts of their own lives. My approach to spiritual care and counselling is from a strength-based perspective; finding the resources of coping, health

and healing that an individual already possesses; bearing witness to these strengths; and, in a collaborative relationship, co-constructing with the individual how he or she can build on these resources. Foundational to my postmodern approach is my belief in the dignity of all people. I integrate the concepts of Carl Roger's person-centred approach (Kirschenbaum & Land Henderson, 1989) regarding the importance of unconditional regard, empathy and congruence into my counselling, research and scholarship.

Alongside my understanding of postmodernism, there are multiple ways of knowing—like divine revelation, scientific inquiry, and truth that is socially constructed. Therefore, I am attentive as a psycho-spiritual therapist[1] and a researcher to how someone tells their story. And I believe that hearing someone's story in the context of a safe environment and a safe relationship can be healing for the story-teller. We are storied people and we live storied lives: "So pervasive is this human predilection toward 'storying' experience that our species might appropriately be labeled not simply *homo sapiens*, emphasizing our effort to seek knowledge, but more specifically *homo narrans*, stressing our tendency to organize such knowledge in storied form (Hermans, 2002)" (Neimeyer, 2006, p. 69).

I invite you to journey through this narrative of my doctoral research. The discipline of spiritual care and psychotherapy integrates theology with social sciences. Its starting place and the lens through which the social sciences are engaged is through theological reflection. From this perspective and using the theoretical framework of theological reflexivity and an understanding of people as living human documents, this doctoral dissertation examines the question, "What are some factors that enable an

[1] Certified Psycho-Spiritual Therapist is the new title for certified Specialists Pastoral Counselling voted on at the national Annual General Meeting of the Canadian Association for Spiritual Care in April 2016.

individual to transform a self-defined traumatic experience into posttraumatic growth?" The second chapter explores the question of trauma and suffering using the biblical narrative of the concubine in Judges 19 to examine the issue of her powerlessness and victimization, the narrative of Job to wrestle with the question of unjust suffering, the narrative of Joseph to explore his meaning-making and posttraumatic growth, and Jesus and the theology of the cross which makes possible transformation from a life-limiting theology of trauma to a life-giving theology of trauma. The literature review in Chapter 3 connects the theological reflection on trauma and posttraumatic growth with the current literature from the social sciences.

A qualitative, phenomenological research methodology explained in Chapter 4 was chosen to seek understanding from the research participants' narratives about their experiences of the phenomenon of transformation from trauma to posttraumatic growth. The research data set consists of twelve rich stories obtained through a purposive sample of ten semi-structured individual interviews and two stories from an initial focus group of two people. The data was analyzed using interpretive phenomenological analysis (IPA). The ten individual participants reside in the Crown Point neighbourhood of East Hamilton, Ontario. The researcher was a resident of this neighbourhood and involved in the Crown Point Community Planning Team, a resident-led group that met monthly to improve the neighbourhood through asset-based community development.

Described in Chapter 5, the data analysis shows that personal agency is the over-arching factor that contributes to transformation from trauma to posttraumatic growth. Personal agency is evident through four subthemes identified in the participants' stories: 1) use of strong "I" statements; 2) making choices about things the individuals could

control; 3) engaging their experience with the full range of human dimensions—spiritual, emotional, mental, physical, and relational; and 4) recognizing their growth through meaning-making. Chapter 6 further explores the themes that emerged in dialogue with the literature.

Finally, this dissertation concludes in Chapter 7 with what this research offers to the field of spiritual care and psychotherapy. The results of this research offer a practical contribution to psycho-spiritual therapists and clinicians who can use an awareness of these factors to formulate care plans and therapeutic interventions that include attention to the spiritual dimension to help their clients grow from trauma. The researcher contributes the tools of the SEMP-R Circle and the Trauma Narrative Timeline to therapists and clinicians as a way to diagram with their clients the holistic dimension of their human responses to trauma and to their posttraumatic growth. These diagrams may be helpful in identifying where an individual's view of their trauma may be life-limiting rather than life-giving.

CHAPTER 2: THEOLOGICAL REFLECTION ON TRAUMA AND POSTTRAUMATIC GROWTH

Trauma experienced, theology expressed

Our baby girl, Rosalie Joy, was born on Thursday, November 5, at 1:50 am, weighing 8lbs 1 oz. God gave us 6 hours together before she gently passed into the arms of Jesus at 7:25 am. We were so blessed with the miracle of her life. I had the blessing of carrying her in my womb for 9 months, feeling her little life grow inside of me. God gave us the privilege of holding her near for a few short hours. God is Holy. God is sovereign. He is just. Our children are a blessing from Him, and today we were reminded that they are HIS. It hurts and we will miss her more than anything, but we have HOPE - nay, we have assurance - that we will one day again see her. She is in the arms of Jesus, and he is holding her in His arms of love. 'Let the little children come to me,' Jesus says, 'for theirs is the kingdom of God'. There is no one greater, not even I, who could better care for my beautiful baby girl. Rose will always remain a part of our family, in our hearts.

Rose passed away because of placenta abruption. The placenta tore away from the uterine wall. We rushed to hospital by car Wednesday night after my water broke. The doctors had a hard time finding Rose's heartbeat, and did an emergency C-section. I was sedated for the surgery in which I, too, almost lost my life. After they pulled her out, it took about 30 minutes to resuscitate her. When I awoke she was breathing and had a

heartbeat, but no nerves or feeling. She breathed her last as we were praying over her, dedicating her to the Lord, as she lay snuggled against my chest, wrapped in Mark's and my hands and kisses. It was the most holy moment we've ever experienced, as she left us here on earth, and entered into an eternity in heaven, where there is no pain, no sorrow, only Joy.

Hannah and Caroline [Jen & Mark's 3 year old twin daughters] came and showered her in love and kisses. 'Oh, I just love her, Mom!' They exclaimed. 'Baby Rose came out!' We did our best to explain what happened, but their little minds do not fully grasp it. Today when they came to the hospital, they asked where baby Rose was. Caroline, lifting my blankets asked, 'did baby Rose go back in your tummy Mom?' Our girls help us stay anchored and be motivated to be strong and heal. They help us cope. They keep things real and honest. It will be a process of realization for them what has happened.

These past two days we have been surrounded by our families in love and in prayer. There is no greater blessing than strong families who pull together and shower love and prayer and support in these times of grief and darkness. They have helped us deal with the practicalities of what needs to be done, they have held us as we've wept, they have come to just BE with us. Because in such times, there is nothing to say. There is just space for us to grieve together, as one.

We have this hope: Because of the Lord's great love, we are not consumed. His mercies and his grace are new every single morning. Great is his faithfulness. The Lord is our strength, and we put our hope in Him.

We will gather together to have a celebration of her life. Details on when and where will come in a few days.

Jen Vanderherberg, Nov 6, 2015 Facebook post

Lament for Rose

Why, Oh God, Why did it happen
That the day of her birth was also the day she would die?
You knit her together in her mother's womb.
Nurtured and protected there for nine months
Months that were not easy, but were endured
For her sake...to introduce into this world another precious life.

God, why will Joseph and Lucas and Ember
Miss out on a playmate with whom to dance and sing
And wave coloured scarves during worship?
This is not the way it's supposed to be.
The life span was too short.

God, she was so loved already.
She was longed for and waited for.

Why, after the appropriate advent, did it end like this?

How do you explain her absence to loving sisters?

"Where did baby Rose go?"

God this is the part of the lament where I am supposed to say

"But I trust in your unfailing love; my heart rejoices in your salvation."

But God, there is no rejoicing in my heart just yet

If it's okay with You, let's just be in each other's presence

Me in my confused sadness and You in your unfailing love.

(A lament written by Alida van Dijk on November 7, 2015 in preparation for leading New Hope Church community through lectio divina of Psalm 13 as the message part of our corporate worship on Sunday, November 8, 2015, the first communal gathering since hearing that baby Rose died hours after her birth on Thursday, November 5, 2015.)

In the above description of events written by Jen and in my response of lamentation, our expressions of our deliberative theologies (Stone & Duke, 2013) are evident. Jen speaks with faith that God is holy, sovereign and just, that Rose is safely in Jesus' arms, and she expresses hope and assurance that she will see Rose again in the life eternal where there is no pain, no sorrow, only Joy. And in the moments of my lived experience after hearing that my friend's baby died, I tell God that I am confused and I don't get it.

Trauma through the lens of theological reflexivity

From the theoretical framework of theological reflexivity, this thesis investigates factors that enable an individual to transform a self-defined trauma into posttraumatic growth. This chapter explores the question of trauma and suffering using the biblical narrative of the concubine in Judges 19 to examine the issue of her powerlessness and victimization, the narrative of Job to wrestle with the question of unjust suffering, Jesus and the theology of the cross which makes possible the ability to change from a life-limiting theology of trauma to a life-giving theology of trauma, and the narrative of the Old Testament Joseph, son of Jacob, to explore his meaning-making and posttraumatic growth.

This chapter also looks at appropriate pastoral responses to people who have experienced trauma. Lament is explored as a way to express one's suffering. Incarnational presence, connected to a Trinitarian understanding of God and to the theology of the cross, is discussed as the embodied presence of the caregiver journeying with a traumatized person. Discovering factors that have helped a person transform their trauma into posttraumatic growth acknowledges the transcendent, taking into consideration a person's spirituality, however the person understands "spirituality," and the meaning a person makes from the traumatic experience.

My embedded theology (Stone & Duke, 2013) has been shaped by an upbringing in a Christian home—shaped by a Calvinist, Reformed theological perspective to be more precise—where daily Bible reading after every family meal was the norm and attendance in church twice on Sunday was an unquestioned expectation. Attending Sunday school, a Christian grade school, a Christian high school and Christian universities further steeped

my mind in conservative Christian beliefs about God and the world and God's attitude towards people in the world. I learned that out of nothing, God created the heavens and the earth and all that is in it. He saw all that he had created and pronounced it "good." I learned that the pinnacle of God's creation was his creation of human beings—that God created man in his image and that God created woman out of man because it was not good for man to be alone (the Adam and Eve biblical narrative in Genesis 1 and 2). I learned that sin came into God's good and perfect world through humanity's disobedience to God (Genesis 3). The underlying message taught in church and Sunday school was that God is love, and that God is just.

As I grew, my childhood faith was challenged by the development of cognitive reasoning. I had times when I had difficulty seeing God's love or His justice in my lived experience when bad things happened and innocent people suffered. Where was the God of love then? How was it fair or just when innocent people suffered? As I grew and wrestled with the beliefs passed on to me from my parents and my church, I had to reconcile my beliefs with what I saw happening in the world around me. My life experiences began to ask questions of the embedded theology I accepted as "truth."

This dissertation on self-defined experiences of trauma requires theological reflection on trauma and suffering. Carrie Doehring (2014) offers the orienting framework of theological reflexivity, the theory used to unify two potentially dichotomous fields of study within this dissertation—that of theology and psychology. "*Theological reflexivity* is an interdisciplinary way of integrating theological studies and psychological studies in the practice of trauma care" [emphasis in original] (Doehring, 2014b). The premise of this dissertation is that theology and psychology need not be at

odds (O'Connor & van Dijk, 2012). The dissertation works with an integrated perspective, valuing the contributions of classical psychology and its theories of trauma, and staking a claim that the spiritual is an integral dimension of trauma that needs attention, especially in the transformation of trauma to posttraumatic growth. Definitions of trauma and posttraumatic growth from the field of psychology as well as from the field of spiritual care and psychotherapy are found in Chapter 3.

Trauma happens to people—living human documents

The foundational perspective of the human participants in this research is that they, along with the researcher, are "living human documents" (Boisen, 1951, p. 15), a phrase coined by Anton T. Boisen, the founder of the experiential methodology of training chaplains and spiritual care practitioners in clinical settings (Asquith Jr., 1982; Gerkin, 1984; Nouwen, 1968; O'Connor, 1998). When Boisen introduced the term, he explained that he was not introducing a new theology or a new gospel, but a new starting point: "*What is new is the attempt to begin with the study of living human documents rather than with books and to focus attention upon those who are grappling desperately with the issues of spiritual life and death"* [emphasis in original] (Boisen, 1951, p. 15). Just as theologians use hermeneutics in interpreting a sacred text to seek out its meaning, practical theologians apply hermeneutic principles to interpret the living human documents they are encountering (Gerkin, 1984). The tools used for pastoral hermeneutics are interdisciplinary (O'Connor, 1998, p. 29). Since the living document is a human being, insights from the social sciences are combined with Biblical and theological insights. However, the lens through which interpretation is made is orthopraxis—praxis that acknowledges the Kingdom of God as the reigning empire and

that is in communion with the praxis of the Church universal (O'Connor, 1998, p. 29). The interdisciplinary partnership between social sciences and theology invites fluidity between the two. The theological lens extends to the social sciences a spiritual interpretation to familiar psychological concepts. An example of interpretation through the theological lens is God's unconditional love of human beings that is echoed in Rogers' unconditional positive regard. Theological reflexivity offers an orienting framework for the integration of spirituality, theological reflection and psychotherapy: "Theological reflexivity provides a way to integrate one's theological education into one's own formation as a caregiver and into care for trauma survivors that identifies, assesses, and respects the unique ways they make spiritual sense of and cope with trauma" (Doehring, 2014b).

Each person, including the researcher and research participants, has his/her own theology or belief system about the world and his/her place in it. The practice of theological reflexivity involves a caregiver's critical reflection on his/her own life, family of origin upbringing and experiences, in relation with the cultural and social systems that shaped his/her embedded theologies as a child. Through reflection as an adult, the embedded theologies from childhood become deliberative theologies when a person is able to adopt their own belief systems.

Though some may critique my inclusion of my own story in Chapter 1 as being biased and coming from a "knowing" position as a researcher, my intent was just the opposite. Within the field of spiritual care and psychotherapy, plumbing the depths of self-awareness is paramount to protecting the research participants and clients from my own biases, judgments and assumptions: "…[I]f I am not reflexive about my self in

relation to the field, my descriptive analysis of it will be shaped unconsciously and thus distorted by my own biases" (Wigg-Stevenson, 2013). In my transparency of my biases, my aim is to avoid unconsciously imposing my biases unto the research.

Throughout experiential training through the Canadian Association for Spiritual Care as a Certified Spiritual Care Practitioner or a Certified Psycho-Spiritual Therapist, learning at a basic level is geared to greater self-awareness in recognizing what a person's own beliefs, values, judgments and assumptions are so that these do not get in the way when encountering another person. The spiritual care practitioner is trained to encounter the other person as one human being to another—a living human document encountering another living human document (Boisen, 1951; Gerkin, 1984). In contrast to an I-it relationship, where the Other is reduced to an object, the type of encounter desired between living human documents is the "I and Thou" relationship, where there is transcendent quality to the encounter (Buber, 2010).

A prerequisite of posttraumatic growth is the experience of trauma. Most people deal with difficult experiences at some point in their lifetime, such as losses, accidents, unexpected circumstances or receiving a diagnosis of an illness that alters the planned and hoped for trajectory of their lives. Some people would describe these experiences as traumatic. Other people endure horrific experiences such as an airplane crash, kidnapping, rape, torture, effects of war, shootings, or natural disasters like earthquakes and tsunamis (Deraniyagalo, 2013). In order to examine the phenomenon of posttraumatic growth, one acknowledges that an individual has lived through a traumatic experience. In theologically reflecting on posttraumatic growth, the question is raised, "How do I make sense of my suffering?" If one believes in a Higher Power or a Divine

Being, then the question might be "Where is God (Allah/Supreme Being) in the midst of trauma?"

This question is explored using a theological reflective approach of the biblical narratives of Judges 19, Job, Jesus and Joseph, the son of Jacob. The interpretation of the biblical narratives is from a pastoral counselling perspective. Gerkin describes how he, as a pastoral counsellor, approaches the biblical text differently than the biblical scholar or systematic theologian:

> As a pastoral counselor, I do not approach the biblical text with the purpose of developing a full, right, and historically accurate exegesis, as one might do in the preparation of a sermon. Neither do I approach the historical or contemporary theological text with the purpose of formulating a full and carefully defended theological system, as would a systematic theologian. Rather I approach these texts of the tradition in search of images and themes, symbolic figurations and normative warrants that may prove formative for my ministry as pastoral counselor. I am alert for glimpses of analogy, stories and images that, when interpreted in relation to my situation as pastoral counselor, may point a way or reveal a possibility as to what I am or should be about. I am also attentive to those themes and images that can reveal to me the richness of the tradition's understanding of the human condition and the range of human foibles and follies, as well as human desire and possibility. And I am constantly searching for clues to understanding the nature and purpose of God in his relationship to me and to my troubled counselees (Gerkin, 1984, p. 58).

The powerlessness of trauma (Judges 19)

The question "Where is God in the midst of trauma?" cries out from the biblical narrative recounted in chapter 19 of the book of Judges. It is a story worthy of those disclaimers for violence and explicit sexual content seen before television shows or R rated movies. In this narrative, the reader bears witness to the concubine's trauma as one sees her powerlessness and helplessness, a second class citizen in her cultural role as a concubine, having no voice in the incident. This is a trauma perpetrated by human choice and action. This episode parallels the biblical narrative of Lot and his experience in Sodom as recorded in Genesis 19:1-13 (Buttrick, 1953; Carson, France, Motyer, & Wenham, 1994; Laymon, 1971). In addition to the depravity of the evil men of Gibeah, the old man who offers hospitality to the Levite traveler is also morally bankrupt in offering his virgin daughter and the Levite's concubine to protect his guest. The underlying message is, "When God's people do whatever is right in their own eyes they are no better than Sodomites" (Carson et al., 1994, p. 283).

Jones-Warsaw reflects on the victimization and traumatization in the entire narrative from Judges 19 – 21 as a critical response to Phyllis Trible's *Texts of Terror*, an often referenced feminist reading of Judges 19-21:

> By separating ch. 19 from the rest of the literary unit (chs. 20-21), in order to emphasize the plight of the concubine, Trible has been able to interpret the set of events as simply representing male power over women, overlooking the greater degree of victimization and suffering in the broader context of the story (Jones-Warsaw, 1993, p. 180).

In failing to account for the complexity of the problems in that society characterized by chaos, Jones-Warsaw sees the reduction of the victimization to that only of women in this biblical narrative as Trible victimizing "the other characters with a silencing technique comparable to that used by the narrator" (Jones-Warsaw, 1993, p. 181).

While Jones-Warsaw (1993) identifies all who are victimized in this narrative, my focus is on the concubine's trauma. It is the duty of the host to protect his guests, but the old man's hospitality does not extend to the concubine. The old man opts for the less serious offense in their social context of heterosexual rape (offering his own virgin daughter and the Levite's concubine) rather than the more serious offense in the crime of homosexual rape (Jones-Warsaw, 1993, p. 177). The women, and eventually only the concubine who is sent outside to the evil men, do not have a voice in the story. The body of the concubine is further violated when the Levite dismembers it and sends a section to each of the twelve tribes to motivate them to seek vengeance on the Benjamite men who committed the crime (Jones-Warsaw, 1993, p. 178).

Children appear to have two behavioural options after traumatic experiences—to play or to reenact (Terr, 1990). Unresolved posttraumatic reenactments can perpetuate a cycle of enacting violence or trauma onto others into adulthood. A favourite phrase that inspired the topic for this dissertation is "Pain that is not transformed is transferred." This quotation is attributed to Richard Rohr, a Franciscan priest, but in locating the original source—a conference talk that he gave, he actually said, "If we do not find some way and have a healthy religion to help us transform our pain, I can tell you with 100% certitude you will transmit it. You either transform it or transmit, but you will have pain." (Rohr, 2005, p. 2). Legacies of loss and trauma can be transmitted from one generation

to the next (Herman, 1992; McGoldrick, 2004). It is not difficult to identify this psychological reality of multigenerational transmission in the biblical narrative of Joseph that will be examined later in the chapter. Joseph's story follows a lineage of narratives that include traumatic experiences: Sarah and Hagar, Isaac and Ishmael, Jacob and Esau, Leah and Rachel, Joseph's mother (Brueggemann, 1982). Jones-Warsaw (1993) offers insight on stopping the generational transmission: "The process of victimization becomes cyclical, moving from generation to generation, with the victimized victimizing others. The only way we can break this cycle is to risk everything for that which will bring *wholeness* and *integrity* to our personhood—as blacks and as women" [emphasis in original] (p. 185). In the face of the brutal events recorded in Judges 19-21, Jones-Warsaw (1993) ends with a note of hope: "The hope for the black race and women of all colors lies in the reincarnation of the black woman, who must gather together all the pieces of herself from every field and dumping ground, and stand before God and humanity—as a whole black woman" (p. 185). In the face of the trauma and brutality of a gang-raped concubine in an Israelite society that has spun out of control into utter chaos, hope requires a reintegration—a reassembling of the pieces of the dismembered body.

The senselessness of trauma (Job)

In the Old Testament, the Lord outlines a standard of blessings for obedience of God's law and curses for disobedience (see 1 Kings 9:3-9 for an example). In this economy, if one is suffering then the inference is made that the person has sinned and is being punished by God. The inference is not surprising if one literally interprets Exodus 20:5-6 when God speaks the ten commandments to the Israelites and says, "...for I, the Lord your God, am a jealous God, punishing the children for the sin of the fathers to the

third and fourth generation of those who hate me, but showing love to a thousand generations of those who love me and keep my commandments." Punishment for his sin is the crux of the arguments of Job's friends in the face of Job's suffering and trauma of losing all of his livelihood, all his children and then his health. Gutierrez (1987) identifies this theology argued by Job's friends as temporal retribution. Job begins with this accepted theology of the day, but his experience of his current suffering demands that he question what he has previously believed: "Job has the same theoretical point of reference, but his experience and his faith in God have finally shattered this theology for him. His consciousness of his own integrity is incompatible with it" (Gutierrez, 1987, p. 21).

The book of Job, as wisdom literature, applies "truth to one's life in the light of experience" (Fee & Stuart, 1982, p. 187). The starting point for the dialogue about suffering in the book of Job is human experience rather than divine revelation (Thomason, 1997, p. 4). This sets up a basic tension throughout the book between one's belief in God and one's personal experience (Hartley, 1988). The tension persists in the two theological methods at play in the Book of Job: 1) the starting point of theological reasoning applied to human experience as demonstrated in the arguments of Eliphaz and his companions, and 2) human experience as the starting point from which Job attempts to understand God's justice in the suffering of the innocent (Gutierrez, 1987, pp. 27–28). Gutierrez's (1987) proposal of two theological methods in the Book of Job connects with the Wisdom Style of theological reflection (Killen & de Beer, 1994) where new insight is gained from reflecting on the intersection of both religious or faith tradition and human experience. If a person attempts to do theological reflection from only one of these two

spheres, then the result is skewed by the bias we bring and may not reflect a full understanding of the circumstances. If a person's theological reflection is only based on his/her tradition, then the person is operating exclusively from a standpoint of certitude (Killen & de Beer, 1994, p. 5). Everything is interpreted through the lens of what the person already knows from his/her tradition. Likewise, if a person's reflection is solely based on his/her experience, then the danger is a standpoint of self-assurance (Killen & de Beer, 1994, p. 10) where only the person's present experience in the here and now is taken into consideration, even if there may be wisdom to be gleaned from others in similar situations or from the wisdom of the ages from the person's tradition. A standpoint of exploration in theological reflection is what is needed in order to approach the phenomenon from a position of curiousity and exploration within the point of intersection of a person's religious or spiritual tradition and his/her experience (Killen & de Beer, 1994, p. 17).

Job's friends are "sorry comforters" (Gutierrez, 1987, p. 29) because their arguments do not connect with Job's experience: "Job's words are a criticism of every theology that lacks human compassion and contact with reality: the one-directional movement from theological principles to life really goes nowhere" (Gutierrez, 1987, p. 30).

Where is God in trauma?

The purpose of the book of Job is "to confront human suffering in a world created by God" (Thomason, 1997, p. 9), rather than offering an intellectual, philosophical answer to the question of human suffering. The author of Job calls into question Job's friends' traditional explanation of suffering and shows that it is inadequate. One

viewpoint is that the question addressed in the Book of Job is not so much "Why does God allow the suffering of the innocent?" but rather, "How does one speak to God or about God in the midst of one's innocent suffering?" (Gutierrez, 1987) No new intellectual, philosophical answer to the question of innocent human suffering is proposed: "The existence of both God and suffering remains a mystery" (Thomason, 1997, p. 10).

Two basic options as answers to the question of why people suffer are proposed in the book of Job: "There is either no reason at all—suffering just happens by chance, and the sufferer is just unlucky—or there is a reason why suffering occurs, and suffering may, therefore, be made bearable" (Thomason, 1997, p. 38). Both Job and his friends reject the first option, but in believing that there is a reason for suffering, Job differs from his friends in what that reason is. Job's friends are convinced that suffering is a sign of sin, so clearly Job must have sinned. Job rejects this reason because he does not feel that he is deserving of his suffering.

While Job is adamant in his position that his suffering is not connected to any punishment from God, Job himself has not quite extricated himself from the mental confines of a belief in temporal retribution (Gutierrez, 1987, p. 26). In all his protest against his unjust suffering, Job still holds a belief based on human expectation that there must be some logical explanation for his suffering. Job is trying to understand how God is just to one who is suffering (Gutierrez, 1987, p. 28). In his speeches, Job explores some other possible reasons for why he might be suffering. Perhaps God is malevolent. Or maybe Job needs an arbitrator to vindicate him—to make God admit Job's innocence.

Job's three friends offer their opinions and beliefs that echo theodicy arguments that have been proposed over time, such as the three points of classical theodicy as articulated by eighteenth century David Hume: "Is he {God} willing to prevent evil, but not able? then is he impotent. Is he able, but not willing? then is he malevolent. Is he both able and willing? whence then is evil?" (Whitney, 1989, p. 3) Hume follows his argument to the conclusion that God must not exist because of the presence of evil in the world. Job rejects the consideration of a malevolent God and he comes to the conclusion that the only one who can vindicate him is God Himself. Job exhibits faith in God even though he does not understand God's role in his present suffering. Questioning God's presence in the midst of suffering is a sign of belief and faith rather than unbelief or a dismissal of God's existence (Gutierrez, 1987). If people did not believe that there was a God who was good, loving or powerful then there would be no problem.

Though Eliphaz, Bildad and Zophar are all arguing from a theology of temporal retribution, there are some differences in their perspectives:

> Eliphaz had confidence in his own experience and that of his peers. Bildad had confidence in the experience of the sages of old. But Zophar has no confidence whatsoever in the human ability to know the ways of God. Thus Job's insistence that God appear for questioning is an outrage to Zophar's theological sensibilities. For Zophar, no one has the right to question God. God's ways are mysterious and past finding out….Zophar takes refuge in irrationalism—whatever happens, no matter how awful is God's will—and thereby contradicts Job's desire for an explanation (Thomason, 1997, p. 33).

Elihu is the young, arrogant latecomer adding his speech to the dialogue of why Job is suffering. While he echoes the cause and effect theology of retribution that sinners suffer and the righteous prosper, he adds a new concept of God's purpose in causing the sinner to suffer. He argues that "[s]uffering is a sign of God's grace, of God's gracious attempt to turn the sinner back to righteousness" (Thomason, 1997, p. 64). In this way, suffering can be redemptive. C. S. Lewis (1962) uses the same argument for explaining the purpose of human pain and suffering: "But pain insists upon being attended to. God whispers to us in our pleasures, speaks in our conscience, but shouts in our pains: it is His megaphone to rouse a deaf world" (Lewis, 1962, p. 83). Lewis acknowledges that there is no guarantee that suffering and pain will lead a person to turn back to God and righteousness. It may have the opposite effect, but the risk outweighs the potential benefit: "No doubt Pain as God's megaphone is a terrible instrument; it may lead to final and unrepented rebellion. But it gives the only opportunity the bad man can have for amendment. It removes the veil; it plants the flag of truth within the fortress of the rebel soul" (Lewis, 1962, p. 85).

Jesus addresses the direct correlation between sin and suffering in the New Testament when his disciples ask about a blind man, "Rabbi, who sinned, this man or his parents, that he was born blind?" (John 9:2; van Dijk, 1999). Jesus answers with the new economy that accompanies his mission and ministry as the Messiah, the Saviour of the world, as he ushers in the Kingdom of God. The Kingdom of God is already present with Jesus' incarnation ("The Word became flesh and made his dwelling among us." John 1:14a), but the kingdom has not yet fully and completely arrived until Christ's second coming. This new covenant that Jesus proclaims is a fulfillment of the cause and effect of

blessing for obedience and curses for disobedience, a standard to which humanity could not measure up, even in the Old Testament. John 9:3 contains Jesus' answer to his disciples' query: "Neither this man or his parents sinned," said Jesus, "but this happened so that the work of God might be displayed in his life." The cause and effect relationship between sin and suffering is broken by Jesus' death on the cross and His resurrection.

By the end of the book of Job, it is clear that Job has come to a different place in his suffering. Even though God has not given in to his demands to know the reason for his suffering, Job has surrendered his logic to rest in the presence of God. There is a movement in Job's speeches from addressing the three friends to addressing God (Thomason, 1997). Job is described as a righteous man, a man of integrity (Carson et al., 1994; Gutierrez, 1987; Thomason, 1997). His integrity stands up to scrutiny throughout his speeches in the book of Job because of his disinterested religion, which means that Job held true to his belief in God "for nothing," without any expectation of reward from God (Carson et al., 1994; Gutierrez, 1987, p. 459). Job moves in his argument from individualistic concern about his own suffering to a realization that his suffering connects him with the suffering of others (Gutierrez, 1987; Thomason, 1997). Job's perspective shifts from me ("Why did this happen to me?") to we ("Why does this happen to anyone?") (Thomason, 1997, p. 15). Job's transformation is evident in his actions when he grants his daughters an inheritance along with his sons (Job 42: 15), an uncommon practice in the patriarchal society in which he lived (Webb, 2015, p. 173).

The hope in trauma (Jesus and the theology of the cross)

Reflecting on the suffering of the innocent leads to reflection on Jesus' experience of the cross—arrested, imprisoned, falsely accused, beaten, tortured and crucified. Jesus

did not deserve punishment and death as he had done no wrong and had committed no crime. There is no temporal retribution at play in Jesus' experience. Jesus' experience is the ultimate in innocent suffering:

> His cry on the cross renders more audible and more penetrating the cries of all the Jobs, individual and collective, of human history. To adopt a comparison that Bonhoeffer uses in another context, the cry of Jesus is the *cantus firmus*, the leading voice to which all the voices of those who suffer unjustly are joined (Gutierrez, 1987, p. 101).

But Jesus' suffering on the cross goes beyond mere innocent suffering and carries much deeper significance for humanity. More than humans sharing in fellowship with God because of Christ's suffering on the cross, Jesus on the cross—God the Son in the Trinitarian relationship with God the Father and God the Spirit—is "the visible revelation of God's being for man in the reality of his world" (Moltmann, 1974, p. 208). This is the meaning of Moltmann's crucified God; it was not only Jesus in his humanity that was crucified, but also his divinity. This is the good news of hope for all humans in life and in suffering: "God suffered in the suffering of Jesus, God died on the cross of Christ, says Christian faith, so that we might live and rise again in his future" (Moltmann, 1974, p. 216).

Reflection on trauma and suffering needs to be able to speak to its complexity and ambiguity, especially in its ability to encompass both perpetrator and victim of suffering: "Theologies of ambiguity hold perpetrators accountable while taking into account the ways persons and families easily become caught in systems in which power is abused, within cultures that often turn a blind eye to or condone violence" (Doehring, 2014b).

Adams (1999) states that "horrendous evils require defeat by nothing less than the goodness of God" (p. 155). Instead of futilely searching for sufficient reasons why, Adams logically argues how it is possible for God to be good to individual participants in the horrors they experience. Adams offers a perspective that allows for the evil encountered by the concubine in Judges 19 to be defeated through the redemptive and transformative power of the cross. In God Incarnate, we find an understanding of horrendous evils through the lens of the cross of Christ that sufficiently covers both the victim who suffers evil and the perpetrator of the evil:

> In the crucifixion, God identified with all human beings who participate in actual horrors—not only with the victims (of which He was one), but also with the perpetrators. For although Christ never performed any blasphemous acts in His human nature, nevertheless, His death by crucifixion made Him ritually cursed (Deut. 21:23; Gal. 3:13), and so symbolically a blasphemer. Thus, God in Christ crucified is God casting His lot with the cursed and blaspheming (and hence the perpetrators of horrors) as well (Adams, 1999, p. 166).

The incarnation occurred when Jesus, God's Son, the second person of the Trinity, took on human flesh to be conceived and born as a baby into this world. John 1:14 describes the incarnation as "The Word became flesh and made his dwelling among us." The incarnation began at Jesus' birth and is completed on the cross (Moltmann, 1974, p. 201). Suffering humans can recognize their experiences as points of identification with the crucified God (Adams, 1999, p. 167). There is meaning-making

potential in the here and now for those who believe in this Divine identification because such suffering humans are in relationship with their God who suffers with them.

The cross "where God remains clothed in the humanity of Christ" is central to Luther's theology (Thompson, 2004, p. 11). Luther resonated with a theology of the cross rather than the theologies of glory that offered him no comfort in his suffering: "While glory theologians speculate over God's imperceptible majesty, cross theologians remain earthbound, in the presence of God, at the foot of the cross" (Thompson, 2004, p. 22). An important aspect of Luther's theology is the notion of God who is hidden in the suffering on the cross (Thompson, 2004, p. 24). Encountering the hidden God at the foot of the cross, acknowledging that we occupy dual roles of both oppressor and victim (what Luther describes as our cruciform existence), is where true hope can be found (Thompson, 2004, p. 152). There is hope in the resurrection of Jesus because death does not ultimately prevail. We can live and find freedom in a transformed existence because Jesus is not dead (Thompson, 2004, p. 2).

While belief in the theology of the cross offers an explanation for how God is present in suffering, it is another thing entirely in the present moment of experiencing intense suffering to be reassured by His presence. People reflect on how distant and even absent God feels in the midst of trauma and suffering. Sometimes this absence of God lasts for days and months and years, prompting the description of this period as "the dark night of the soul" (Dura-Vila, & Dein, 2009). Encountering the silence, withdrawal and absence of God is one theme experienced by many who have lived through trauma. After the death of his wife, C.S. Lewis (1961) writes:

> Meanwhile, where is God? This is one of the most disquieting symptoms....[G]o to Him when your need is desperate, when all other help is vain, and what do you find? A door slammed in your face, and a sound of bolting and double bolting on the inside. After that, silence. You may as well turn away. The longer you wait, the more emphatic the silence will become....Why is He so present a commander in our time of prosperity and so very absent a help in time of trouble? (pp. 4–5)

Job experiences great isolation and loneliness in his suffering. He feels the absence of God as he pleads with God to answer him, but God is silent. Because of God's silence to Job, Carl Jung (2010) questions God's self-awareness and His justice and argues that Job is more just than God. When Jesus speaks the words of lament from Psalm 22 "My God, my God, why have your forsaken me?" he expresses "the suffering and loneliness of one who feels abandoned by the hand of God" (Gutierrez, 1987, p. 97).

The incarnation ensures that God fully participates in human suffering, not only the suffering of natural evils like pain, disease, bodily harm and death, and ills imposed by human society, but also abandonment by God (Adams, 1999, p. 176). Divine identification in feeling abandoned by God directly speaks to the transformative power of the cross. Even in his experience of being abandoned by God, Christ experiences communion and community. He cries out in relationship to God the Father:

> Father into thy hands I commit my spirit! He who has been "abandoned" abandons himself in turn into the hands of the Father. He confronts the forces of evil and sin when, in communion with the hopes of the human

> race, he asserts that life, not death, has the final say. All this is part of the redemptive experience of the cross (Gutierrez, 1987, p. 100).

Other people acknowledge the nearness and presence of God which helped them through their trauma and suffering. Corrie ten Boom (1971) describes her experience in a German concentration camp:

> But as the rest of the world grew stranger, one thing became increasingly clear. And that was the reason the two of us were here. Why others should suffer we were not shown. As for us, from morning until lights-out, whenever we were not in ranks for roll call, our Bible was the center of an ever-widening circle of help and hope (ten Boom, 1971, p. 177).

Theological theories of God and suffering do not stand alone in isolation from human experience. "Faith involves a relationship with a God who suffers with us and refuses to leave it—or us—unredeemed" (Thompson, 2012, p. 75).

Though there may be commonalities and similarities, how a person experiences trauma is unique to each individual (Rothschild, 2003, p. 221). The extremes of either feeling God's complete absence and silence or experiencing God's presence and care also suggest that in the midst of trauma, we may experience both God's absence and His presence in different moments of our experience.

Though human reason seeks answers and understanding, there seems to be no logical explanation to be found that satisfies our intellect and our human sense of justice. The older I get, the more I lean into this mystery of God, not as a way of blindly denying the harsh realities of this world, though some may accuse me of that, but as a way of holding the tensions and admitting my limits, acknowledging with Plantinga Jr. that

"[t]he most general biblical answer to the question of suffering is that we do not know why God permits it" (Plantinga, 2002, p. 34). I accept my position as a human being, created by a Sovereign God, who says, "'For my thoughts are not your thoughts, neither are your ways my ways,' declares the LORD" (Isaiah 55:8, TNIV).

The reality is that there is suffering in the world—lots of suffering of innocent people. Some people are able to make sense of their suffering and find meaning in it, while others are not. What are the resources people use to make sense of their suffering? There are really two questions when a person experiences trauma and suffering—the intellectual question of wrestling with how can there be suffering in a world created by a good and loving God and the practical question of how am I going to cope (Thomason, 1997, pp. 89–90). My dissertation research focuses on the experience of trauma survivors in examining how they describe their ways of coping with and growing from their experience. For some of them, their coping has involved finding answers that satisfy their need to reconcile their senseless suffering with a good God. This research seeks to understand how people have not only survived, but actually thrived and grown from their traumatic experiences.

In the incarnational theology of Charles Gerkin, crisis moments hold unique potential for transformation because it is in such moments that Gerkin calls "boundary situations" when human aspirations and finite possibilities contradict and need to be addressed (O'Connor, 1998, p. 43). Gerkin's incarnational theology combines the notions of the hidden God in suffering and the incarnation understood as a fusion of horizons: "God's presence hidden in the event fuses with the interpreter's horizon in creating new meaning and transformation" (O'Connor, 1998, p. 43). Gerkin explains the fusion of

horizons as a way to understand the interpretation process when reading texts. In reading the texts of living human documents the fusion of horizons happens in the interaction between the horizons of meaning brought to the interaction by all the parties involved. In a caregiver relationship with a trauma survivor, each brings their individual horizons of meaning which influence each other. Also at play is God's horizon connecting with the human horizons. This fusion of horizons is a change in the horizon of understanding so there is not only behavioural change, but also "change in understanding and meaning of one's story" (O'Connor, 1998, p. 56).

The incarnation is the indwelling of God in the midst of suffering. This indwelling is multifaceted—God's hidden presence within the event as well as the indwelling of Christ within caregivers who extend presence and care to those who are traumatized and suffering. Gerkin argues that "crisis experiences that seem to lack any presence of God can in fact be the inbreaking of the reign of God" (O'Connor, 1998, p. 44).

Life-limiting and life-giving theologies of trauma

The transformation of trauma into posttraumatic growth in a person's life is visible evidence of the inbreaking of the reign of God. I have heard people describe traumatic experiences, and, from the perspective of a few weeks' or months' or years' hindsight, conclude by saying, "But the good thing about that experience is..." A person may even say that though it was a horrible experience to live through, they would not change it if they could because they would not be the same person they are now if they had not lived through that experience. This outcome is life-giving. By contrast, other people have become bitter and jaded, transformed into resentful and angry people (Wiersbe, 1984) which demonstrates a life-limiting experience. The mystery is why some

people journey towards posttraumatic growth and others are stuck in a spiral of brokenness initiated by the trauma. Doehring's (2014a, 2014b) proposal of trauma survivors having either a life-limiting or a life-giving theology of trauma provides a point of exploration for the trauma survivor to evaluate his/her beliefs and values and how those beliefs are impacting his/her life.

While suffering may have the potential to be redemptive and growth-producing, it can also be destructive to an individual whose suffering remains "pointless, meaningless, without any redeeming qualities" (Thomason, 1997, p. 101). For people wrestling to integrate a traumatic experience into their existing worldview, Pargament (2007) identifies the spiritual trajectories of either growth or decline which he calls spiritual integration or spiritual disintegration. This then is another tension and mystery associated with the suffering of the innocent. How do some people find meaning in their senseless suffering and others find only despair and destruction?

The embedded theology absorbed in a person's childhood and the deliberative theology that develops in adulthood through integrating life experiences with a person's core beliefs, values, and practices becomes the person's lived theology. Theologically grounded trauma care is care offered to trauma survivors by trained spiritual care practitioners who embrace a theological theory of change—change that occurs in a person's lived theology: "Change occurs emotionally and physically as trauma survivors explore the lived theology constellated by intense trauma-related emotions like fear, anger, guilt, and shame" (Doehring, 2014b). Emotions play a significant role in the change that can occur: "Once these emotionally charged values, beliefs, and habitual practices are identified, they can be evaluated in terms of whether they are life-giving or

life-limiting…." (Doehring, 2014a, p. 584). Below are two diagrams designed by Doehring (2014b) that show the impacts of either a life-limiting theology of trauma (Figure 1) or a life-giving theology of trauma (Figure 2).

Figure 1: A life-limiting theology of trauma

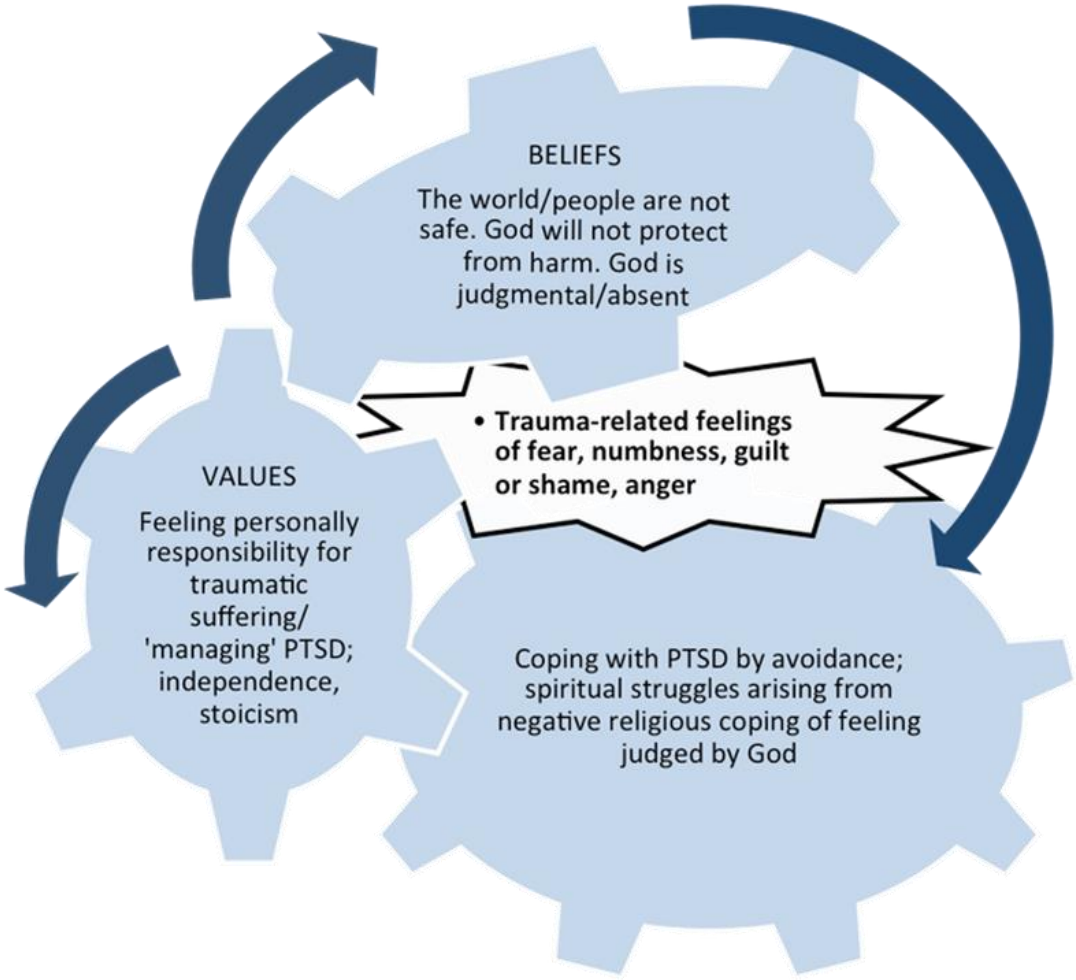
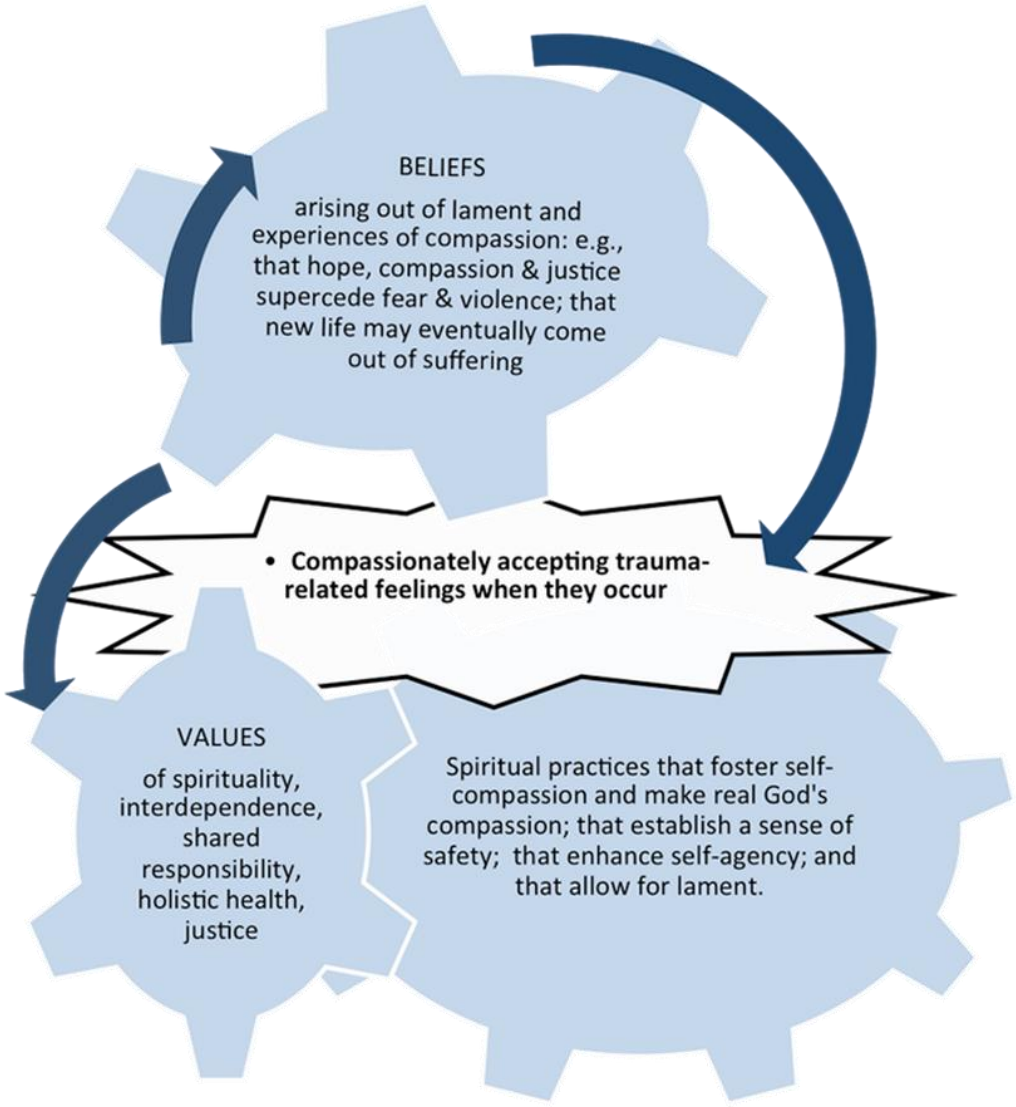


Figure 2: A life-giving theology of trauma



The Joseph[2] narrative in the book of Genesis ends with his affirmation of insight into the purpose and meaning of his suffering, which is a life-giving theology of trauma for Joseph.

[2]Joseph, the son of Jacob, in the Old Testament, not Joseph the father of Jesus, from the New Testament.

The transformation of trauma (Joseph)

There is a lot of action in the Joseph narrative recorded in Genesis 37-50. But the main point of the narrative is not so much about Joseph's or his brothers' actions. It is the hiddenness of God, ever-present, but behind the scenes so to speak, that is the main theme in the story (Brueggemann, 1982). Though God's actions may be mysterious and unnoticed, hidden even from Joseph, his brothers and his father Jacob, God is ever-present and brings about a resolution that no human could have imagined (Brueggemann, 1982, p. 289). God's hidden purpose is disclosed in Joseph's acclamation at the end of the story. Woven through the story is the tale of two empires—the Egyptian empire and the Kingdom of God. The twin themes of empire and family co-exist in the story, both demonstrating the shifting of power occurring throughout (Brueggemann, 1982, p. 343).

The Joseph narrative offers insights for reflection that connect with attempts to make sense of trauma and suffering. When we wonder where is God in the trauma, maybe God is present, but hidden, like He is in the Joseph narrative, only making His presence known for Joseph to discover and disclose at the very end of the story. As the loss of power and control factor so prominently in experiences of trauma, it is interesting to view the Joseph narrative through the lens of shifting power. Joseph endured a number of traumatic experiences in which he was rendered powerless. He was thrown into an empty well by his brothers who hated him and wanted to kill him. Instead of being killed, he was sold to a passing caravan of Midianite merchants who took him to Egypt. In Egypt he was sold as a slave to work in the house of Potiphar, the captain of the guard, one of Pharaoh's officials. Potiphar's wife tried to seduce Joseph and have him sleep with her, but he refused. For his integrity, Joseph was falsely accused of trying to rape her and

he was imprisoned. After some time, when the chief cupbearer and his chief baker had offended the king, they joined Joseph in prison. Both had dreams while in prison and Joseph interpreted these dreams which foretold the outcome of each man's imprisonment. The baker was hanged and the chief cupbearer was restored to his position. In spite of his promise to Joseph to remember him to the king, the cupbearer forgot and Joseph remained imprisoned for two more years. In each one of these situations, Joseph's power is limited by those who are older, stronger, or in authority over him. Joseph demonstrates making choices for himself when he can, but his agency is limited. And even when he acts with integrity in remaining loyal to his Egyptian master, he is unjustly punished and imprisoned (Brueggemann, 1982, p. 320).

Eventually when the king himself has a dream, the cupbearer remembers the man in the prison who accurately interpreted his own dream. With help that Joseph attributes to his God, Joseph interprets Pharaoh's dreams, a foretelling of seven prosperous years in the land of Egypt, followed by seven years of famine. The power of the empire is thwarted by a famine—a natural crisis (Brueggemann, 1982, p. 295), sometimes referred to as an "act of God." Who has the power to cope with the problem of the famine in the land that is a threat to the livelihood of both the people of Egypt and the Israelites? Joseph is then elevated to a position of power, second in command in Egypt, in charge of implementing the food saving and storage strategy that will enable Egypt to withstand the seven years of famine.

Brueggemann (1982) writes that "the disclosure statements of 45:4-8 and 50:19-20 are the major theological statements which interpret the entire narrative" (p. 290). In

the great reveal of Joseph's identity to his brothers, Joseph summarizes the meaning and purpose behind all that has transpired between him and his brothers:

> I am your brother Joseph, the one you sold into Egypt! And now, do not be distressed and do not be angry with yourselves for selling me here, because it was to save lives that God sent me ahead of you….For two years now there has been famine in the land, and for the next five years there will be no plowing and reaping. But God sent me ahead of you to preserve for you a remnant on earth and to save your lives by a great deliverance. So then, it was not you who sent me here, but God. He made me father to Pharaoh, lord of his entire household and ruler of all Egypt (Genesis 45:4-8).

Three times in this self-disclosing announcement, Joseph attributes God as the main actor in the narrative: God sent me 1) to preserve life, 2) to preserve you for a remnant, 3) it is not you who sent me, but God (Brueggemann, 1982, p. 345).

Just as God is hidden in the suffering of Christ, God is also hidden, yet present, in the narrative of Joseph. And in this narrative, we see that the nation of Egypt, an empire that does not acknowledge the God of Abraham, Isaac, and Jacob, is blessed through God's hidden plans fulfilled through the identifiable person of Joseph . The Joseph narrative provides a framework for suffering and trauma that is inclusive of those who are not Christians and who do not believe in God.

> The purposes of God are not wrought here by abrupt action or by intrusions, but by the ways of the world which seem to be natural and continuous. There is no appeal for faith or response, for the main point is

> that the ways of God are at work, regardless of human attitudes or actions. In a climate of doubts about the reality or effectiveness of God, this story takes the high view of God, so high that human action is declared irrelevant. Not only the brothers, but Joseph as well, are unaware until the very end of the ways of God in keeping the dream (Brueggemann, 1982, p. 289).

My belief system is that God is present and at work for higher purposes even when I cannot understand or make sense out of suffering. However, I would not impose my viewpoint on someone who does not believe in God. I would invite them to share with me their meaning-making or their struggle with the lack of meaning in their own circumstances. I would invite them to tell me their narrative. But because of the theology of the cross and the transformative power of Christ resurrected, I am confident that transformation of trauma into new life is possible for every person I encounter. There is something transcendent and mysterious about transformation. Terr (2008) describes it as "magical moments of change."

Another important insight that the Joseph narrative reveals is that "the *transcendent purpose of God*…is tied to *concrete historical action*…." [emphasis in original] (Brueggemann, 1982, p. 332). Like Job, this is a story that demonstrates the intersection of real life with real faith. Both the experience of Yahweh and the experience of life are acknowledged and assumed as essentially compatible: "To take only the filling of concrete action or only the container of theological affirmation does not provide the nourishment the narrative has in mind. It has in mind, rather, a kind of humanity which fully relies on God and which fully engages human experience" (Brueggemann, 1982, p.

320). While the Joseph narrative declares God's hidden and transcendent purpose, Joseph embodies the saviour role in human form. Joseph's disclosure is also an echo of the gospel disclosure, "He who was dead, is alive!" (Brueggemann, 1982, p. 343). There is now hope and new possibilities because death has been transformed to life.

Joseph's forgiveness and reconciliation of his brothers does not diminish or deny his brothers' crime in selling him into slavery (Carson et al., 1994, p. 88; Westermann, 1986, p. 144) nor their deception in telling their father Jacob that his son was killed by a wild animal out in the fields. Joseph's life story has impacted and changed him. This is most evident in the names that Joseph gives to his two sons (Brueggemann, 1982, p. 329):

> Joseph named his firstborn Manasseh and said, "It is because God has made me forget all my trouble and all my father's household." The second son he named Ephraim and said, "It is because God has made me fruitful in the land of my suffering" (Gen. 41:51-52).

Joseph has gained a broader perspective and he has attributed a meaning that has come out of his own suffering to a divine purpose: "…it was not you who sent me here, but God" (Gen. 45:8; Carson et al., 1994, p. 88). Joseph appears to have found meaning in his traumatic experiences in his childhood and throughout his life in Egypt.

Caregivers' response with traumatized people

Imagine that you are a prison chaplain and are referred to see a young Hebrew man who is depressed because he has been forgotten by the cupbearer who had promised to remember him to the king. As you listen to his story, you are overwhelmed by the stories he tells you about his brothers and how he came to be in Egypt from the land of

Canaan, suffering through the journey as a slave to Midianite merchants. Joseph shares with you how he ended up in prison, practicing his values of honesty and integrity, but powerless in the face of false accusations because it was his word against the word of his boss' wife. How do you respond to Joseph's trauma narrative?

A compassionate caregiver meeting a traumatized person and being willing to sit with them right where they are at is part of the hope in trauma and the beginning of the transformation of trauma. "Then they sat on the ground with him for seven days and seven nights. No one said a word to him, because they saw how great his suffering was" (Job 2:13). A powerful caregiving response when being with someone who is suffering or who has experienced trauma is a peaceful, non-anxious presence. When there are no words to express the tragedy and pain, it is good to be present and to be silent: "Without words, stunned and immobilized before the enormity of Job's calamities, the biblical characters reflect the psychological truth that silence in the presence of trauma is not about nothing; on the contrary, it signifies the magnitude of the situation before them" (Webb, 2015, p. 163). If Job's friends did anything right in their attempts to comfort Job, it is that they sat with him in silence for seven days (Job 2:13).

The suffering or traumatized person may respond with silence too. The traumatized person's tendency may be to withdraw and isolate. Like a turtle sensing danger and withdrawing into the safety and security of its shell, the instinct of wounded people may be to batten down the hatches, circle the wagons and withdraw into their own selves. The problem is that we are humans and not turtles so withdrawing behind protective walls is not the most helpful road to healing and recovery. We are created to live in community (Genesis 2:18) and to bear each other's burdens (Galatians 6:2). Susan

Aglukark (1995) sings, “You don't have to suffer / Suffer in silence / Don't you know that your / Heart can feel like an anchor / When you keep it all inside.” If avenues for constructive self-disclosure of the story and relational connection are not found, isolation may hinder the person’s healing and recovery (Calhoun & Tedeschi, 2013a). However, traumatized people may not know how to express their experience and they may not be sure with whom it is safe to share their pain and suffering.

> The more the careseeker’s story can become multilayered and complex enough to encompass the profound experiences of his or her suffering, the more the careseeker will be sustained and even transformed through that suffering. Conversely, when stories do not allow the full tragedy of suffering to be described, then a careseeker’s suffering will be exacerbated (Doehring, 2006, p. 68).

In the face of intense suffering and trauma, the suffering person may not even be able to put into words what they are feeling or experiencing. It may be helpful for the suffering person to be introduced to lament.

Lament

In the midst of intense suffering, what language does one use to communicate the depths of despair and anguish? How does one put into words an anguish that is unspeakable and that defies description? Lament is the language of suffering, though the medium of lament need not be constrained to words. A lamentation is “a deep-seated expression of grief” (Young, 2011, p. 25); a loud cry (or repeated cries) of pain or rage or sorrow. Lament is expressing what we really feel and think, not what we ought to feel and think:

> Lament allows our sorrows and suffering to surface in free and courageous expression to God. Lament is the groan of the Holy Spirit within us: our cries and tears, our longing for God's forgiveness of our sins, His healing of our inner and outer wounds, and the mercy of His salvation. Lament is finding the language of the deepest contents of our hearts and pouring out our hopes and hurts before the Father (Card, 2007).

The theology of lament acknowledges that lament occurs within the context of a relationship with God (Young, 2011). Though lament does not change anything tangible or concrete in the circumstance or situation, lament does offer a way to cry out in protest and to express oneself in suffering. The act of expressing one's raw and honest emotions has a role in recovery from trauma. Herman (1992) explains how trauma recovery unfolds in three stages: "The central task of the first stage is the establishment of safety. The central task of the second stage is remembrance and mourning. The central task of the third stage is reconnection with ordinary life (Herman, 1992, p. 155). Lament fits into the second stage of trauma recovery—expressions of mourning for the trauma that occurred. Through honestly expressing his feelings and frustrations, Job finds language to speak to God from the depths of his suffering.

McCarroll (2014) offers a viewpoint of Hope as Lament, being careful to state that seeking hope in the presence of a person's deepest suffering can be done in a way that does not do more violence to the sufferer. This hope is "not one that is full of brightness and light. Rather, it is a hope that is hidden within the anguish of a parents' lament, a hope that is embedded within their anger and their embrace, their crying out and their tender touch" (McCarroll, 2014, Loc 2298). In the Bible, complaint, protest or

lament does not exclude hope, but often go together (Gutierrez, 1987, p. 98). In liberation theology, hope is found in incarnational presence and being with the poor who are suffering:

> Only if we know how to be silent and involve ourselves in the suffering of the poor will we be able to speak out of their hope. Only if we take seriously the suffering of the innocent and live the mystery of the cross amid that suffering, but in the light of Easter, can we prevent our theology from being 'windy arguments' (Job 16:3; Gutierrez, 1987, p. 103).

I have experienced the effectiveness of lament in grief counselling when I wrote a lament for a client that captured her story. Putting words of lament to her story affirmed for the grieving client that I listened and that I was present with her while she was sharing her difficulty and struggles. The significance of presence is highlighted in the book of Job. Amidst all the many words contained in all the speeches, it is presence, not words, that bring comfort: "the words of God give the presence of God its full meaning" (Gutierrez, 1987, p. 69).

Incarnational presence

To offer a present silence and lament as a caregiver to a suffering and traumatized individual is invaluable—a precious gift of which the suffering person is in desperate need, but is not able to express or articulate from within the depths of their pain. In addressing how extreme events interfere with the attachment process, Woodcock (2001) describes this sensation of being utterly alone with no ally who is attuned to what they are experiencing as "a terrifying existential loneliness" (p. 167).

"Incarnational presence" is the presence of spiritual caregivers to those who are suffering. Incarnational presence is when we as humans are able to bring, through our presence, the peace of Christ announced at his birth (Luke 2:14), which is a peace that passes all understanding (Phil. 4:7, RSV). This peace is the calm in the midst of chaos, an inexplicable peace that some people describe feeling in the face of extreme trauma and suffering. People do not have any human or reasonable explanation for this peace that encompasses and sustains them in the midst of horrible tragedy or extreme suffering. Corrie ten Boom (1971) describes what this kind of peace was like for her: "Life in Ravensbruck took place on two separate levels, mutually impossible. One, the observable, external life, grew every day more horrible. The other, the life we lived with God, grew daily better, truth upon truth, glory upon glory" (p. 178).

Meaning-making

We all are involved in some aspect of the wrestling with theodicy and trauma. The outcomes of our wrestling will be as numerous as the people in the universe. It is an individual odyssey—one that cannot be delegated to someone else to do the work for them.

> None of us can avoid the problem of why bad things happen to good people. Sooner or later, each of us finds himself playing one of the roles in the story of Job, whether as victim of tragedy, as a member of the family, or as a friend-comforter. The questions never change; the search for a satisfying answer continues (Kushner, 1981, p. 143).

Bradshaw and Fitchett (Bradshaw & Fitchett, 2003) have identified six themes on theodicy from how three suffering people dealt with the theodicy question:

> 1) The struggle with theodicy is a process that extends over a lifetime; 2) Each person's process unfolds and changes as they work with the issues; 3) The journey is individual to a specific person; 4) A person's pre-existing resources play important roles during crisis; 5) Anger may be a key feature of the process and may be an ongoing element; and 6) It may be that the theodicy journey sometimes includes times of conflict and withdrawal. (Bradshaw & Fitchett, 2003, pp. 188–189)

Out of these themes, we see that caregivers must respect the individual's own journey of wrestling with their suffering or trauma. This involves self-awareness of our own wrestling with where God is in the midst of suffering. Silence on the part of the care provider is preferable to empty platitudes or meaningless statements of hope and positivity (Ehrenreich, 2009). Because everyone is in a different place and space with regards to their wrestling with meaning in suffering, it is less than helpful to impose our own position or meaning onto someone else.

Joseph was able to say, "You intended to harm me, but God intended it for good to accomplish what is now being done, the saving of many lives" (Genesis 50:20). But no one else is able to say that for Joseph. Similarly, we ought to be careful with imposing Romans 8:28 "And we know that in all things God works for the good of those who love him, who have been called according to his purpose" on those who are grieving and suffering. Even though the suffering person may even believe this on a better day, this is cold comfort in the heat of the moment when he or she is in a difficult space of raging against a distant and silent God. Soelle (1975) elaborates on the individual nature of

wrestling with suffering within the understanding of the paradox that God loves us even when nothing of that love is visible:

> Of course one needs to see that the paradox is a category that in the strict sense applies to the individual....But even understood individually one can perhaps demonstrate and show this "joy in sorrow" but hardly recommend it verbally or use it in pastoral care. A person can perhaps suffer for another, but he cannot accomplish the acceptance of pain for the other person. He can help him by mourning with him, but he cannot fulfil for him the task of "serving the pain of God with your own pain." He cannot make suffering productive for another. That remains the task for the mature individual himself. We can only help one another with suggestions—and if this book tries to get people to use their pain productively and to love their life if it is full of sorrow, then the paradox is understood as an aid in the process of liberation (Soelle, 1975, pp. 166–167).

Individuals wrestle with the problem of evil framed in terms of personal meaning. Meaning-making occurs within the sphere of personal engagement which makes it an "*engaged* praxis" (Adams, 1999, pp. 185–186). Engaged praxis works in tandem with theory, inviting individuals to find which parts of theory apply in a specific situation or circumstance. In addition to our presence with friends and clients who are suffering, at the appropriate time, they want our insight and wisdom in helping them make sense of their suffering:

> They demand of us, their friends and counselors, not only that we sit *shiva* with them, but also that we help them try to make sense of their experience. They look to us for hints, beg for coaching as they embrace, struggle to sustain the spiritually difficult assignment of integrating their experiences of the Goodness of God and horrendous evil into the whole of a meaningful life [emphasis in original] (Adams, 1999, p. 188).

Timing is everything; to know when to sit *shiva* and when to engage with words. The art is in cultivating our attunement to the suffering individual to take our cues from them—to shift when we hear them shift: "The effort is to midwife the individual's own insight and personal integration" (Adams, 1999, p. 188).

One of the factors that facilitate a person's movement towards posttraumatic growth following a traumatic experience is a person's beliefs about the suffering and the meaning that the person makes from the suffering. From his own experience in a concentration camp, Frankl developed logotherapy, a meaning-centred psychotherapy: "*Logos* is a Greek word which denotes "meaning" (Frankl, 1959, p. 98). From my belief system, I see a connection between logotherapy to "Logos," the Word who became flesh. Just as the Logos became flesh, so too can I embody "logos" through incarnational presence. This "logos" is present in a positive therapeutic relationship which creates the environment in which healing and transformation can occur for a person who has experienced trauma and suffering. When a person's search for a meaningful interpretation of his/her story is complicated by the complexities of trauma and suffering, Gerkin asserts that a person needs someone who is an expert listener who is skilled at journeying

with them as they seek out their own interpretation of their experience (Rost, 2001, p. 41). Frankl gives the analogy of the expert being an eye specialist rather than a painter:

> Such an expert enables and empowers persons to 'see' for themselves the meanings of their own lives rather than scripting them with meanings from another source….It requires the minister to refrain from imposing his or her meanings on the other person, but, rather, to assist and accompany the person in his or her own search for meaning (Rost, 2001, p. 41).

Frankl (1959) writes, "According to logotherapy, we can discover the meaning of life in three different ways: (1) by creating a work or doing a deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take toward unavoidable suffering" (p. 111). The insights of logotherapy do not change the suffering or the circumstance, but they change the attitude toward unalterable fate as one comprehends meaning in one's suffering:

> We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation—just think of an incurable disease such as inoperable cancer—we are challenged to change ourselves (Frankl, 1959, p. 112).

Frankl's logotherapy is future-oriented. Any meaning that an individual is able to make out of suffering provides hope, purpose and direction for the future. Frankl (1959) speaks

about how suffering is transformed: “In some way, suffering ceases to be suffering at the moment it finds a meaning, such as the meaning of a sacrifice” (p. 113).

In his acceptance speech upon receiving the Nobel Peace Prize on December 10, 1986, Elie Wiesel said,

> I remember: it happened yesterday, or eternities ago. A young Jewish boy discovered the Kingdom of Night....
>
> I remember he asked his father, “Can this be true? This is the twentieth century, not the Middle Ages. Who would allow such crimes to be committed? How could the world remain silent?”
>
> And now the boy is turning to me. “Tell me,” he asks, “what have you done with my future, what have you done with your life?” And I tell him that I have tried. That I have tried to keep memory alive, that I have tried to fight those who would forget. Because if we forget, we are guilty, we are accomplices.
>
> And then I explain to him how naive we were, that the world did know and remained silent. And that is why I swore never to be silent whenever and wherever human beings endure suffering and humiliation. We must take sides. Neutrality helps the oppressor, never the victim. Silence encourages the tormentor, never the tormented (Wiesel, 2006, p. 118).

Wiesel has found meaning in his suffering—the meaning which motivates his life to not remain silent.

Ten Boom (1971) and her sister Betsie also found meaning and hope for the future in the midst of their suffering: "And as we prayed, God spoke to us about the world after the war. It was extraordinary; in this place where whistles and loudspeakers took the place of decisions, God asked us what we were going to do in the years ahead" (p. 192). Ten Boom (1971) shares about Betsie's clear vision and description of a house "in which people who had been damaged by concentration-camp life would come until they felt ready to live again in the normal world" (p. 192).

Throughout this chapter the theme of the paradox of silence emerges: God's perceived silence in the midst of trauma, our silence as spiritual care givers, the potentially harmful silence of the isolated and withdrawn sufferer, and the meaning that emerged for Wiesel from his suffering that motivates him to not be silent. Much wrestling with the problem of pain, trauma and suffering in this world has been done and will continue for as long as suffering and trauma occur. This chapter offers some theological reflection, in dialogue with Christian tradition and human experience, on theodicy and trauma. The question of why trauma and suffering occur in this world is answered, not with words, but with the person of Jesus Christ incarnate—the presence of a hidden God in the midst of human suffering. Appropriate pastoral and spiritual care responses to those suffering from trauma require an embodiment of the presence of the hidden, yet present God. When words are necessary, then lament, the language of suffering, can be effective.

How does this theological reflection lay the foundation for my research on transforming trauma into posttraumatic growth? The theology of the cross—God's defeat of death through Jesus' resurrection—offers hope that redemption and new life are

possible after trauma. The gospel message speaks about death to the old self and new life through the transformative power of the cross. Even nature proclaims transformation through death and rebirth into new life—for example, the journey of the caterpillar, through chrysalis, to butterfly. The theology of the cross is a theology of grace—a gift that is freely bestowed throughout the universe to all people. When someone's life is turned upside down because of trauma, they are not condemned to live a life of despair and death caused by the trauma. Pain that is not transformed is transferred (Rohr, 2005). The pain and suffering from a traumatic experience will continue to be passed on in an individual's life unless it is transformed. The past will not be undone or erased, but it can be redeemed. Hope and new life are possible.

The next chapter explores descriptions of trauma as "psychological earthquakes" (Calhoun & Tedeschi, 2006b, p. 11) and "shattered assumptions" (Janoff-Bulman, 1992). There is congruence between the social sciences viewpoint of the utterly destructive impact of trauma that completely breaks a person and theological wrestling with the problem of evil and suffering. Differences may lie in the lens through which practical theologians and social scientists view the problem and in how they view solutions:

> Thus, my position is that horrors smash Humpty Dumpty so badly that only God can put him back together again. Because God can, however, the occurrence of horrors and their entrenchment in human nature neither permanently frustrates participants' attempts to make sense of their lives nor philosophers' attempts to solve the logical problem of (horrendous) evil (Adams, 1999, p. 205).

The impact of trauma is complex, affecting an individual in all spheres—physically, mentally, psychologically, emotionally and spiritually: "Trauma is the bio-psycho-spiritual response to overwhelming life events. The more life- and self-threatening the traumatic stressor, the greater the likelihood of trauma for individuals as well as for families and communities" (Doehring, 2014b). Understandably then, any transformation to posttraumatic growth is inherently as complex as the trauma. From theological reflection rooted in biblical narratives on trauma, suffering and posttraumatic growth, theological reflexivity is a spiritually integrated psychotherapist's lens through which to explore, assess and help a traumatized individual find life-giving meaning after trauma. Working in interdisciplinary collaboration, psycho-spiritual therapists have a specialized perspective that is necessary for trauma survivors:

> Just as health professionals draw upon the health sciences and clinical training to identify, assess, and explore psychological responses to trauma, so, too, spiritual and pastoral caregivers are responsible for exploring, assessing, and helping trauma survivors create religious meanings and spiritual practices that are life-giving for them (Doehring, 2014b).

The next chapter explores the literature from the social sciences on trauma and posttraumatic growth. An understanding from the social sciences is necessary in order to have a meaningful dialogue between theology and social sciences on the issues and factors contributing to posttraumatic growth.

CHAPTER 3: SOCIAL SCIENCES' REFLECTION ON TRAUMA AND POSTTRAUMATIC GROWTH

Integrating a theological perspective of trauma and posttraumatic growth with the expertise of the social sciences in this field requires knowledge of the current literature on the topic. Because one cannot have posttraumatic growth (PTG) without trauma, I used the books by leading trauma researchers Herman (1992) and Terr (1990, 1994, 2008) as a starting point for understanding trauma in the field of psychology. Beginning with Calhoun and Tedeschi's (2006) *Handbook of Posttraumatic Growth*, I reviewed the body of work by Calhoun and Tedeschi, the leading researchers in the field of PTG. A review of their bibliographies directed me to other key sources on the topic. My initial literature review search involved a PsycINFO database search of peer-reviewed sources using the keyword "posttraumatic growth." I added the keyword "factors" to narrow and focus the sheer quantity of articles. My literature review is selective rather than comprehensive. In the last section of this chapter, I summarize the findings from a ProQuest search that surfaced fourteen peer-reviewed journal articles on qualitative studies of posttraumatic growth published within the last twelve months from the time of my search.

The chapter begins with definitions of the terms "trauma" and "posttraumatic growth." Initially I excluded articles on resilience as that is a broad field of research in itself. However, the literature on posttraumatic growth often included the term "resilience" so I reviewed some articles to investigate the relationship between resilience and posttraumatic growth. This literature review touches on the debate around the relationship between these two concepts. Some researchers argue that posttraumatic

growth and resilience are two separate phenomena while others see posttraumatic growth as similar to, or as an aspect of, resilience.

From a lens of theological reflexivity, why is it significant to clearly understand the distinction between resilience and posttraumatic growth? Posttraumatic growth explained as transformation from life-limiting theology of trauma to life-giving theology of trauma is possible through the theology of the cross—the death and resurrection of Jesus—where new life is resurrected from the dead. This transformation from death to life, from old self to new self, from traumatized self to posttraumatic self is the good news, the gospel message, to trauma survivors.

Trauma

Judith Herman (1992), a leader in the field of trauma research, provides this definition of trauma:

> Psychological trauma is an affliction of the powerless… Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning….
>
> Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life….[T]raumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe (p. 33).

Terr (1990) calls it "psychic trauma" and defines it at as occurring

> when a sudden, unexpected, overwhelmingly intense emotional blow or series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind. A person probably will not become fully traumatized unless he or she feels utterly helpless during the event or events (p. 8).

Terr (1994, p. 11) classifies trauma according to the nature, severity and repetition of the trauma. Type I trauma involves a child who has experienced a single traumatic event. Type II trauma is a child who has experienced ongoing, inescapable traumatization.

Herman (1992) introduces the phenomenon of complex trauma which is a result of repeated and prolonged trauma, either as adults, such as in instances of captivity or as children who have experienced ongoing child abuse. Because of the psychological changes that occur in children and adults who have experienced the utter helplessness and lack of power and control over their environments or bodies, Herman (1992) advocates for a new diagnosis of complex post-traumatic stress disorder to acknowledge the differences in such chronically traumatized people. Trotter (2001) applies dynamical systems theory, or "the study of complex systems" (p. 2), to qualitatively "investigate both the effects of trauma and the adaptation, growth and transformation that can occur in the aftermath" (p. 4) of complex traumatization of 26 Bosnian refugees.

In studying the posttraumatic self, Wilson (2006) differentiates between complex PTSD, the Trauma Complex, which is "the unique, individual constellation of the trauma experience in cognitive-affective structures located in the self and intrapsychic processes" (p. 157) and the Trauma Archetype, which, like Jung's archetypes, represents universal forms of traumas across culture, time and history. Wilson (2006) offers ten

transformational principles for healing and recovery from psychic trauma. In partnership with these principles offered from a psychological lens, spiritually integrated psychotherapists offer the healing lens of exploring one's spirituality and integrating one's posttraumatic beliefs and values to sustain a more life-giving theology of trauma.

Trauma has been described as a "universal experience" (Bussey & Wise, 2007). Everyone—regardless of age, gender, socio-economic status, or country of origin—has the potential of experiencing a traumatic event in his or her lifetime (Bussey & Wise, 2007; Feldman & Kravetz, 2014). While the experience of trauma is universal, how someone responds to that traumatic experience is unique and individual:

> Traumatic experiences influence human beings in different ways. The immediate impact of danger, disaster, loss, and shock is multidimensional. Changes in emotion, behavior, and cognition are well documented and the neurophysiological changes in response to threat have also been studied extensively. The diverse responses to traumatic experiences can all be seen as coping strategies which attempt to balance the demands of the environment and the available resources of the individual (Pat-Horenczyk & Brom, 2007, p. 380).

There are measurable and individual differences in how people respond to a potentially traumatic event and the resilience of humans to thrive in the face of potential trauma is common (Mancini & Bonanno, 2009).

This study's purpose was to start from the experience of the living human document, rather than from the DSM-5 diagnostic categories. Therefore, the research participant criteria for this study did not require a diagnosis of Posttraumatic Stress

Disorder (PTSD). However, it is helpful to note the diagnostic criteria for PTSD as outlined in the DSM-5. The DSM-5 includes PTSD in a new chapter on Trauma- and Stress-or-Related Disorders:

> The diagnostic criteria for the manual's next edition identify the trigger to PTSD as exposure to actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual:
>
> • directly experiences the traumatic event;
>
> • witnesses the traumatic event in person;
>
> • learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
>
> • experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).
>
> The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. It is not the physiological result of another medical condition, medication, drugs or alcohol (American Psychological Association, 2013).

Bussey and Wise (2007) definition from their book *Trauma Transformed: An Empowerment Response* offers eight general dimensions and six specific distinctions of trauma. The eight dimensions of trauma are:

1. Threat to life or limb

2. Severe physical harm or injury, including sexual abuse

3. Receipt of intentional injury or harm

4. Exposure to the grotesque

5. Violent, sudden loss of a loved one

6. Witnessing or learning of violence to a loved one

7. Learning of exposure to a noxious agent

8. Causing death or severe harm to another (Wilson and Sigman 2000) (Bussey & Wise, 2007, p. 3).

The six distinctions of trauma include physical trauma, psychological trauma, social trauma, historical trauma, ongoing trauma, and vicarious or secondary trauma (Bussey & Wise, 2007, p. 3). Rogers (2002) writes about five distinctions of trauma that include sexual trauma, physical trauma, psychological trauma, spiritual trauma, and eyewitness and survivors of disaster (Rogers, 2002, pp. 3–11). While there are some overlapping distinctions in these two lists, there are differences as well.

Rogers (2002) offers a similar definition as Herman (1992) in highlighting the out-of-the-ordinary-ness of a traumatic event: "The traumatic event is something extraordinary, not within the range of typical human experience" (Rogers, 2002, p. 2). She categorizes traumatic events that can produce PTSD under the following three headings:

1.*Natural disasters*: hurricanes, tornadoes, floods, earthquakes, forest fires, volcanic eruptions.

2.*Accidental human-made disasters*: auto crashes, nuclear power plant accidents, industrial accidents, airplane crashes, house fires, train derailments

3.*Intentional human-made disasters*: war/military combat, terrorist bombings, rape, ritual abuse, muggings, assault, armed robbery, stalking, hazing, multiple forms of verbal, physical, sexual and emotional abuse such as domestic battering and violence in schools (Rogers, 2002, p. 2).

Feldman and Kravetz (2014) acknowledge that trauma happens to most people and that sadly, many of the traumas people experience are man-made: "These forms of victimization, sometimes called interpersonal traumas, are the most traumatizing of all" (Feldman & Kravetz, 2014, p. 129). In their research using the chronic relational trauma (CRT) model, Jeter and Brannon (2014) study the impact of psychological trauma on 232 female undergraduates after controlling for physical trauma. They discovered that "childhood, peer and intimate partner psychological trauma is impactful in explaining current PTS [posttraumatic stress] symptoms" (Jeter & Brannon, 2014, p. 554). I would categorize my own traumatic experience (see Chapter 1) as a relational or interpersonal trauma.

Calhoun and Tedeschi (2006b) offer a more social constructionist definition of trauma based on an individual's experience of an event. They suggest that evaluating what gets defined as traumatic in a person's life depends on "the way it disrupts the personal narrative. If a person refers to a negative event as a watershed that divides a life into 'before and after' the event, it has been traumatic and it can initiate the cognitive

engagement that produces PTG [posttraumatic growth]" (Calhoun & Tedeschi, 2006b, p. 9).

Posttraumatic growth (PTG)

Posttraumatic growth is a positive change that comes about after struggling with a major life crisis (Meichenbaum, 2012; Tedeschi & Calhoun, 2004). Tedeschi and Calhoun (Calhoun & Tedeschi, 2004, 2006b, 2013b, Tedeschi & Calhoun, 1996, 2004), leading researchers on posttraumatic growth (PTG), developed the Posttraumatic Growth Inventory (PTGI), a 21-item scale to measure posttraumatic growth. Tedeschi and Calhoun (1996) developed their inventory based on three broad categories of perceived benefits experienced after trauma: "changes in self-perception, changes in interpersonal relationships, and a changed philosophy of life" (Tedeschi & Calhoun, 1996, p. 456). After the 21 items were grouped into categories, the following five factors that describe the qualitative change occurring with PTG were labeled as Relating to Others, New Possibilities, Personal Strength, Spiritual Changes, and Appreciation for Life (Tedeschi & Calhoun, 1996, p. 459). A phenomenological study of posttraumatic growth in Chinese mothers of children with autism was recently done which found "that perceived social support, peer example, effective coping style and self-efficacy enhancement are the positive factors that may make PTG more likely" (Zhang, Yan, Barriball, While, & Liu, 2015, p. 34).

Tedeschi and Calhoun (2004) acknowledge the dialectic nature of posttraumatic growth in that distress and growth exist at the same time. The trauma of one's experience is not erased by posttraumatic growth. An ability to think dialectically involves being able to understand something not in strictly black and white categories, but to have an

understanding of "both / and," the ability to see some good along with the bad. Bussey and Wise (2007) argue that one cannot categorize people's responses to trauma as one or the other—either growing and finding meaning in the trauma or staying stuck in bitterness and anger as a result of the trauma. It is not an "either / or" response, but often a "both / and" trauma response that takes months and years. Bussey and Wise (2007) affirm that healing from trauma is a process that evolves over time.

From his personal experience of being in a catastrophic head-on car collision precipitated by a drunk driver—an accident in which his mother, his wife, and his daughter were killed, and he and three of his children survived though some injured, Sittser (2004) confirms that posttraumatic growth does not undo or erase the trauma. He writes,

> Writing this book has turned out to be meaningful but not cathartic. It has not exacerbated the trauma, nor has it helped to heal it….[This book] is the happy result of a bad experience.
>
> Yet writing this book has not mitigated my sense of bewilderment and sadness. The help it may bring to others does not justify the loss or explain the tragedy. My suffering is as puzzling and horrible to me now as it was the day it happened. The good that may come out of the loss does not erase its badness or excuse the wrong done. Nothing can do that (Sittser, 2004, p. 19).

While not erasing or negating the trauma, posttraumatic growth can offer a person some hope for the future that he or she may experience some good that comes out of a major life crisis. The concept of paradox may be helpful here; "that out of loss there is

gain" (Tedeschi & Calhoun, 2004, p. 6) or the paradox of "stronger yet more vulnerable" (Calhoun & Tedeschi, 2004, p. 95). In the book *Supersurvivors* in which the authors explore why and how people transform suffering into personal triumph, Feldman and Kravetz (2014) address the paradox of positive thinking:

> Giving up is sometimes the only way to move forward. Truly accepting the consequences of a trauma with realistic thinking rather than delusional positive thinking can open people up to true hope—something that enables setting and achieving goals that ultimately can improve one's life (p. 28).

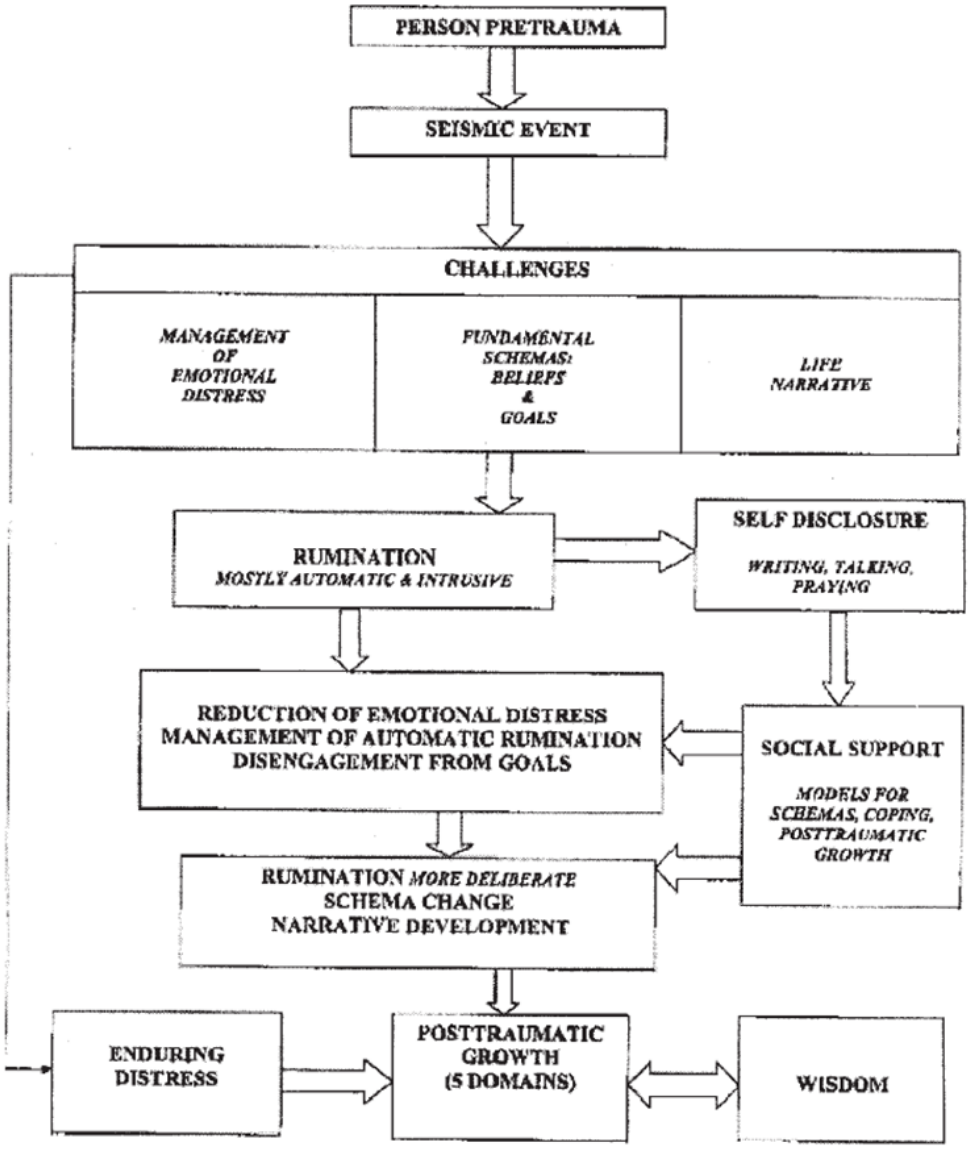
In reviewing the origin of the term, Tedeschi and Calhoun (2004) distinguish posttraumatic growth from stress-related growth based on the focus on the conditions of major crises in contrast to lower level stress. Real positive change, rather than an illusion or coping mechanism, has occurred within a person from their pre-trauma state to post-trauma: "Posttraumatic growth is not simply a return to baseline—it is an experience of improvement that for some persons is deeply profound" (Tedeschi & Calhoun, 2004, p. 2). Tedeschi and Calhoun's model of posttraumatic growth is illustrated in Figure 3.

While Tedeschi and Calhoun (2004) argue that posttraumatic growth is real, positive change and not an illusion, Zoellner and Maercker (2006) offer a two component model of posttraumatic growth that includes a constructive aspect and an illusory aspect:

> The Roman God, Janus, was usually depicted as Janus Geminus (twin Janus), with two faces looking in opposite directions. The Janus Face model proposes a two-component model as an adequate approach to the phenomenon of self-perceived posttraumatic growth: Posttraumatic growth, hence, is considered to have a functional, self-transcending or

constructive side, as Tedeschi and Calhoun see it, and also an illusory, self-deceptive, or dysfunctional side (Zoellner & Maercker, 2006, pp. 639–640).

Figure 3. A model of posttraumatic growth



(Tedeschi & Calhoun, 2004, p. 7)

Zoellner and Maercker (2006) provide an overview of the phenomenon of posttraumatic growth, its theoretical considerations and the existing theoretical models

that attempt to describe and explain the phenomenon. That these authors are assessing the phenomenon according to a modernist worldview is clear from their dissatisfaction with the lack of empirical research that accurately measures the qualities of self-perceived posttraumatic growth: "One can suppose that the predictors of self-perceived PTG and its adaptational role are different from the predictors and adaptive significance of an assumed 'true' or objective PTG" (Zoellner & Maercker, 2006, p. 638). Zoellner and Maercker are working under the belief that it is possible to know PTG objectively and that somewhere there exists "true PTG."

An outcome and a process

Zoellner and Maercker (2006) review the existing research that assesses aspects of PTG and the development of models of PTG as an outcome or as an adaptive coping strategy. A summary of the outcome model of posttraumatic growth results in three possible results—a returning to baseline or homeostasis, a distressed outcome when an individual fails to return to his or her pre-trauma normal, or an enhanced outcome in which the individual experiences additional growth following the struggle after trauma (Altmaier, 2013). Posttraumatic growth as a process of adaptive coping strategy is described as the on-going means used by an individual to respond to trauma: "In this model, the meaning-making aspects of posttraumatic growth represent the process of event assimilation into the individual's global meaning system" (Altmaier, 2013, p. 108).

Rather than two opposing views, others view posttraumatic growth as both a process and an outcome (Pat-Horenczyk & Brom, 2007; Tedeschi & Calhoun, 2004). Posttraumatic growth is more dynamic than static. When a person has experienced a trauma, the process of integrating that experience into his/her life story may be ongoing

for the rest of the person's life. The outcome of posttraumatic growth may be the motivation, actions and behaviours that arise out of one's traumatic experience. Posttraumatic growth needs meaningful action, not just cognitive processing (Pat-Horenczyk & Brom, 2007; Westphal & Bonanno, 2007).

From their review, Zoellner and Maercker (2006) discover the inconclusiveness of making any definitive statements about PTG based on the research that has already been done:

> The phenomenon of self-perceived PTG is still not well understood and cannot yet be described in a theoretically satisfying manner or measured with reliability and validity. PTG does not show any strong associations with well-researched concepts in psychology. Furthermore, PTG is not reliably linked to measures of adjustment. The proposed models of PTG (especially those by Tedeschi & Calhoun, 2004 as well as Schaefer & Moos, 1992) have been of great value. However, both models implicitly assume that PTG is a positive and adaptive phenomenon, but this has not yet been demonstrated convincingly. As has been outlined by the Janus-Face model of PTG (Maercker & Zoellner, 2004) and by other authors (Nolen-Hoeksema & Davis, 2004; Park, 2004; Wortman 2004), the possibility of an illusory component co-existing with a constructive component in self-perceived PTG should be considered by theorists and researchers. The ongoing open debates of the significance of PTG and its role for psychological adjustment can only be resolved empirically (Zoellner & Maercker, 2006, p. 649).

Self-reported posttraumatic growth

The Posttraumatic Growth Inventory (PTGI) designed by Tedeschi and Calhoun (1996) relies on the survey participant's retrospective self-report of changes or growth following a trauma. When Tedeschi and Calhoun tested their 21-item scale, they conducted three studies—Study 1 tested item development and scale reliability; Study 2 looked at concurrent and discriminant validity (determining whether perceived benefits were the result of PTG and not a reflection of some other tendency like personality traits or social desirability); and Study 3 tested construct validity (looking at whether the PTGI measured benefits that were unique to people who had experienced severe traumatic events compared to people who experienced ordinary life events). The results of the three studies show that the PTGI has good internal consistency and test-retest reliability (Tedeschi & Calhoun, 1996, p. 466).

Studies 1 and 3 revealed a gender difference of women reporting more benefits following trauma than men (Tedeschi & Calhoun, 1996, p. 460). A meta-analysis of 70 published and unpublished studies measuring posttraumatic growth using either the Posttraumatic Growth Inventory (PTGI) or the Stress-Related Growth Scale (SRGS) showed a small to moderate gender difference with women reporting more posttraumatic growth than men (Vishnevsky, Cann, Calhoun, Tedeschi, & Demakis, 2010, p. 116).

Study 2 showed that the PTGI is moderately positively correlated with the personality traits of optimism and extraversion (Tedeschi & Calhoun, 1996, p. 463). Study 3 confirmed that persons who experienced severe trauma, compared to persons who experienced no trauma, had higher scores on four out of five factors measured by the PTGI (Tedeschi & Calhoun, 1996, p. 466). The higher scores reported by persons who

experienced severe trauma were on the factors of New Possibilities, Relating to Others, Personal Strength, and Appreciation of Life, but not in the factor of Spiritual Change.

While Tedeschi and Calhoun (2004) acknowledge the complexity of the phenomenon of posttraumatic growth and attempt to show the complicated relationships and mitigating factors in a diagram of their model of posttraumatic growth (see Figure 3), McMillen (2004) criticizes their model for being too generic and for not properly accounting for the influences of environmental factors, such as supportive others and culture (p. 50).

Others enter into the debate about whether self-reported posttraumatic growth as measured by the PTGI genuinely reflects positive change (Frazier et al., 2009) and what might be the moderators of the relation between perceived and actual posttraumatic growth (Gunty et al., 2011). Frazier et al. (2009) asks whether PTG reflects genuine positive change, a motivated positive illusion, a coping process (p. 912), or a self-protective strategy (p. 913). Their study found that "perceived posttraumatic growth as measured by the PTGI did not appear to measure actual growth from pre- to posttrauma" (Frazier et al., 2009, p. 916). The authors argue that prospective, not retrospective, measures are needed since recall is not a reliable measure for self-reported growth (Frazier et al., 2009). They conclude that PTG might not be actual growth, but positive reinterpretation coping (Frazier et al., 2009, p. 917).

Gunty et al. (2011) follow Frazier et al.'s (2009) study in attempting to isolate moderators of the relation between perceived and actual growth. The four moderators being studied were two posttrauma distress-related variables—distress and life satisfaction—and two pre-event measures of psychological health—neuroticism and self-

esteem. The authors explain that as in studies of personality, close relationships, and psychotherapy, "*perceived change* is measured via retrospective self-reports of change and *actual change* is measured via change in self-report measures over time" (Gunty et al., 2011, p. 61). Though the accuracy of measuring by self-report has been questioned, using the same measurement strategy for both perceived and actual growth is supported by the authors because the private and personal nature of the constructs being evaluated does not make them good candidates for using observer ratings and if there is a correlation between perceived and actual growth, differences in measurement strategies do not have to be accounted for (Gunty et al., 2011, pp. 61–62).

Ongoing research and exploration of the phenomenon of PTG in recent years has added more facets to the conversation, but a complete, empirical, and statistically significant scientific explanation and understanding of PTG is no more clear. Researchers in the field though are noticing and naming a shift in conceptualizations of posttraumatic growth from a deficiency model to a strength-oriented model (Altmaier, 2013; Zoellner & Maercker, 2006).

Westphal and Bonanno (2007) identify one of the problems with the study of PTG is that researchers implicitly or explicitly equate PTG with resilience or consider PTG superior to resilient outcomes. Resilience and PTG are different concepts that are intricately related. There is no value judgment on which one is better. They both are different, yet complexly related phenomena and they can be found simultaneously within an individual.

Resilience

While Calhoun and Tedeschi (2006b) argue that "the word *resilience* was never defined as transformation or reformulation" (p. 11), Walsh (2002) writes, "What I most appreciate in the concept of resilience is that, beyond coping or weathering adversity, it involves transformation and growth" (p. 35). Southwick and Charney (2012) compare the term resilience in physical sciences which refers to material or objects that have the quality of resuming their original shape when bent or stretched to resilient people which "refers to the ability to 'bounce back' after encountering difficulty" (p. 7).

Walsh (2002) argues that resilience is more than "bouncing back" and introduces the concept of "'bouncing forward,' to face an uncertain future. This involves constructing a new sense of normality as we recalibrate our lives to face unanticipated challenges ahead" (p. 35). In Walsh's (2002, 2006) inclusion of growth and integration of the crisis experience into a new worldview and identity in her understanding of resilience, there are similarities between this definition of resilience and the character and nature of posttraumatic growth.

Meichenbaum (2012) defines resilience as "the capacity to adapt successfully in the presence of risk and adversity" (p. 3). He includes the Latin derivatives from which the word "resilience" comes: "*salire* (to leap or jump) and *resilire* (to spring back)" (Meichenbaum, 2012, p. 3). Walsh's (2002) concept of resilience as "bouncing forward" seems to capture the meaning of the Latin roots of the word.

Richardson (2002) explains the development of resiliency theory in three waves: 1. Resilient qualities, 2. The resiliency process, and 3. Innate resilience. Richardson (2002) argues that growth can happen through resilience as well: "Resilient reintegration

is to experience some insight or growth through disruptions" (p. 321). In defining the third wave, Richardson attributes the source of resilient reintegration to spirituality and postulates that resilience is a capacity in every soul: "A succinct statement of resilience theory is that there is a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength" (Richardson, 2002, p. 313). People in helping professions gain from practical applications of resiliency theory through identifying and nurturing individual strengths in their clients. Richardson (2002) highlights empowerment and a client's choice of personal growth in dealing with stress and disruptions in their life.

Resilience can be defined as a stable pattern of low distress over time. Resilience or the resilient trajectory "reflects the ability to maintain a stable equilibrium" (Bonanno, 2004, p. 20). People who exhibit resilience seem to be able to go on with their lives with minimal or no apparent disruptions in functioning. Though resilient individuals still experience grief, they seem to exhibit "the ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event such as the death of a close relation or a violent or life-threatening situation to maintain relatively stable, healthy levels of psychological and physical functioning" (Mancini & Bonanno, 2006, p. 972). In coping with the death of a spouse, Mancini and Bonanno (2006) discovered that resilient individuals are better able to gain comfort from talking about or thinking about the spouse, they report fewer regrets about their behaviour with the spouse, or about things they may have done or failed to do when he or she was still alive. Surprisingly, the resilient individuals were less likely to search to make sense of or find meaning in the spouse's death.

Westphal and Bonanno (2007) suggest that resilience can be understood from within a broader framework of individual differences:

> Specifically, we consider flexibility in appraisal, coping, and emotion regulation processes to master the challenges posed by potentially traumatic events as more important to a resilient trajectory than reliance on any particular coping strategy. Just as risk factors for the development of PTSD vary across different types of potentially traumatic events, the multiple pathways to resilient outcomes undoubtedly vary in adaptive value across different people, situations, and cultural contexts (Bonanno, 2005; Westphal et al., in press) (p. 425).

Introducing individual differences that take into account contextual and cultural variations sets the stage for Ungar's (2013) research on factors associated with resilience that promote and protect against the negative impact of exposure to traumatic events.

Ungar (2013) broadens the definition of resilience to include more factors than a person's inner qualities, strength of character or personality traits: "Rather than defining resilience as an individual's ability to cope under stress, I defined resilience as the capacity of *both* individuals and their environments to interact in ways that optimize developmental processes" (p. 256). He defines resilience as a social ecological construct that involves an interactional process of Individual x Environment. From his research he has derived three principles of a social ecological understanding of resilience:

> (1) resilience is not as much an individual construct as it is a quality of the environment and its capacity to facilitate growth (nurture trumps nature);
>
> (2) resilience looks both the same and different within and between

> populations, with the mechanisms that predict positive growth sensitive to individual, contextual, and cultural variations (differential impact); and (3) the impact that any single factor has on resilience differs by the amount of risk exposure, with the mechanisms that protect against the impact of trauma showing contextual and cultural specificity for particular individuals (cultural variation) (Ungar, 2013, pp. 262–263).

Resilience or posttraumatic growth (PTG)?

The literature suggests that the severity of the traumatic event—a major life crisis or an extremely stressful event—is necessary for posttraumatic growth (Calhoun & Tedeschi, 2006b; Janoff-Bulman, 1992, 2004; Tedeschi & Calhoun, 2004; Zoellner & Maercker, 2006). Grych, Hamby, and Banyard (2015) offer a helpful distinction between resilience and posttraumatic growth: "Whereas resilience is conceptualized as maintaining psychological health *despite* exposure to violence, posttraumatic growth is a healthy outcome that occurs *because* the individual experienced a stressful event" (p. 344).

Teasing out the subtle distinction between posttraumatic growth and resilience is complicated and might be impossible, but here are some analogies offered in the literature that might help. Calhoun and Tedeschi write, "We have described the results of PTG (Calhoun & Tedeschi, 1998, 2004) using the metaphor of traumas as psychological earthquakes that shake the foundations of schemas that will then need to be rebuilt to standards that allow resistance to future earthquakes" (Calhoun & Tedeschi, 2006b, p. 11). Janoff-Bulman (1992) addresses this notion of trauma as psychological earthquake that shakes the foundation of core beliefs that people hold about the world, about others

and about themselves. When an individual experiences a traumatic event, his/her foundational beliefs and assumptions are shattered. Feldman and Kravetz (2014) describe it like this:

> We know it takes faith to believe in God, but we sometimes forget how much faith it takes to believe in truth, justice, goodness, and even love. Trauma challenges this faith, and in some cases shatters it into tiny pieces. We are left groping around on the floor for the ruins of our once-unquestioned beliefs (p. 50).

Janoff-Bulman (2006) further suggests that it is not the easily recognizable external losses that define an experience as traumatic, but that "traumas are shocks to our inner worlds" (p. 83). Trauma arises from internal disorganization and disintegration following an event that does not psychologically fit into a person's existing framework for understanding it or making meaning from it: "Traumatic life events shatter our sense of safety and security, our complacency in a world where tragedy and misfortune do occur to good, careful people" (Janoff-Bulman, 2006, p. 85). In addition to trauma as psychological earthquakes, Doehring (2014) expands on how the trauma shocks to our inner worlds may "open up crevasses deep down into those core beliefs, values, and ways of coping that formed us as children. Spiritual and pastoral care can help people identify and explore these embedded theologies that surface in trauma."

Posttraumatic growth, then, for Janoff-Bulman involves the rebuilding of a viable assumptive world—an assumptive world that integrates a person's traumatic experience into his or her life story: "This coping process is long, arduous, and painful, but eventually, for most survivors, the trauma is successfully incorporated into the

assumptive world, in that the experience is represented and acknowledged, but does not wholly define the inner world" (Janoff-Bulman, 2006, p. 87).

Beyond using the metaphor of trauma as a psychological earthquake, two recent journal articles look at particular facets of posttraumatic growth from studying Japanese undergraduate students who experienced the trauma of an actual earthquake—the Great East Japan Earthquake on March 11, 2011 (Taku, Cann, Tedeschi, & Calhoun, 2015; Taku & Oshio, 2015). Administering the Japanese versions of the Core Beliefs Inventory (CBI), the Event-Related Rumination Inventory (ERRI) and the Posttraumatic Growth Inventory (PTGI-J) to 314 Japanese undergraduates, Taku et al. (2015) found that "greater disruption of core beliefs was the strongest predictor of PTG" (p. 357). Using the same research data, Taku and Oshio (2015) analyzed the complex interactions of the elements thought to contribute to PTG focusing specifically on the role of core beliefs' examination and deliberate rumination at an item-level of the PTGI. Study results showed that "[n]one of the PTGI results showed a significant relationship with only deliberate rumination, suggesting that PTG is not likely to occur without core beliefs being challenged" (Taku & Oshio, 2015, p. 159).

Janoff-Bulman (2004, 2006) offers three models of PTG, each representing a different process and perspective on survivor's positive transformations:

1. Strength through suffering—involves self-discovery and new self-perceptions produced over the course of coping and adaptation
2. Existential re-evaluation—involves reflective appraisals and the creation of value triggered by perceptions of human fragility in the aftermath of victimization

3. Psychological preparedness—focuses on changes in the survivor's assumptive world that suggest greater complexity and structural growth (Janoff-Bulman, 2006, p. 82).

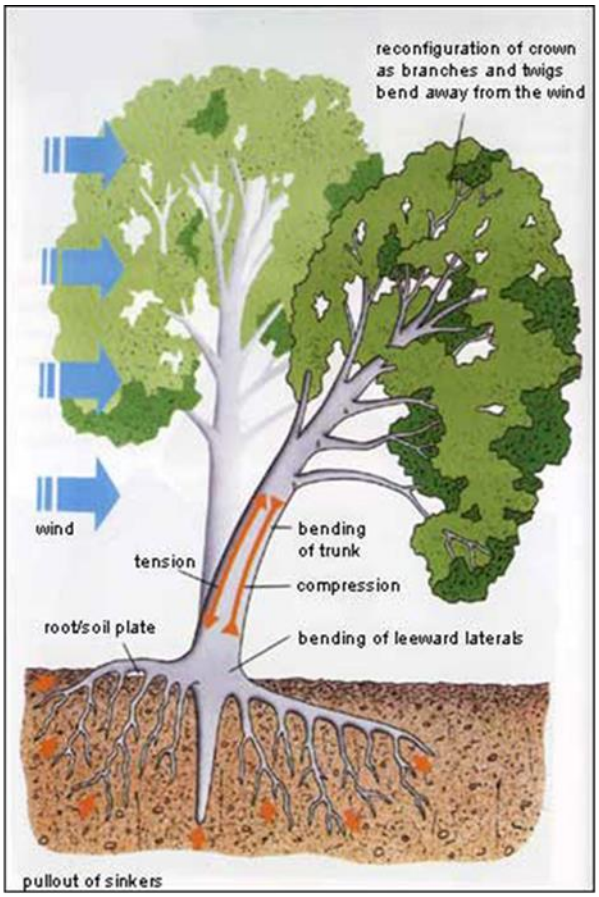
Janoff-Bulman (2006) acknowledges that growth from trauma involves a dual legacy, a legacy that healthily embraces both the negatives of having gone through a trauma experience, and the positives gained through enduring and surviving the trauma. A uniformly positive pre-trauma assumptive worldview, shattered by trauma that may lead to uniformly negative assumptions, is rebuilt into worldview that allows space for integration of the trauma into one's life story: "All three types of psychological transformation can be understood in terms of the impact of traumatic events on fundamental assumptions, or in other words, in terms of schema changes in the content and architecture of our inner worlds" (Janoff-Bulman, 2006, p. 83).

Lepore and Revenson (2006) define resilience as "more than just a personality trait: it is the product of the person, his or her past experiences, and current life context" (p. 40). They offer the analogy of a tree blowing in the wind to illustrate the relationship between resilience and posttraumatic growth. They describe three facets of resilience: recovery, resistance and reconfiguration, with posttraumatic growth being one possibility for how someone might reconfigure after trauma (Lepore & Revenson, 2006).

The recovery pattern, also described by Bonanno (2004), involves a person overwhelmed by trauma for a period of time that disrupts their normal functioning, but gradually over time they recover to their pre-trauma level of functioning. "Ordinarily when a strong wind blows a tree, the tree will bend to accommodate the wind or else it

will break. When the wind stops, the tree resumes its original upright state" (Lepore & Revenson, 2006, p. 25). See Figure 4.

Figure 4. Diagram of tree blown sideways by the wind



Retrieved from Natural History Museum, London, UK website. Article credit to Roland Ennos.

Resistance, another form of resilience, is characterized by people who exhibit relative normal functioning before, during and after a stressor or trauma (Bonanno, 2004). Using Lepore and Revenson's (2006) metaphor of the tree in the wind, "this form of resilience would be evident when a tree stands still, undisturbed, in the face of a howling wind" (p. 25).

Reconfiguration involves a reorganizing of a person's cognitions, beliefs and behaviours following trauma in such a way that he or she has adapted to the traumatic experience and is possibly even able to withstand future traumas:

> To apply our metaphor, when the wind blows, the tree does not simply make a temporary accommodation and then resume its original shape; instead, it changes its shape. The reconfigured tree can accommodate prevailing winds, but it also may make the tree resistant to breaking in future wind storms (Lepore & Revenson, 2006, pp. 26–27).

Figure 5. Tree analogy showing reconfiguration resilience

(PicsOfTrees.com, 2007-2008)

While Lepore and Revenson (2006) locate posttraumatic growth as one form of resilience that they have defined as reconfiguration, Calhoun and Tedeschi (2006b) argue that resilience and posttraumatic growth are two distinct and different concepts. Levine, Laufer, Stein, Hamama-Raz, and Solomon (2009) conducted two studies of people

exposed to man-made traumas—one study of Israeli adolescents exposed to terror and another study of Israeli citizens and army personnel following the second Lebanon War—in which they examined the interrelationship between resilience and posttraumatic growth. Levine et al. (2009) defined resilience as lack of posttraumatic stress disorder following trauma. Their study showed that resilience and posttraumatic growth were inversely related. The more resilient one is the less likely one is to experience posttraumatic growth. Levine et al. (2009) offer two possible explanations for their findings:

> Either posttraumatic growth is a positive illusion of wishful thinking or …posttraumatic growth only occurs if trauma has been upsetting enough to drive the survivor to (positive) meaning-making of the negative event. Resilience may make a person less likely to perceive threat to self or world views. Thus, more resilient people are more able to mitigate the impact of the event (S. Z. Levine et al., 2009, p. 285).

From these definitions, it appears that perhaps one of the defining differences between resilience and posttraumatic growth is the severity of the adversity that precipitates the need for either resilience or growth. Walsh explains that "[r]esilience entails both suffering and perseverance, 'struggling well' to work through emerging difficulties as we strive to integrate the fullness of the crisis experience into the fabric of our individual and collective identity (Walsh, 1998)" (Walsh, 2002, p. 35). Both resilience and posttraumatic growth require an integration of the adversity or trauma into one's life and rebuilding shattered worldviews or schemas that no longer explain the world we thought we knew. What sets posttraumatic growth apart from resilience is a

traumatic experience—an event that is more severe than adverse life circumstances. To continue to use Lepore and Revenson's (2006) analogy of the tree in the wind, trauma is like a tree blown so hard by violent and unexpected wind that the tree breaks. Posttraumatic growth is finding some way to go on in life incorporating that broken tree into your inner landscape. Posttraumatic growth is new shoots growing from the severed tree stump. (See Appendix A for a more detailed exploration of this image.)

Through the lens of theological reflexivity, why is it significant to clearly understand the distinction between resilience and posttraumatic growth? Posttraumatic growth explained as transformation from life-limiting theology of trauma to life-giving theology of trauma is possible through the theology of the cross—the death and resurrection of Jesus—where new life is resurrected from the dead. This transformation from death to life, from old self to new self, from traumatized self to posttraumatic self is the good news, the gospel message, to trauma survivors.

Transformation

Terr (2008) describes large and small moments of change that happen with traumatized children in psychotherapy as "magical moments." From my worldview, I call these moments of grace. Terr is describing something transcendent that happens in moments that occur between child and psychotherapist. A significant factor is that these moments happen within the context of a relationship between living human documents.

Tedeschi and Calhoun (2004) have found that growth after trauma does not automatically happen. It takes intentional effort and struggle from the traumatized individual to integrate the new post-trauma reality into his or her life in a healthy and positive way. The more the individual wrestles with this new reality, the more potential

for posttraumatic growth. The quality of transformation to make something new out of that which is broken by trauma is what sets apart posttraumatic growth from resilience (Tedeschi & Calhoun, 2004, p. 4). "Tragedy can be a *springboard* for transformation" (Meichenbaum, 2012, p. 7). Posttraumatic growth arises out of experiencing a trauma that breaks you or that shatters your interior worldview. An individual is able to grow through adversity and stress in life and this growth builds resilience, but this growth is qualitatively different than posttraumatic growth. Future study needs to be done to tease out the character and qualities that differentiate posttraumatic growth from resiliency growth (Ungar, 2013).

Some of the qualitative positive changes that occur as part of posttraumatic growth include new ways of relating to others, new possibilities, personal strengths, spiritual changes and appreciation for life (S. Z. Levine et al., 2009; Tedeschi & Calhoun, 2004). Calhoun and Tedeschi offer three categories of growth after trauma: changes in the perception of self, changes in the experience of relationships with others, and changes in one's general philosophy of life. They also raise the question for future study about whether or not the term posttraumatic growth only allows for positive changes. Is there such a thing as negative growth? (Calhoun & Tedeschi, 2006b, p. 20)

The literature focuses on growth as being internal change in a positive direction—change that strengthens rather than destroys (Bussey & Wise, 2007): "When considering growth in the context of traumatic life events, we are instead interested in psychological 'increases,' expansions and developments in survivors' cognitive-emotional understanding of themselves and their world" (Janoff-Bulman, 2006, p. 82). Richard Rohr, a Franciscan priest quoted in Chapter 2, says "all transformation takes place in

what I call liminal space – liman in Latin means threshold. It's when you're betwixt and between….That's where the breakthrough happens" (Rohr, 2005, p. 4). So experiencing a traumatic event places one in the position of pain and in the in-between place of liminal space where posttraumatic growth can happen.

There is no age limit or specific life stage associated to growth from life's experiences. Dying can even be a time of growth and transformation: "For some, including Kubler-Ross (1975), the dying process also may be perceived and engaged in as a final stage of growth, one that is understood as a transformative experience (Callanan & Kelley, 1992)" (Becvar, 2001, p. 34). Dying and grieving are intense, life-altering experiences. It is no wonder then, that one can be changed as a function of the grieving process.

Frankl (1959) explores one's choices in facing uncontrollable suffering from his experience in a Nazi concentration camp. He writes, "His unique opportunity lies in the way in which he bears his burden" (Frankl, 1959, p. 78). Although those imprisoned during the Holocaust had no control over their own destiny except to choose the attitude with which they would face their circumstance, Feldman and Kravetz (2014) translate the importance of choice in transforming trauma to growth into a concept they call "grounded hope" which is having a realistic view of the circumstances plus a strong view of one's ability to control one's destiny through one's efforts (p. 40). Often hope needs to be found elsewhere during the experience of trauma since what makes trauma so traumatizing is the fact that one does not have any control over one's destiny in the moment.

Barnes (2010) attributes the transformation of an illness into choice to be directly related to spirituality. The diagnosis and experience of an illness invites a person to a depth of existence and awareness that is only possible because of the illness. We can take a perceived life sentence (diagnosis of illness) and "transform it into a choice, an opportunity, rather than merely accepting it at face value, or as the inevitable, or denying it and resisting it, experiencing despair and hopelessness" (Barnes, 2010, p. 7).

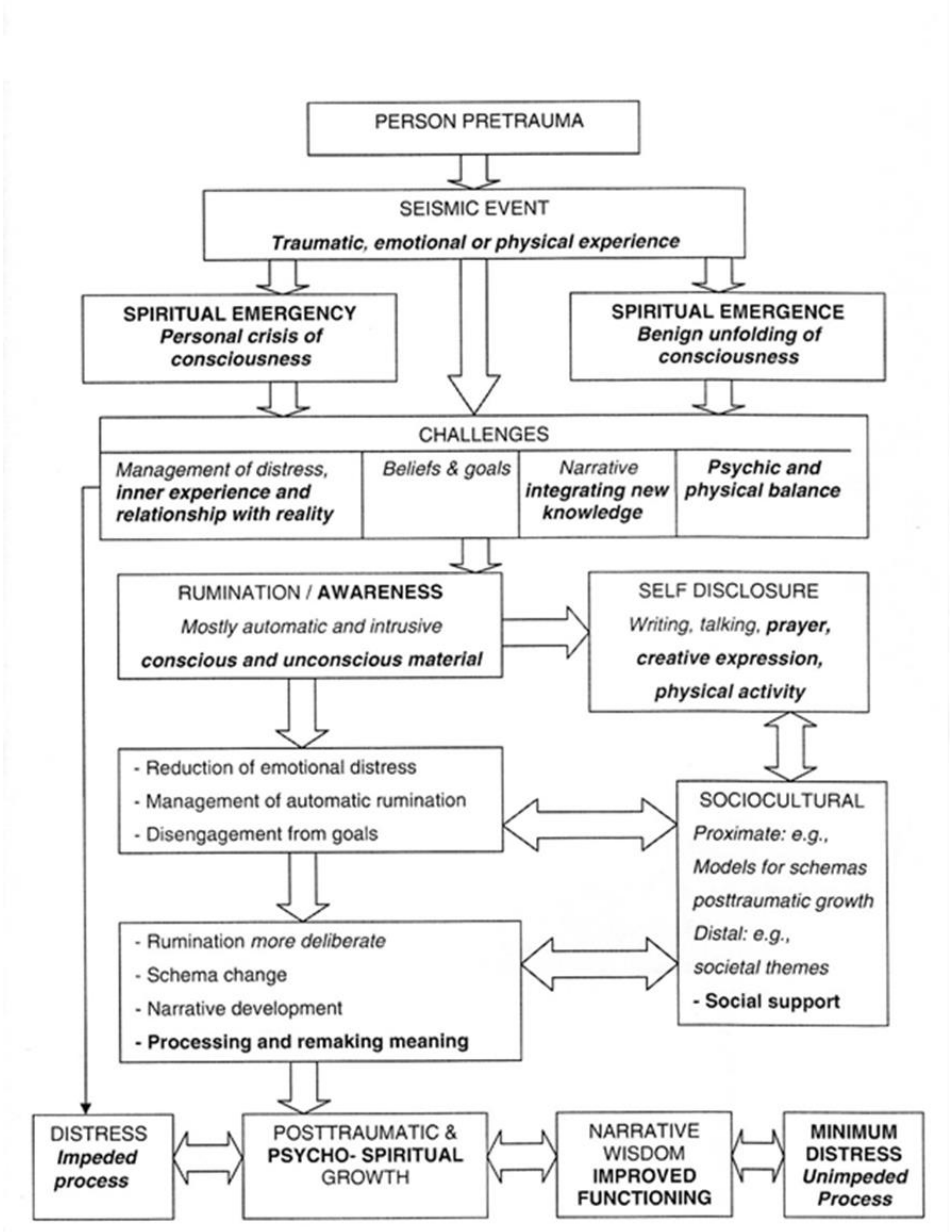
Bray (2010) designs a framework for studying the phenomenon of perceived growth following highly stressful life events. Bray's framework combines two existing models: Tedeschi and Calhoun's (2004) posttraumatic growth model and Stanislav Grof and Christina Grof's framework of psycho-spiritual transformation. Posttraumatic growth posits a sequential model of an individual encountering a disruptive life event, having to struggle with three challenges concerning beliefs and goals, management of emotional distress, and restructuring their life narrative. Through their sense-making struggle, the individual may come to a new perspective with fresh priorities and a fuller appreciation of life.

Psycho-spiritual transformation uses the concepts of "spiritual emergence" and "spiritual emergency" to describe how one might respond or react to a traumatic emotional or physical experience. Spiritual emergence is a response of navigating the challenges with awareness and openness to the spiritual dimension and the ability to process, understand, make meaning and integrate the new experiences. If the experience produces a personal psychological crisis, the reaction may be a spiritual emergency. While they do not use the terms "spiritual emergence" and "spiritual emergency," Pargament, Desai, and McConnell (2006) offer the same trajectories when they examine

spirituality as a pathway to posttraumatic growth or decline. This connects with the diagrams of either a life-limiting theology of trauma or a life-giving theology (Doehring, 2014b).

Bray (2010) merges Calhoun and Tedeschi's posttraumatic growth model and Grof and Grof's framework of psycho-spiritual transformation by suggesting that a person's experience of how they come to terms and cope with a spiritual emergence or spiritual emergency is a process that can bring them to posttraumatic growth. In his literature review, Bray shows that in their previous work, both Grof and Grof and Calhoun and Tedeschi also view crises as either a danger or an opportunity for transformation. After a traumatic life-altering event, the desired outcome is not simply a return to equilibrium or baseline, but growth—a deeply profound improvement in meaning-making that can only occur through "the influence that spiritual dimensions of experience have on the posttraumatic growth processes" (Bray, 2010, p. 306).

Figure 6. An expanded model of PTG and psycho-spiritual transformation



(Bray, 2010, p. 302)

Trauma as turning point

We have already noted in the socially constructed definition of trauma, a turning point aspect that hinges on an individual's experience of an event that divides life into before and after the event (Calhoun & Tedeschi, 2006b). "It appears that as survivors reflect on the discrepancy involving unattained goals or schemas and events, they develop the universal character of a trauma narrative—the before and after the trauma, the trauma as turning point (McAdams, 1993; McAdams, Reynolds, Lewis, Patten, & Bowman, 2001; Tedeschi & Calhoun, 1995)" (Tedeschi & Calhoun, 2004, pp. 9–10).

Developing the trauma narrative provides wisdom and insight as a person crafts and revises his/her story to include the before and after of the trauma (Tedeschi & Calhoun, 2004, p. 12). Pargament (2013) adds that a focus on spirituality helps as spirituality is an organizing force that can provide an overarching vision for life. Spirituality can also be conceptualized as a stream which is best understood as a narrative or a journey. It is a life story that is always evolving and never ends. "Metaphorical and narrative elements are likely to serve trauma survivors well as they take on a life that has become surprising, complicated beyond expectation, and painful" (Tedeschi & Calhoun, 2004, p. 15).

The literature suggests that one clinical application in helping to foster growth following a trauma is to help the individual to develop a posttraumatic narrative. Neimeyer (2006) describes humans' natural desire to make meaning through storytelling, a concept that is called re-storying loss. Neimeyer (2006) describes how individuals can either assimilate or accommodate their traumas into their life stories:

> ...[R]esilient survivors are able to assimilate loss into their existing self-narratives in a way that does not radically undermine the central themes of their life stories and, indeed, may even affirm them….[W]hen such assimilation is not possible, survivors may find themselves struggling to accommodate their self-narratives to integrate the enormity of their loss, in addition to promote adaptation to their changed lives in its aftermath (p. 71).

The process of transformation is long and ongoing. A process does not have a distinct end point, but may continue to evolve and develop over time. The process of transforming trauma requires rumination and time which is needed in order to develop a posttraumatic narrative which leads to posttraumatic growth. Rumination, a process of thinking, re-thinking and re-thinking, goes along with the telling, re-telling and re-telling of one's trauma story: "[R]umination and deliberate, repetitive cognitive processing of the traumatic event are associated with PTG" (Janoff-Bulman, 2006, p. 87). Both thinking time (rumination time) and re-telling time is necessary in the process of transforming trauma into posttraumatic growth: "Inherent in every post-trauma healing process is the person's telling and retelling and retelling (something that may get interpreted as "stuck") of "The Story" with all of its appropriate, though usually horrific, emotional content. Being in an environment that feels safe enough for expressions of anger, confusion, fear, and sadness to be released is one of the most crucial aspects in the process of trauma transformation" (Bussey & Wise, 2007, p. 7).

As discussed in Chapter 2, the silent, non-anxious presence of a care giver can aid a trauma survivor by being available to listen and to hold the other person's story,

without judgment or horror, however terrible the trauma was: "Supportive others can aid in posttraumatic growth by providing a way to craft narratives about the changes that have occurred, and by offering perspectives that can be integrated into schema change (Neimeyer, 2001; Tedeschi & Calhoun, 1996)" (Tedeschi & Calhoun, 2004, p. 8). The Church is familiar with narratives as God reveals Himself through narrative in The Bible—Christianity's sacred text. Abbott (2012) writes that this familiarity with being a storied people can be a helpful resource in connecting with traumatized people: "Narrative theology provides a distinct method that can be helpful in addressing traumatization by the use of *imagination* as one narrates one's story and weaves it into the canonical story, which is also the Church's communal story" (p. 43).

In his study using a dialogical narrative approach, Carless (2014) notes the changes in the trauma narratives of six soldiers in the British Army who experienced trauma or injury. His research reveals a progression through three narrative types as the soldiers described different phases of their lives. The narrative began as "making progress and going somewhere" (in the words of one participant), evolved into a chaos narrative describing the transformation that occurred in the period of time characterized by negativity, hopeless-ness, and a sense of being lost following the soldier's injury or trauma, and ended with a quest narrative that indicated a second transformation characterized by immersion in an intense present, a developing self, and a relational orientation.

Working towards transforming a person's experience to a life-giving theology of trauma involves identifying the life-limiting beliefs and values the person is associating with the trauma and moving to develop more life-giving beliefs and values. This involves

both emotional and cognitive processing of a traumatic event and involves coming to terms with a new identity. Change and uncertainty about the future are two fundamental elements of crisis, which typically is sudden, intense and unexpected. Musgrave's (2005) research draws out the themes of the life-changing experience of an illness, finding meaning in the experience which helps in coping, the role of relationships, and the place of the religious and spiritual dimensions in a person's life that corresponds with how a person copes with the life-threatening illness. The point of the rumination and re-telling is the creation of meaning that emerges out of the story. Meaning-making is the ongoing cycle of conversation such that how we express our memories tells a story in transformed ways (Altmaier, 2013). It is a process of creating positive stories, of recreating our worldview (Becvar, 2001, p. 63). Meaning-making is the phoenix rising from the ashes of a person's traumatic experience. In the process, trauma survivors often discover new strengths and possibilities (Janoff-Bulman, 2006, p. 87). While meaning-making also seems to play a role in resilient individuals, it is not to the same extent as is necessary for a person who has experienced a trauma (Pat-Horenczyk & Brom, 2007; Westphal & Bonanno, 2007). A person's religious coping strategies and spirituality play an integral role in meaning-making (Altmaier, 2013; Pargament, 2007).

Posttraumatic growth as opposed to resilience seems to work according to the same principles as other phenomenon in our physical health and well-being. For example, when you lift weights, you become stronger because your muscle tears and repairs itself stronger (Janoff-Bulman, 2004, p. 31). Like a tree unable to withstand gale force winds, trauma breaks a person. A person must change and transform to grow from the trauma.

Posttraumatic growth is the rebuilding of the new you—a reformulated identity that has been transformed different than before.

Posttraumatic growth involves an understanding of the posttraumatic self (Wilson, 2006). Traumas are multidimensional in nature so the posttraumatic self has been changed multidimensionally. Posttraumatic impact ranges on a continuum from worst case scenarios of ongoing suffering from the traumatization or transcending the trauma. A new focus from positive psychology and a focus on strengths rather than on deficits seeks to aid in understanding the phenomenon of posttraumatic growth:

> It is my belief, born from nearly four decades of experience in working with traumatized persons suffering from PTSD, that it is more important to study the healthy, self-transcendent survivors of trauma than those most dehumanized by it. By understanding the strong, resilient, self-transcendent survivor of extreme life-adversity, we can learn how it is that they found the pathway to healing, recovery, resilience, and the actualization of their innate human potentials (Wilson, 2006, p. 2).

Barrington and Shakespeare-Finch (2013) found in their study of clinical professionals who work with refugee survivors of torture and trauma that the clinicians had an opportunity to experience vicarious posttraumatic growth through intentional meaning-making that facilitated positive change. From their training and expertise, clinicians are better able to process their vicarious trauma toward posttraumatic growth through meaning-making: "It appears that the initial shattering of their beliefs was quickly ameliorated because clinicians were able to process their stories, rework their beliefs and effectively incorporate the traumatic material. In other words, the

psychological distress of these workers seemingly dissipated because they were able to make meaning of their experience and grow from it" (Barrington & Shakespeare-Finch, 2013, p. 100).

Trauma and grief

Grief and trauma are intimately connected (Boss, 2006; Znoj, 2006). Trauma always involves loss, though all traumas do not necessarily involve a death. Attachment theory (Johnson & Whiffen, 2003) explains that we grieve because we have lost something or someone to whom we are attached. The tenth central tenet of attachment theory is "Isolation and loss are inherently traumatizing" (Johnson, 2004, p. 32). The losses experienced in trauma vary according to the nature of the traumatic event or experience. The trauma also has an effect on attachment (Barker, n.d.). Pearlman and Courtois (2005) address how complex trauma exposure impacts an individual's ability to form healthy attachments and maintain healthy relationships.

In trauma or complex trauma, usually there are multiple losses and they encompass the six major types of losses: material loss, relationship loss, intrapsychic loss, functional loss, role loss and systemic loss (Doehring, 2006; Mitchell & Anderson, 1983). The most significant and unsettling loss of trauma however is the loss of beliefs about the world and ourselves that traumatic experiences inevitably bring (Janoff-Bulman, 1992). One of the most profound aspects of helping people heal from trauma is in addressing their broken or shaken self-identities (Abernathy, 2008). Loss of self-identity is a devastating aspect of trauma. Rebuilding a new self-identity and motivation for future living is an integral part of the transformation to posttraumatic growth. In describing supersurvivors, the authors write,

> But these people are not superheroes—at least, no more than any other trauma survivor. In truth, they aren't even superhuman. Their stories betray their utter humanness—their stumbling and their grasping as they wrestle with the fundamental question we all face: Who am I? What do I believe in? And most important, how should I live my life? (Feldman & Kravetz, 2014, p. 11)

To address the identity questions and attachment issues raised by complex trauma exposure, Pearlman and Courtois (2005) use a relational framework in treatment based on a theoretical model called constructivist self-development theory (CSDT) (p. 450). CSDT identifies five key domains about self and others: safety, trust, esteem, intimacy and control (Pearlman & Courtois, 2005, p. 451). In treating complex trauma, Pearlman and Courtois (2005) assert that the treatment must match the problem, which is "the fundamental attachment disruptions that are at the core of complex trauma adaptations" (p. 457), and be repaired within the context of a therapeutic relationship characterized by the four essential elements of respect, information, connection, and hope (RICH; p. 453).

One of the connections between grief and trauma is that both grief and trauma involve the whole person and all the dimensions of human responses: body, mind, soul, and emotions (Neimeyer, 2012; Neimeyer, Harris, Winokuer, & Thornton, 2011). Meichenbaum's list of ways to successfully reintegrate and become more resilient include the following areas of fitness: physical, interpersonal, emotional, thinking, behavioral and spiritual (Meichenbaum, 2012, p. 189). This integration is what Bray (2013) attempts to map out in his model combining a psycho-spiritual and posttraumatic

growth perspective. He emphasizes the significance of spirituality in posttraumatic growth:

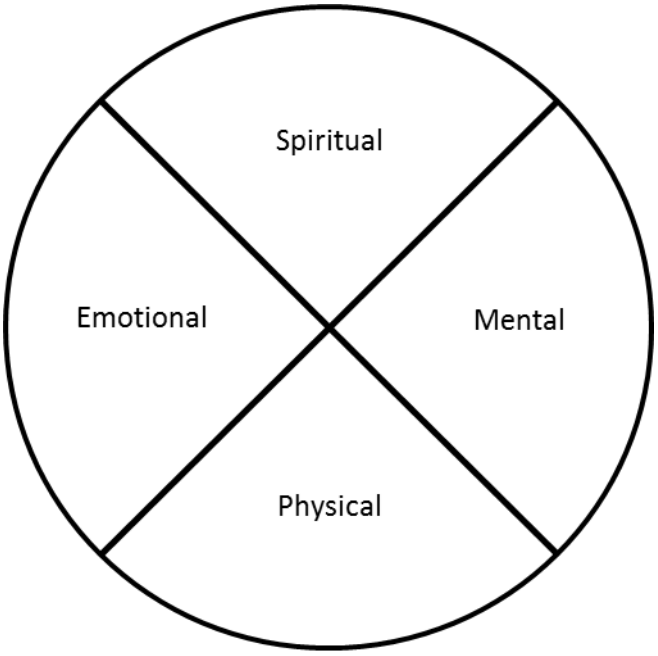
> In grief work, generally, there is no mandate for clinicians to attend to the spiritual or religious concerns of their clients but it is clear from the literature that for many, the experience of loss takes them to a place where spiritual experiences provide pathways to accommodation and post-traumatic growth (Bray, 2013, p. 901).

Perhaps no one is more familiar with or pays closer attention to the connection and balance of all parts of the universe, nature, and humanity than the ancient wisdom communicated through the First Nations' Medicine Wheel:

> Aboriginal teachings encompass a totality of the human condition – physical, spiritual, mental and emotional – and the significance of balance is emphasized. All aspects of life are intricately interconnected. Relationships are fundamental to understanding the nature of events, and establishing standards of behavior (Wenger-Nabigon, 2010, p. 147).

The image of a balanced wheel, divided into quadrants is a recurring theme in diagrams encountered in the literature, as illustrated in the two examples included as Figures 7 and 8.

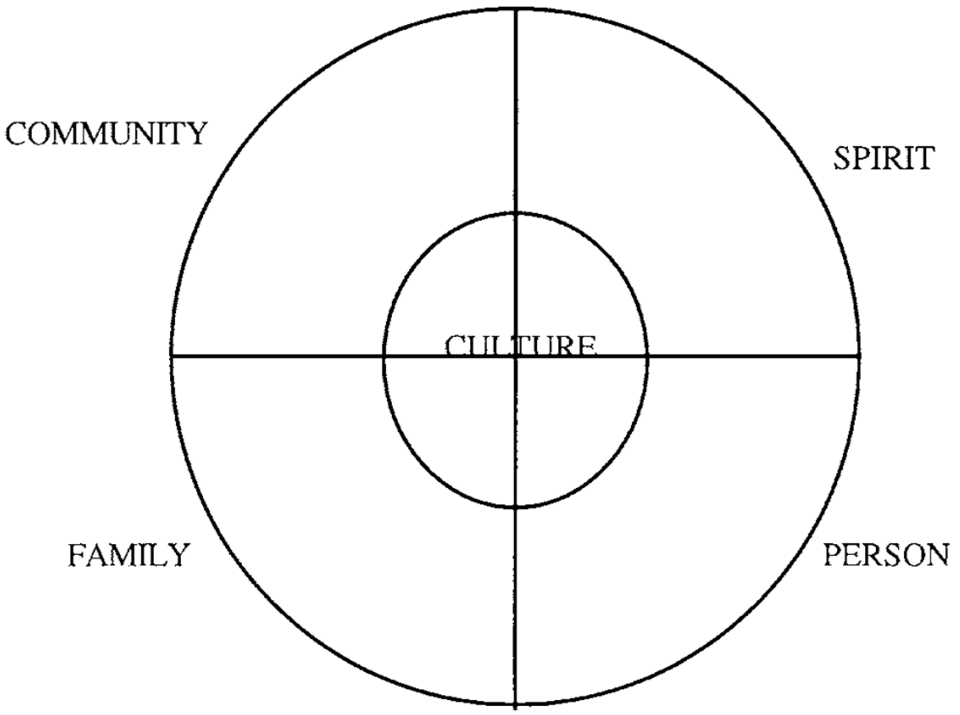
Figure 7. Grief encompasses the holistic dimensions of human responses



(Perreault, 2011, p. 33)

Perreault's diagram in the *When Grief Comes to Work* handbook shows the holistic effect of grief on a human being: "While experienced and expressed in diverse ways, expect grief to encompass the holistic dimensions of human responses: physical, emotional mental and spiritual (including sexual and social)" (Perreault, 2011, p. 33). Rybak, Leary, and Marui (2001) developed a resiliency wheel as a strength-based training model to be used by counsellors in cross-cultural interviews: "The Resiliency Wheel is a structured interview format that allows counselor flexibility in identifying client strengths in the areas of person, family, community, spirit, and culture, with some similarity to the cultural genogram described by Ivey & Ivey (1999) including the use of a 'map' to organize the information" (Rybak et al., 2001, p. 13).

Figure 8. The Resiliency Wheel



(Rybak, Leary, & Marui, 2001, p. 13)

While there are similarities between clinical practice for grief counselling (Becvar, 2001; Walsh & McGoldrick, 2004; Worden, 2009) and trauma counselling (Spiers, 2001), there are also important differences that need to be considered (Dunn, 2001). Our bodies are created to respond automatically to frightening or life-threatening stimuli through our sympathetic nervous system. The hyper-arousal of the limbic system causing a person to be in a constant fight-flight-freeze mode hijacks a person's rational brain so they will not benefit from or even be able to hear or process anything else until they find relief from these symptoms or a way to calm down or to re-engage from being frozen or numb (Calhoun & Tedeschi, 2013b; Goleman, 2005). The problem occurs when a person has experienced a trauma and the trauma response gets stuck in the body

(Levine, 2010; Rothschild, 2003). PTSD is when the trauma response does not get turned off and the trauma response continues to replay in a person's life. When a person's trauma symptoms are over-riding a person's ability to function, then the trauma symptoms need to be assessed and addressed first (Fleming, 2012). Help for these traumatized individuals might require medication and a modality of psychotherapy that addresses the physiological and psychosomatic symptoms being experienced. Therapies such as Somatic Experiencing (Berendsen, 2011) or Eye-Movement Desensitization and Reprocessing (EMDR; Shapiro & Forrest, 2004) might be helpful. As in any workplace or any environment where there are people, the key to effective trauma counselling is "Safety First." Does the traumatized person feel safe? If the answer is "no" then the person's safety concerns must be addressed before they can focus on any other aspect of their trauma or grief (Fleming, 2012).

Because trauma and grief involve all dimensions of human responses, our interventions need also to be fully integrated approaches. Doka and Martin (2010) express the benefits of this holistic integration from their strength-based perspective of grieving:

> Throughout this book runs a common thread: There are many different styles of coping with loss. Each has distinct strengths and limitations. There are advantages in expressing affect and seeking support. But there are also complementary strengths in stoically continuing in the face of loss and in seeking amelioration of pain in cognitive and active approaches. In short, people who draw from a broad range of adaptive strategies are, in fact, likely to do better. People with the widest range of responses, who

> effectively integrate all aspects of self, seem best able to respond to crisis. One can learn from both types of responses because, after all, different modes of adaptation are just that—differences, not deficiencies (Doka & Martin, 2010, pp. 11–12).

Posttraumatic growth from vicarious traumatization

In the literature review there are a number of articles about secondary or vicarious traumatization experienced by emergency medical dispatchers (K. Adams, Shakespeare-Finch, & Armstrong, 2015; Shakespeare-Finch, Rees, & Armstrong, 2015) or experienced by therapists or caregivers who work with traumatized individuals (Ben-Porat & Itzhaky, 2009; Hesse, 2002; McCann & Pearlman, 1990). Just as secondary or vicarious trauma is considered one of the distinct kinds of trauma (Bussey & Wise, 2007; Rogers, 2002), Barrington and Shakespeare-Finch (2013) explore how it is possible to also experience vicarious posttraumatic growth. Research shows that posttraumatic growth can happen for those who experience secondary or vicarious traumatization in the same way that posttraumatic growth occurs for the individuals who have firsthand experience of the trauma, provided that the trauma worker feels somewhat traumatized by their work (Barrington & Shakespeare-Finch, 2013). The trauma worker has to struggle with the same shattered assumptions that the world is benign, that the world is meaningful, that the self is worthy and that people are trustworthy; assumptions that have been disrupted by their work with trauma survivors (McCann & Pearlman, 1990). Hesse writes,

> Seven major schema have been identified as the most prone to being altered by experiences with trauma: 1) frame of reference about the self

> and the world; 2) trust; 3) safety; 4) power and control; 5) independence; 6) esteem; and 7) intimacy. An individual's *frame of reference* refers to his or her identity, world view, and spirituality. Vicarious traumatization causes trauma therapists to question their own identity, role, and self worth ("Am I competent enough to do this work?") (Hesse, 2002, p. 298).

A trauma therapist can experience posttraumatic growth in the same three areas in which victims of trauma can experience growth: change in one's self-image *(self-identity),* change in interpersonal relations *(relational)* and change in one's philosophy of life *(spiritual and/or cognitive)* [italicized words added] (Ben-Porat & Itzhaky, 2009, p. 508).

An on-line survey of 60 emergency medical dispatchers (EMDs) in Queensland, Australia aimed at studying the relationship of social support, self-efficacy, trauma and well-being found that self-efficacy was found to positively predict psychological well-being, but self-efficacy was not found to significantly predict PTSD or PTG (Shakespeare-Finch et al., 2015, p. 560). An interpretive phenomenological analysis of 16 EMDs showed three superordinate themes that emerged from the semi-structured interview data. The themes are 1) operational stress and vicarious trauma, 2) organizational stress, and 3) posttraumatic growth (K. Adams et al., 2015, p. 435). The subordinate themes that fall under posttraumatic growth include cognitive strategies, self-care, support, humor, and acceptance (K. Adams et al., 2015, pp. 440–442). The study found that the vicarious trauma experienced by emergency medical dispatchers can be a source of posttraumatic growth, often through creating new narratives to enable them to cope with the crises of people they encountered on the phone.

Qualitative studies of posttraumatic growth

Quantitative and qualitative research studies offer different ways of knowing and learning about the topic being studied. Quantitative studies use strict controls and the scientific method to test for results that are statistically significant. Quantitative studies generally involve a larger sample size so the results can be more widely applied to a broader population. Qualitative studies generally involve smaller sample sizes and are more descriptive or illustrative in nature. A qualitative study can offer a rich, thick description to illuminate aspects of the essence of the phenomenon in question. What follows is a review of fourteen qualitative studies on posttraumatic growth that were published in peer-reviewed journals within the past twelve months.

The traumatic circumstances in these studies involve vicarious trauma from work as an emergency medical dispatcher (K. Adams et al., 2015), living with a chronic illness (H. L. Adams, 2015; Purc-Stephenson, Bowlby, & Qaqish, 2015), psychological and embodied trauma from severe physical injury or limb amputation (Kampman, Hefferon, Wilson, & Beale, 2015; Stutts, Bills, Erwin, & Good, 2015), adversity encountered by Olympic swimmers (Howells & Fletcher, 2015), the trauma of terrorist attacks (McCormack & McKellar, 2015; Simms, 2015), imprisonment and torture for political activism (Badiee, 2015), psychosis or first-episode psychosis (Dunkley & Bates, 2015; Mapplebeck, Joseph, & Sabin-Farrell, 2015; Waite, Knight, & Lee, 2015), mothers of children with autism (Zhang et al., 2015), and being the nonoffender caregiver of a child who has experienced sexual abuse (Springer, Colorado, & Misurell, 2015).

These studies used the following qualitative research methodologies—meta-ethnography (Kampman et al., 2015), case study (Badiee, 2015; McCormack &

McKellar, 2015; Simms, 2015; Springer et al., 2015), phenomenology (K. Adams et al., 2015; Dunkley & Bates, 2015; Mapplebeck et al., 2015; Stutts et al., 2015; Waite et al., 2015; Zhang et al., 2015), grounded theory (Purc-Stephenson et al., 2015), and narrative (H. L. Adams, 2015; Howells & Fletcher, 2015). Interpretive Phenomenological Analysis (IPA) to explore the participants' subjective lived experiences was the thematic analysis method used for all the phenomenological studies as well as for McCormack and McKellar's (2015) longitudinal case study.

The number of participants in these qualitative studies ranged from 1 to 378. The methods of data collection included semi-structured interviews (K. Adams et al., 2015; Badiee, 2015; Dunkley & Bates, 2015; Mapplebeck et al., 2015; McCormack & McKellar, 2015; Simms, 2015; Waite et al., 2015; Zhang et al., 2015), free-response questions in an on-line survey (Stutts et al., 2015), narrative analysis of autobiographies (Howells & Fletcher, 2015), three observations of participant at political events in addition to one two-hour semi-structured interview (Badiee, 2015), and unstructured interviews using photovoice (H. L. Adams, 2015). Stutts et al.'s (2015) study is the only one that used a mixed methodology as the researchers included the PTGI as part of their on-line survey.

Two studies were longitudinal. In Dunkley and Bates' (2015) study, ten individuals from two outpatient psychiatry services in Melbourne, Australia were interviewed three to six months following their first-episode psychosis (FEP) and again three months after their initial interview. In their longitudinal case study, McCormack and McKellar (2015) interviewed "Edward" at two years and seven years post exposure to the Bali Bombing of 2005.

A summary of the themes that emerged show what these qualitative studies reveal about the features and characteristics of posttraumatic growth. Kampman et al.'s (2015) meta-ethnographic synthesis of thirteen published articles found four interrelated themes that were key to the experience of PTG and severe physical injury—"existential reflection, humanity, meaningful leisure engagement, and new abilities: awareness of physiological and psychological potential" (p. 292). The theme of humanity encompasses the characteristics of altruism, kindness and a greater connection to all humans in the aftermath of the participant's severe injury. The participants who reported PTG had an increased awareness of and empathy for others' suffering (Kampman et al., 2015, p. 290).

The study of women with limb amputations found that "[o]verall, women reported moderate-to-high levels of PTG" (Stutts et al., 2015, p. 750). The superordinate themes of social support (friends/family and community), self-beliefs (positive attitude of self), resources, spirituality, specific strategies, and acceptance emerged from the interpretive phenomenological analysis of the seven free-response questions as factors that contributed to positive coping and influenced PTG. Lack of social support, self-beliefs (grief/depression), physical complications, and discrimination contributed to what made coping with their limb amputation harder for some women (Stutts et al., 2015, p. 746).

In the study on positive or negative coping of people who live with a diagnosis of Irritable Bowel Disease (IBD) from either Crohn's disease (CD) or ulcerative colitis (UC), Purc-Stephenson et al. (2015) found that nearly 73% of participants reported that their disease positively affected their life in some way. Five themes emerged from the data analysis that related to positive change in living with the chronic illness of IBD: Interpersonal Relations, Personal Growth, Valuing Life, New Life Paths, and Spiritual

Growth. At the same time, almost 80% of participants also reported their disease negatively affected their lives. The three themes about how IBD negatively affected participants' lives are Freedom Restrictions, Psychological Side Effects, and Social Isolation. These results support Calhoun and Tedeschi's (2006b) assertion that PTG does not outweigh or diminish pain and suffering from the trauma, but that the positive benefits and growth co-exist along with the negative aspects of the trauma. The authors conclude that further research is needed to look at some dimensions related to positive change following adversity that are not adequately assessed by the PTGI, for example, appraising existing friendships, openness to try different forms of treatment or therapies, and psychological preparedness (Purc-Stephenson et al., 2015).

Adams' (2015) analysis of two women's chronic illness narratives—Laura and Ellen—involved developing story titles that come from the participant's revised life schema. Adams (2015) initially coded the interviews using "Parker and Chusmir's (1992) six domains of life success" (p. 116) and recoded the interviews using the indicators of the PTGI when she realized the unexpected pattern of increases in two or more life domains. Laura, who has lived with lupus for 16 years, has revised schemas reflected by the titles "Time is short" and "I define myself." Diagnosed with diabetes 19 years ago, Ellen revised her life schema represented by the title "Taking personal responsibility." About how these stories reflect growth, Adams writes, "These narratives present multiple pathways leading to subjective and objective growth, with differing periods of time between illness onset and schema revision" (Adams, 2015, p. 124).

In their in-depth analysis of eight Olympic swimmer autobiographies in which they looked at both form and content of the narratives, Howells and Fletcher (2015)

observed a movement in each of the stories from a dominant performance narrative to a quest narrative—a search for meaning—that produced posttraumatic growth. PTG manifested itself in a change in behaviour in which the swimmers came out "from behind closed doors" (p. 43) and moved towards social support and self-disclosure (p. 45).

Three of the qualitative studies look at trauma growth associated with mental illness—either first-episode psychosis or living with psychosis (Dunkley & Bates, 2015; Mapplebeck et al., 2015; Waite et al., 2015). The results of all three studies show that adults with psychosis demonstrated the potential for growth following their adverse experiences. A characteristic of phenomenological research is that the labels of themes often are direct quotes from the participants. In pursuit of the study's goal "to explore the internal processes of recovery in psychosis from the first-person perspective" (Waite et al., 2015), the researchers drew out five superordinate themes from the data: a) "my mind can't take the load": the "curse" of psychosis; b) the "trap" of self-criticism; c) "coming to terms" with psychosis in my life to "move on"; d) "on my own two feet"; and e) "an opportunity for growth" (Waite et al., 2015, p. 1206). From the themes, the researchers noticed a reciprocal relationship between psychosis, self-criticism, processes of acceptance, empowerment and posttraumatic growth. They offer a hypothesized internal process of change in relationship with self in recovery in psychosis—self-criticism maintains psychological distress and self-compassion promotes recovery and growth (p. 1212). In light of their study results, the researchers wonder about the efficacy of "compassion-focused therapy (CFT; Gilbert, 2010)" (Waite et al., 2015, p. 1202) for treatment of psychosis and encourage further research to be done in this area.

Mapplebeck et al.'s (2015) study identified one main superordinate theme (‘‘the adapting self’’), with a number of subordinate themes (‘‘finding meaning and purpose,’’ ‘‘support and understanding,’’ ‘‘inner strength and determination,’’ and ‘‘self-acceptance and awareness’’) (p.38). Through interpretive phenomenological analysis (IPA) (Dunkley & Bates, 2015, p. 132) uncovered three clusters of themes: management of the experience of first-episode psychosis (FEP), restorative recovery, and constructive change (Dunkley & Bates, 2015, p. 132).

Parisa endured nine years of imprisonment that included intense suffering and torture when she was arrested for her political activism. Her political beliefs offered her purpose in her suffering. She noticed that “those who did not know why they were there seemed to suffer more. Parisa experienced purpose not just from her political beliefs but also in her compassion for others” (Badiee, 2015). In addition to one semi-structured interview, the researcher observed Parisa at three political events. She continued her sense of community in continued political activities in her post-torture world. During the interview she talked about her son and about how she was able to leave prison with her shoes and her wedding ring, two possessions that held significant meaning for her. She told the interviewer that she hid her wedding ring in prison because she did not want the guards to know she was married as they would then arrest her husband.

In coping and growing from his experience of being severely injured in the Bali bombing in 2005, Edward’s two semi-structured interviews separated by five years showed his deliberate rumination and cognitive restructuring over time. In the first interview, Edward talked about potentially forgiving the suicide bombers, but in the second interview, the overarching theme of “Vigilance and anger: growthful adaptation to

terrorism" reflected what the researchers conclude is "positive use of vigilance and anger for redefining 'self' following a terrorist-related traumatic event" (McCormack & McKellar, 2015).

In wondering whether growth could happen from the political terrorism in Northern Ireland referred to as the "troubles", Simms (2015) interviewed three participants who had all experienced a traumatic event as a consequence of the political violence in their country. While all three reported ongoing psychological distress, features of posttraumatic growth were evident in the domains of greater appreciation of life and changed relationships which led to new possibilities. Personal strength was reported in two of the three participants.

Springer et al. (2015) uses an illustrative composite case study to discuss the caregiver group component of a therapeutic model titled game-based cognitive-behavioral therapy (GBCBT). The researchers argue that the proven efficacy of structured therapeutic games in processing traumatic experiences with children can also be used with adults. The specific adults targeted in the type of group therapy described in this article are nonoffending caregivers whose child has experienced sexual abuse.

This chapter has reviewed definitions of trauma and posttraumatic growth from the current literature in the social sciences. Integrating a theological understanding of trauma and posttraumatic growth offers different insights into trauma care, particularly in helping to look at a traumatized person's shattered belief systems and reconstructing his/her beliefs from life-limiting to life-giving following trauma. The next chapter looks at the research methodology and design of the original research conducted to seek further

understanding of the phenomenon of factors that enable an individual to transform a trauma into posttraumatic growth. Viewing the research participant as a living human document, the research design of a qualitative phenomenological methodology was selected to fulfill the aim of exploring directly the lived experience of each participant.

CHAPTER 4: RESEARCH PROCEDURE AND DESIGN

The previous chapter has reviewed the current social sciences literature on trauma and posttraumatic growth. Integrating this knowledge with the theological perspective on trauma and suffering explored in Chapter 2 and using the orienting framework of theological reflexivity lays the foundation for engaging in original research to add to our understanding of the phenomenon of posttraumatic growth. Like the book of Job, this research is seeking understanding from the starting point of human experience, inviting self-definitions of trauma and posttraumatic growth from the text of the living human document (Boisen, 1951, p. 15). The interviews offered research participants the opportunity to share their lived theology of how they are making sense of the world following a traumatic experience.

Phenomenological methodology

> To a phenomenologist, then, the important reality is what individuals, couples, or families perceive it to be; their "real" world most likely is not found in the laboratory or clinic but where they naturally interact in their daily lives (Boss, Dahl, & Kaplan, 1996, pp. 84–85).

In the disillusionment and ideological crisis following World War One, German philosopher Edmund Husserl (1859 – 1938) articulated the philosophical foundations for a new and valid option for exploration and research. The point was to study the pure phenomena itself, returning to the concrete (Groenewald, 2004, p. 4). In their chapter on phenomenological research methodology, Boss et al. (1996) outline the following philosophical assumptions of the phenomenological family therapy researcher:

1. Knowledge is socially constructed and therefore inherently tentative and incomplete.

2. Researchers are not separate from the phenomena they study. Subjectivity (rather than objectivity) is therefore recognized as a researcher's reality.

3. Knowledge can be gained from art as well as science.

4. Bias is inherent in all research regardless of method used.

5. Common, everyday knowledge about family worlds is epistemologically important. Everyday knowledge is shared and held by researcher and subject alike so there is no hierarchy about who is the expert.

6. Language and meaning of everyday life is significant.

7. Objects, events and situations can mean a variety of things to a variety of people in the family. (Boss et al., 1996)

This thesis contributes qualitative research to the field of study of posttraumatic growth using a phenomenological methodology. In the conclusion of their critical review of the existing posttraumatic growth research, Zoellner and Maercker (2006) state that further qualitative research of posttraumatic growth can be beneficial: "Recently, more quantitative measures have been employed to study PTG. However, PTG is still a phenomenon not well positioned within the theoretical and conceptual realm; therefore, qualitative studies and idiographic approaches may be of unique additional and heuristic value to the field…" (Zoellner & Maercker, 2006, p. 649).

The study was designed to hear directly from the research participants—in their own words—how they self-defined "trauma" and how they self-defined their "posttraumatic growth." Self-definition of the terms being studied is a characteristic of

phenomenological research: "[Phenomenological researchers] are more likely to ask participants to define the phenomenon in question rather than defining it for them" (Boss et al., 1996, p. 91). Designing the study in this way invites exploration of a well-researched field from a new vantage point. If researchers always start from within the parameters of a diagnosis of PTSD as defined by the DSM-V, might something be missed that would be uncovered by starting from a different place or perspective? As a social constructivist methodology, phenomenology allowed the researcher to follow her curiosity in inviting the research participants to construct their own definitions and explore how their insights intersected with the existing knowledge base on trauma and posttraumatic growth (Boss et al., 1996; Reid, Flowers, & Larkin, 2005).

While researcher neutrality is an important consideration in conducting any research project, phenomenological research acknowledges that bias is inherent in all research. Since realistically, one cannot be 100% neutral, I am stating up-front my awareness of my inability to be a completely un-biased researcher and interviewer in conducting this research. I consciously acknowledge my own personal biases, experiences and judgements about this research process and I bracket them as I engage the phenomenological research methodology. I have outlined my own beliefs, values, and assumptions in Chapter 1 of the thesis as well as sharing my own story of what prompted me to pursue this particular research question with such curiosity. I have extensive training and experience in self-awareness and in recognizing my own transference and countertransference and I used this training in the interviews as much as possible to create a neutral space and a safe and hospitable environment for the participants to tell their stories.

The nature of Interpretive Phenomenological Analysis (IPA) acknowledges the researcher's participation and collaboration in the research process, both in the interview process and in the data analysis:

> This means that there is a balance of 'emic' and 'etic' positions in IPA. In the former (phenomenological, insider) position, the researcher begins by hearing people's stories, and prioritizes the participants' world view at the core of the account. In the latter (interpretative, outsider) position, the researcher attempts to make sense of the participants' experiences and concerns, and to illuminate them in a way that answers a particular research question (Reid et al., 2005, p. 22).

The participants in the focus group and the interviewees are "living human documents" (O'Connor, 1998, p. 6) communicating their stories to another "living human document"—the researcher. The participants' stories are not told in a vacuum and the researcher is aware that her presence has an effect on what is said and on how the story is told. With acknowledgement of this reality, using IPA allowed the researcher to hear directly from the participants what meaning(s) they have constructed from their experience of trauma:

> *Instead of the scientific method of deduction, phenomenologists use the method of reduction.* The investigator begins with a generalization or a hunch and peels away (like an onion) until he or she gets closer and closer to the essence of the phenomena. The investigator keeps rejecting *what it is not* in order to get closer to *what it is*. This process of reduction—or "bracketing"—continues, as the researcher and the person being studied

are in dialogue. They decide together when and how to "peel the onion" [emphasis in original] (Boss et al., 1996, p. 89).

As a researcher, I approached each interview from a "not-knowing" stance, akin to what White (2007) describes as the "cool" engagement used by an investigative reporter (pp. 27–31) and to what de Shazer (1991) explores as post-structural thought where "meaning is seen as known through social interaction and negotiation" (p. 45). I engaged with the participants in asking the semi-structured interview questions from a posture of curiosity (Cresswell, 2007, p. 62).

Data collection

Data for this research project was collected by two different means—one focus group of 2 participants that was done first, and then 10 semi-structured individual interviews. Much qualitative data collection is done by means of the semi-structured interview (Reid et al., 2005). The participants were selected through a process of purposive sampling. The focus group participants self-selected as they took the initiative to sign up for the focus group that was advertised and offered as one workshop option at the Society for Pastoral Counselling Research Conference in May 2013. The researcher recruited individual interview participants who met the research criteria from within the Crown Point neighbourhood and who were willing and available to be interviewed.

I observed that the transcript from the focus group of two people offered two narratives that contained information about each focus group participant, similar to the narratives of the participants in the individual interviews. I decided that I would include these two narratives in my complete sample size for my research project. The sample size of 12 interviews with which to explore my research question using a phenomenological

methodology is within the expected range for this type of qualitative research (Cresswell, 2007). My sample size fits with my chosen research methodology and type of analysis used: "IPA challenges the traditional linear relationship between 'number of participants' and value of research. It retains an idiographic focus, which 10 participants at the highest end of most recommendations for sample sizes (Smith et al., 1999)" (Reid et al., 2005, p. 22).

Two year time gap

It was important for my research that there was a time gap between the experience of the traumatic event and the research interview. Knowledge about posttraumatic growth from the literature review in Chapter 3 explains the necessity of rumination and repeated re-telling of the trauma narrative. This is a process that evolves and emerges over time. My research participant criteria took this factor into account by setting a two year time gap between the trauma and reflecting on the trauma for the phenomenon of posttraumatic growth.

When studying any process, one has to take into consideration the time necessary for the process to develop and unfold. My selection of a minimum two year time separation from the experience of the trauma to reflecting on it was not an exact science based on any quantitative data. Because of the process nature of posttraumatic growth, further research can study points in the process of transformation to posttraumatic growth anywhere in the time continuum from the traumatic experience: "In a study that assesses PTG at just one point in time, the particular stage of the post-traumatic coping process cannot also be taken into account for each study participant. Probably, different

participants within a sample are at different points in their coping process" (Zoellner & Maercker, 2006, p. 638).

Deliberately designing the research study to include the specific criteria of the lapse of a minimum of at least two year after the traumatic event or experience fits with many other studies of posttraumatic growth:

> The reviewed studies usually assessed PTG and psychological adjustment several years after the critical incident. Therefore, acute or 'emergency' coping strategies should have been overcome at the time of the assessment and study participants should have managed to attain their best individual coping result. If the perception of PTG had any adaptive significance, then, this positive effect should be detectable several years after the incident even in a cross-sectional design (Zoellner & Maercker, 2006, p. 639).

Focus group

The first part of the data collection occurred in a focus group that was conducted during the Society for Pastoral Counselling Research Conference on May 24, 2013 (See Appendix C). Conference participants had the opportunity to sign up for this focus group as one of the workshops offered at the conference. The workshop was advertised in advance as a focus group for a research project studying the question: "What are some factors that are helpful in transforming an individual's self-defined trauma into posttraumatic growth?" Criteria for participating in this workshop was clearly outlined.

Attendees of the Society for Pastoral Counselling Research Conference were students and professionals in the field of spiritual care and psychotherapy and included

practitioners, educators and researchers. The researcher expected that any focus group participants would have an advanced ability to reflect on the phenomenon in question from their extensive training and expertise in the field. Similar to what Adams (2015) says about one of her participants who had knowledge of self-esteem theory and research, the professional training and experience of the focus group participants "can be viewed either as a disadvantage or an expert insider perspective" (p. 126).

The conference presentation abstract inviting focus group participants said:

> This workshop is your opportunity to participate in frontline research investigating what are some of the contributing factors that help an individual in transforming their traumatic experience into post-traumatic growth. The focus group allows a maximum of 6 people to participate in a guided discussion of how they were able to move from their experience of a traumatic incident towards growth and healing from the trauma.
>
> Focus group participants must fit the following criteria:
>
> 1) The participant must have experienced a self-defined traumatic incident at least two years prior to the date of the focus group.
>
> 2) The participant must also self-define that they have grown from their experience.
>
> The focus group discussion will explore the phenomenon of what factors helped the individuals move from their experience of trauma to experiencing growth from their trauma.

At the beginning of the focus group, the researcher explained the nature of the topic being discussed and reviewed the consent form. Potential risks of participation were explained, including the potential to bring up painful or traumatic memories. Both participants signed their informed consent prior to proceeding with the discussion. Participants consented to participating in the focus group for the purpose of this research, to the focus group being audiotaped which would then be transcribed for analysis and coding of themes that emerged from the discussion, and they consented to the data being used in the writing of the thesis. All identifying details have been removed in the publication of the research and the participants' identities have been kept confidential. Participants chose to consent whether or not to allowing the researcher to use direct quotations from them, provided their identities are concealed.

While the focus group was limited to a maximum size of six participants, only two participants signed up for the focus group. The length of the focus group was 60 minutes. The researcher facilitated the focus group and two research assistants who had completed the Research Ethics e-Module through the Wilfrid Laurier Research Ethics Board were present and took notes during the discussion. The researcher had a list of questions, included in Appendix H, that were asked in a semi-structured way. The focus group was audiotaped and transcribed.

Individual interviews

The second part of the data collection for this research project consisted of conducting semi-structured interviews with ten individuals from the Crown Point neighbourhood in East Hamilton who volunteered to be interviewed. Research

participants for the individual interviews had to meet the following criteria as stated on the recruitment poster (See Appendix D):

> **Who can participate in this study?**
>
> In order to participate in this research study, you have met the following screening criteria.
>
> 1) You live in the Crown Point neighbourhood of East Hamilton (area within Gage Ave to Kenilworth Ave, the escarpment to the bay).
>
> 2) You have experienced an event or situation that you self-define as "traumatic."
>
> 3) This self-defined traumatic experience occurred at least two years prior to the time of the interview.
>
> 4) You have self-assessed that you have grown from your traumatic experience.
>
> 5) You are willing and able to talk about and reflect on your traumatic experience. Please note that you do not need to reveal the details of the traumatic experience. You can say as much or as little as you feel comfortable about the actual traumatic event. Your participation is voluntary and you can withdraw from the research study at any time without penalty.

Crown Point neighbourhood in Hamilton, Ontario

The Crown Point neighbourhood is a geographic area in East Hamilton within the borders of Gage Street on the west, Kenilworth Avenue on the east, the escarpment on the south and the Hamilton bay on the north. The Crown Point neighbourhood in East

Figure 9. Map of Crown Point neighbourhood

Hamilton has been identified in a Code Red series of six articles written in *The Hamilton Spectator* as having significant social and economic challenges (Buist, 2010a, 2010b, 2010c, 2010d, 2010e, 2010f).

My decision to select research participants from this particular community was for convenience as well as an initial attempt at engaging in community-based research. My interest in this particular geographic area stemmed from my involvement in my local church which is engaged in community development within the Crown Point neighbourhood, my participation in the Crown Point Community Planning Team which is the neighbourhood hub association, and the fact that I resided in the southern end of the Crown Point neighbourhood of East Hamilton.

Research participants were sought by advertising for this research project at the Crown Point Community Planning Team meetings, at the YWCA on Ottawa St, at the Kiwanis Boys and Girls Club, and at the Kenilworth branch of the Hamilton Public Library. As an incentive for people to volunteer, I offered a $25 grocery voucher for people who are willing to give 90 minutes of their time to be interviewed. The interview

questions (see Appendix H) remained the same for both the focus group and the semi-structure individual interviews.

The individual interviews took place within the Crown Point neighbourhood at mutually agreed upon community locations where a private space was available. Two participants chose to meet at the Perkins Centre, a community development centre located just outside the official Crown Point neighbourhood boundary. Two participants chose to meet in a private office at the YWCA. Two participants chose to meet in private office space at the Kiwanis Boys and Girls Club. Two of the research participants chose to come to the researcher's home for the interview. And two of the participants chose to have the researcher come to their home to conduct the interview. Each interview was audiotaped and then transcribed.

If this was a quantitative research study, it would be important to control for any differences in research interview locations. Keeping the same interview location for all participants would be a priority. Due to the nature of the research topic, I chose to provide as much control and empowerment to the research participant as possible. This involved inviting the participant to choose a location in which to conduct the interview where the participant felt most comfortable.

Demographics of participants

The data set consists of twelve individuals' stories: two stories from one transcript of the focus group with two participants (indicated on Table 1 with an *) and ten stories from the individual semi-structured interviews. The twelve individuals are listed in Talbe 1 in two categories based on nature of their trauma and in order of ascending age range in each category. All names and some details of the stories have been changed to protect the

participants' identities and to maintain confidentiality. To increase empowerment, I asked the participants to select their own pseudonyms to use in the writing of the research findings.

A short questionnaire (see Appendix G) was given to each participant at the beginning of the interview to gather some demographic information. Eight of the participants were female and four were male. The participants spanned the age categories from the 25-29 age range to the oldest participant who fit into the 65-69 age range. Two females were in the 25-29 age range, a male in the 30-34 age range, a female in the 35-39 year old category, a female in the 40-44 age range, three people—two females and one male—in the 45-49 age category, one male in the 50-54 age range and one male in the 65-69 year old category. Due to the small sample size, only two categories have more than one people in them—two females in the 25-29 age range and three people in the 45-49 age category.

All the participants met the criteria to participate in the research study. Table 1 shows how the nature of the traumas experienced by the participants differed significantly. Five participants experienced one-time, or single incident, traumatic experience. One of these five participants had experienced three health-related incidences that he self-defined as traumatic, but these were single incidents that occurred three distinct and separate times, though two in the same year. Seven participants had lived through an on-going traumatic experience that occurred over a number of years.

Participants' spirituality

Two participants, one male and one female, declared no identified spirituality. One female participant identified as actively engaged in a non-Christian religious cult.

Two female participants said that they believe in God, but no longer actively participate in a religious institution. Both these participants said that they went to church when they were younger, but not anymore. One of these women and the male who declared no identified spirituality were raised in Catholic homes and attended church regularly with their parents when they were younger, but do not actively practice the Catholic faith anymore. Seven participants identified as Christians who are actively engaged in practicing their faith. The actively engaged Christians belong to the following denominations: Christian Reformed (3), non-denominational (2), Lutheran (1), and unknown (1).

Nature of the traumas

In the analysis of the data it is interesting to note the types of traumas that were reflected on by the research participants in the interviews. The researcher noted that some traumas were one-time events or incidents, while others were on-going experiences that occurred over a period of time. Table 1 shows the different types of traumas and the duration of the traumas.

It is beyond the scope of this research project to separate out factors specific to one type of trauma or applicable to only single incident traumatic events or traumatic experiences that occurred over a longer period of time. This type of focused study on factors influencing posttraumatic growth following specific kinds of traumas may be interesting to pursue in further research.

Table 1. Classification of self-defined traumas

Pseudonym	Gender	Age Range	Year of trauma	Nature of Trauma: One time event(s)
April	F	35-39	2004	single incident of domestic violence
Thumper	F	45-49	2011	suicide of ex-partner
Roger	M	45-49	1971	childhood sexual abuse
Kelly*	F	60-64	2010	experience of how sister-in-law treated her around time of her brother's death
Nick	M	65-69	2004; Sept 2011	heart attacks & stroke
Pseudonym	**Gender**	**Age Range**	**Year of trauma**	**Nature of Trauma: Longer term traumatic experience(s)**
Cassandra	F	25-29	1997 - present	bullying
Jules	F	25-29	approx. 1989-1992; age 2 1/2 - 5 yrs. old	childhood sexual abuse
Jim	M	30-34	Event Fall 2012; Occupation 2001-2013	vicarious trauma associated with profession as a paramedic
Tammy	F	40-44	1999-present; 2011; 1989	living with a chronic illness and death of sister
Jelly	F	45-49	1993-current	receiving a diagnosis of and living with a degenerative illness
Nancy	F	45-49	2009	child diagnosed with bipolar disorder
Matt*	M	50-54	2000	immigration experience, suicidal thoughts

Table 1. Classification of self-defined traumas: One time event(s) or longer term experience(s) (* indicates focus group participant; all others are semi-structured individual interviews)

The data

Transcript accuracy and member checking

The researcher transcribed all the audiotaped interviews herself. To monitor the accuracy of the transcriptions, the researcher hired a research assistant to review all the audiotapes alongside the transcripts and to make any corrections needed. The researcher received consent to consult with the participants to review the researcher's findings and conclusions: "In order to ensure a greater degree of validity, the researcher must stay connected to those experiences of the participants and continue the back-and-forth movement between data collection and data analysis that is so important in phenomenological research" (Boss et al., 1996, p. 92).

To further check the accuracy of the transcripts, the researcher emailed four of the research participants to ask if they would be able to review their own transcript of their audiotaped interview for accuracy. Two of these participants had been individually interviewed and two were from the focus group. These four participants were intentionally selected by the researcher based on the depth of reflection of the participants during the interview and the researcher's assessment of their understanding of how their journey from traumatic experience to posttraumatic growth is an ongoing process. This selection was not random, but was based on the researcher's clinical judgment. The judgment was exercised so as not to cause harm to the research participants. The researcher acknowledges that she could not know for sure whether or not sending the transcripts to any of the participants would cause pain or harm, but was using her clinical judgment to make this decision. The researcher justifies the use of her clinical judgment in this situation based on the sensitivity of the research topic and on the Research Ethic Boards' concern that participation in the research process not cause further pain or harm to a person who had experienced a trauma.

Of the emails sent by the researcher to ask the participants whether the researcher could send a copy of the transcript to them for review, all four participants agreed. Three participants requested that their transcript be emailed to them; one participant provided a mailing address and asked that a paper copy of the transcript be mailed. All participants confirmed receipt of the transcript. Three provided feedback and one replied that he/she was busy at the moment and would respond later, but the researcher did not receive any feedback at a later time.

The participants did not find many errors in the transcripts. The feedback that was provided demonstrated that the participants had reviewed the transcripts carefully. One participant corrected two errors in the transcript; one where the person remembered saying a different word than was written. In the one instance, this participant corrected the wording to what they remembered saying and in the other instance, the participant suggested wording that made more sense to them in the place where the error appeared in the transcript.

One participant identified a specific section in the transcript in which the person was concerned that the details contained too much identifying information about them. The researcher proposed to check with the participant if she used any direct quotations from this section in her writing about the research. One participant asked to change the pseudonym they had provided at the time of the interview. The researcher complied with this request and replaced the original pseudonym with the new name provided by this participant.

Overall, the feedback from the participants' review of their transcripts was positive. The researcher did not encounter any of the ethical risks summarized by Gentles (2015): "Returning transcripts has been reported to sometimes elicit feelings of embarrassment among participants, threatening their sense of dignity, endangering the participant-researcher relationship, and reducing satisfaction with the research process sometimes to the point where a participant chooses to withdraw from the study (Carlson, 2010)" (p. 377). In fact, the opposite occurred and the researcher was informed by three of the participants of the healing benefits of reviewing and re-reading their interview

transcripts. All three participants who provided feedback mentioned that the interview and/or re-reading the transcript was helpful and healing for them.

> As I had mentioned before, I found the interview to be more helpful than I would have expected, personally. I enjoyed re-reading it and I think that I'll keep the transcript and share it with [my wife] and some other close friends if that's ok (Jim, personal email, August 25, 2014).
>
> Well, it's been interesting to read this transcript. I had a very brief cry...over missing my brother, not the trauma…(Kelly, personal email, August 25, 2014).

I emailed Kelly about six months later to obtain her consent to use analysis of her data from the research interview for another purpose—to show to the students in a class that I was teaching on grief crises in spiritual care and psychotherapy. My request was,

> As I have been analyzing the data from the interviews, I created a trauma timeline for each of the 12 narratives and a diagrammed summary of each trauma narrative. I'm attaching yours in a ppt file. Would you permit me to also show to the Grief Class your trauma timeline and diagram of your trauma narrative? I will wait for your consent. Or if you prefer not, just let me know and I won't use it (van Dijk, personal email, February 10, 2015).

In her reply, along with her consent, Kelly again mentioned the healing nature of reviewing the summary diagram of her trauma narrative and her trauma timeline: "Just read all of the attachments and shed a little tear ... yet another healing step. Yes, of course you have my permission to use the data about my experience" (Kelly, personal email, February 10, 2015).

Coding

Careful reflection on the data was done by reading and re-reading the interviews. The researcher began by coding all the data manually without the use of any software or computer program. However, when the sheer volume of data and number of coded bits of data became too overwhelming, the researcher purchased a year's subscription to NVivo 10 from QSR International. NVivo 10 is a software program for analyzing unstructured data such as the data gathered for qualitative research projects. The researcher uploaded all the transcripts into the software and then used it to review each transcript again and code each participant's interview.

The researcher initially took four of the interviews and focused on coding these four transcripts and identifying significant statements from them. Themes were identified that emerged from these significant statements. After a thorough analysis had been done of these four transcripts, more transcripts were analyzed and coded according to the codes and themes that had been identified in the four interviews that were analyzed first. The researcher looked for similarities and consistency between data from the other interviews and identified any new pieces of information that were not found in or had not been coded in the initial interviews. In this process of analysis, the researcher came up with a textual description of the data—a description of what the participants experienced (Cresswell, 2007, p. 61).

In NVivo 10, each different code category is called a node which is a collection of references about a specific topic or theme. I have 147 different nodes from the coded transcripts. For example, I coded every emotion that the participants talked about and have a list of 30 emotions named in at least one of the interviews. The thirty emotions

coded are Anger, Anxiety, Blame, Calm/peace, Confidence, Confused, Contentment, Defensive, Depression, Disappointment, Discouragement, Embarrassment, Fear, Graciousness/patience, Guilt, Hope, Injustice/unfairness, Joy/Happiness, Lost, Motivated, Proud, Regrets, Sadness/tears, Safe, Satisfaction, Shame, Suppressing emotions, Trust, Unmotivated, Unsupported/alone.

I coded the relationships with other people that the participant discussed and whether the relationship was helpful or not helpful for the participant. I coded the parts of their transcripts that revealed how the participants thought about their experiences. I coded what participants identified as helping them cope with their traumatic experience. I coded what the participants said about changes and growth through their traumatic experience—before trauma, after trauma, and if they identified a turning point.

I coded each participant's trauma narrative as a separate node. I coded under the heading of "trauma narrative" any section of the interview that included details and description about a person's traumatic experience. NVivo 10 calculates a coverage percentage which indicates how much of the source content is coded at this node.

After the initial coding, I grouped the coded data into categories. For example, under a category called "Coping with traumatic experience" I had the following codes: Emotions, Memories, Mind, Physical, Relational, Ritual, and Spiritual. Most of these categories have subcategories or specific nodes listed under them. Under the Spiritual category, I have fourteen nodes which include Awareness of spiritual needs, Beliefs about the world, Connection with the Divine, Empathy, Faith affiliation, Forgiveness, Gratitude, Meaning and purpose, Meditation, Music, Prayer, Spiritual beliefs, Spiritual experience and Spiritual practices.

My data analysis moved from codes to categories to themes. I coded each answer the participants gave. I grouped the coded responses into broad categories, like relationships with other people that were either helpful or unhelpful. I grouped all mention of any emotion into one category under "Emotions" and grouped all references to physical activity or anything related to the physical body in another category. I grouped into a separate category anything dealing with spirituality. I grouped coded statements into a category of cognition or ways of thinking about the traumatic experience. From these categories, themes emerged.

Data analysis using Interpretive Phenomenological Analysis

The transcribed audiotapes were analyzed using thematic analysis (Braun & Clarke, 2006) and Interpretive Phenomenological Analysis (IPA) (Reid et al., 2005). The data collected from both the focus group and the individual interviews was analyzed through content analysis and through recursive analysis—going through the data over and over again to plumb the depths of the interview transcripts following the thematic analysis steps outlined by Braun and Clarke (2006).

Table 2. Phases of Thematic Analysis (Braun & Clarke, 2006, p. 87)

Phase	Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid,

	compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Cresswell (2007) describes the process of phenomenological data analysis as going through the data and highlighting "significant statements," sentences or quotes that provide an understanding of how the participants experienced the phenomenon: "Moustakas (1994) calls this step ***horizontalization***. Next, the researcher develops ***clusters of meaning*** from these significant statements into themes" [emphasis in original] (Cresswell, 2007, p. 61). Content analysis is a technique which allows the researcher to identify or code themes and patterns that emerge in qualitative data. Another technique that the phenomenological researcher used is that of "thick description" which is "richly detailed accounts of their research…out of which only the reader draws conclusions" (Boss et al., 1996, p. 90).

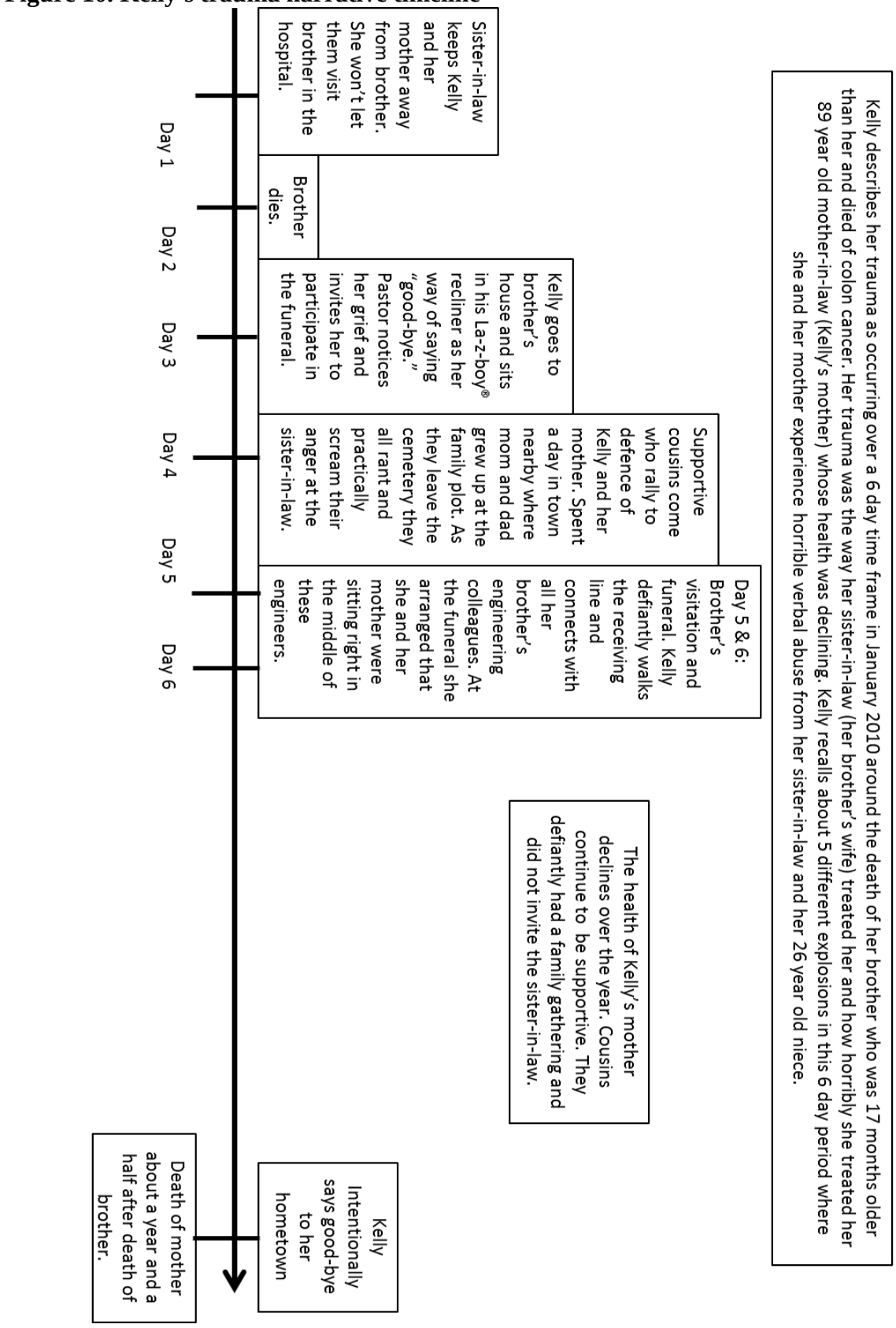
In the data collected from the focus group and individual interviews, the researcher identified themes that emerged from on-going and recursive analysis of all the transcripts. The themes identified factors that contributed to the interviewees' abilities to transform their trauma into posttraumatic growth. The researcher used an inductive or "bottom-up" way of identifying themes or patterns within data (Braun & Clarke, 2006, p. 83; Reid et al., 2005). As a researcher seeking understanding from the study participants, the data was not forced to fit into a pre-existing coding frame, but the coding was data-driven as themes emerged from careful reflection on the data.

Through this process, the researcher was uncovering a thick description of the phenomenon of transforming trauma into posttraumatic growth. Always, the researcher

returned to her original research question, "What are some factors that enable an individual to transform a self-defined traumatic experience into posttraumatic growth?" The analysis of the data began immediately even as the data was being collected. The researcher reflected on the interviews, made notes (memo-ing) and observed for any themes as they emerged. As certain themes and phenomenon emerged, such as the prevalence of strong "I" statements in a number of interviews, the researcher began looking for these statements in other interviews to see if this was a recurring phenomenon or if this only occurred in one interview.

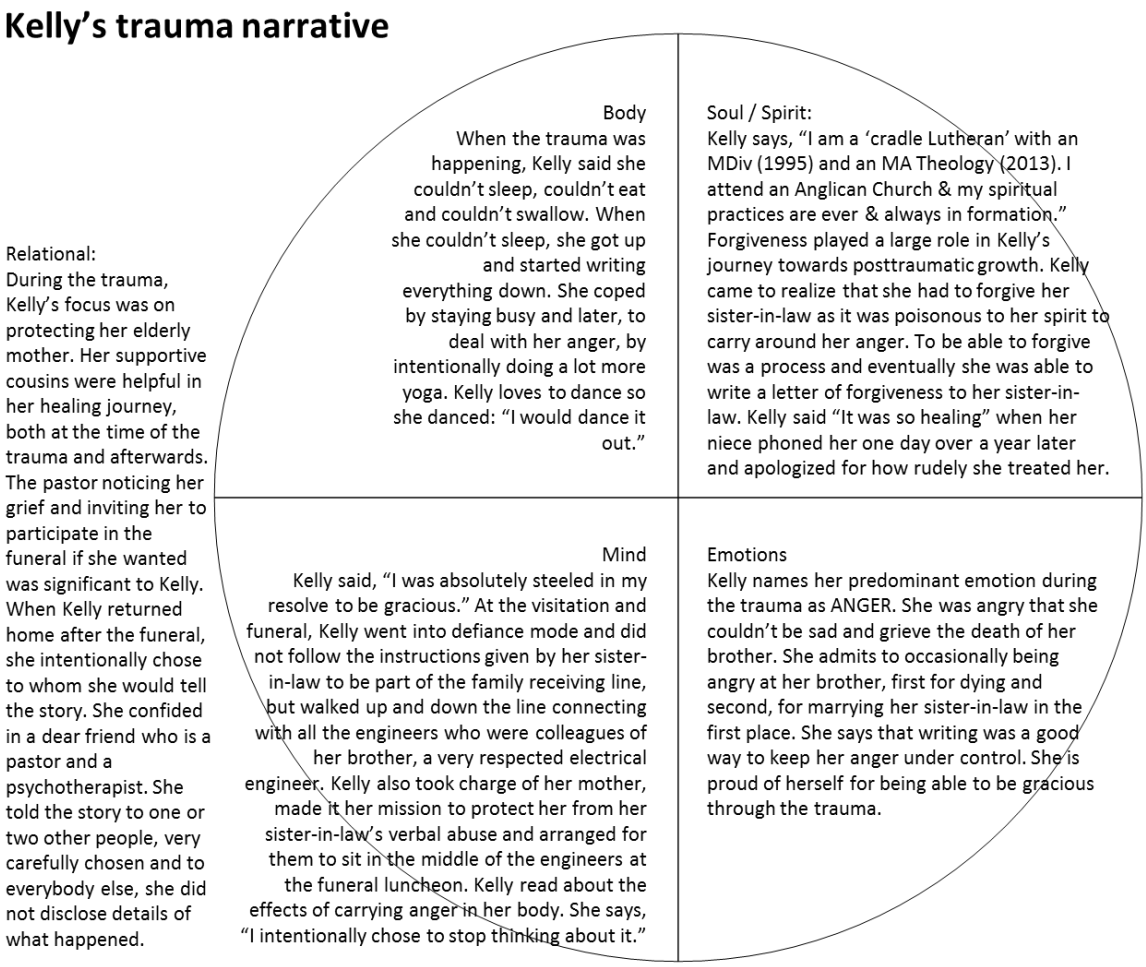
In addition to memo-ing and note-taking on the researcher's reflections on the data, the researcher began creating and using diagrams to map out the information she was observing from the research interviews. For each interview, she created a circle diagram and a timeline diagram into which she summarized the details of the trauma narrative received in the research interview. These diagrams served as the researcher's visual memo-ing as she attempted to make sense of the data and identify the key themes. For each interview, the researcher created a trauma timeline, collecting all the information that the participant provided in the interview and drawing it in chronological timeline including as much detail as the participant offered. The participant did not tell their narrative in a linear or chronological order, but through careful listening and reviewing of the transcribed audiotapes, the researcher gleaned the information of significant events that occurred and organized this information in a time line format. Figure 10 shows Kelly's trauma narrative timeline.

Figure 10. Kelly's trauma narrative timeline



Then, as the researcher engaged in further analysis of the interview data, she created a descriptive summary of the essence of each research interview in a circle diagram. The researcher observed that each research participant used multiple dimensions of human response as they coped with their traumatic experience. The circle diagram was one way to capture all this information in a single visual format. As much as possible, the researcher used the participant's own words and phrases to describe the traumatic experience. Figure 11 shows the details from Kelly's interview represented in a circle diagram.

Figure 11. Kelly's trauma narrative represented in a circle diagram.



The researcher used her circle and timeline diagrams to create an "imaginative variation" or "structural description" of the context or setting that influenced how the participants experienced the phenomenon (Cresswell, 2007, p. 62). In creating these diagrams as well as coding and analyzing the data, the researcher is interpreting the data and observing for themes that are data-driven—flowing out of the data rather than being imposed onto the data by the researcher. The researcher is an active participant in the analysis process as themes do not just emerge: "The researcher is required to make a substantial amount of judgement calls while consciously bracketing her/his own presuppositions in order to avoid inappropriate subjective judgements" (Groenewald, 2004, pp. 18–19).

Braun and Clarke (2006) note that in phenomenological research, analysis is not a linear process, but a recursive process, moving back and forth across entire data set. "From the structural and textural descriptions, the researcher then writes a composite description that presents the 'essence' of the phenomenon, called the **essential, invariant structure (or essence)**. Primarily this passage focuses on the common experiences of the participants" [emphasis in original] (Cresswell, 2007, p. 62). From the data collected from the focus group and from the individual interviews through the method of Interpretative Phenomenological Analysis, the researcher was able to identify some factors that contributed to each participant's ability to transform his or her trauma into posttraumatic growth. This essence of the phenomenon also was depicted by the researcher in the diagram shown as Figure 12 in Chapter 5 that visually depicts the overarching theme that emerged and four sub-themes. This diagram and an explanation

of the factors that enable an individual to transform his/her trauma into posttraumatic growth will be explained in greater detail in the next chapter.

Follow-up

In the search for understanding the phenomenon of how an individual was able to transform their trauma into posttraumatic growth, the researcher looked for factors that contributed to this transformation in each participant's story. Since phenomenology is a search for meaning and understanding, the researcher worked in collaboration with the participants with respect to the interpretation of the data. The researcher and participants co-construct meaning and interpretations through the course of the research project in an attempt to make overt the phenomenon that is already naturally occurring but may not be in the research participant's conscious awareness to be able to articulate:

> Readers or listeners must see in the description of the data the validity and applicability of any concepts presented by the researcher, and participants must also agree that the analysis is an accurate reflection of their perceptions. To foster this kind of validity, participants might be asked at the time of data collection whether they would be willing to be contacted subsequently to clarify meanings, comment on findings, or participate in further data collection (Boss et al., 1996, p. 92).

On the consent form prior to the interview each participant was asked if they could be contacted by the researcher for follow-up. Participants selected Yes or No to the statement: "I agree that the researcher may contact me for follow-up to the initial interview or focus group." All twelve of the research participants consented to being contacted for follow-up.

The researcher's intent was to have a follow-up conversation with each participant to clarify and to seek further understanding of responses that were given. The main question the researcher wanted to explore in the follow-up was presenting the participant with the overarching themes that the researcher had identified and asking the question, "Does this look accurate to you?"; "Does this reflect your experience?"; "Does this analysis make sense or resonate with you?" This serves as peeling another layer of the onion to seek meaning and understanding into the phenomenon of how the individual was able to transform their trauma into posttraumatic growth.

The researcher attempted to connect with eleven of the twelve people who participated in the research study to ask for their feedback on the researcher's analysis. One participant was unavailable and unable at the time of follow-up to be contacted. Phone messages were left or emails were sent based on the participants' preference for follow-up contact indicated on their informed consent. One participant declined further follow-up participation in a phone conversation. A few of the participants did not return email or phone messages.

The researcher was able to arrange to meet with four participants in person for a follow-up interview about 20 to 30 minutes long. In preparation for these follow-up conversations, the researcher gave each participant a one page letter summarizing the broad theme results of the data analysis from the research (see Appendix L). The researcher included a copy of the umbrella diagram, the participant's circle diagram summary from their interview and their trauma narrative timeline. The researcher did not audiotape the follow-up interviews, but made field notes from the conversation.

Trustworthiness of the study

Reid et al. (2005) note the increase in use of qualitative research studies being published in peer-reviewed journals and speculate that its use may be attributed to its ability to speak to biopsychosocial perspectives. The results of this research are more descriptive in nature of specific individuals' lived experiences than representative or able to be generalized to a broader population. However, this research sets the stage for further studies that can follow-up with other methodologies to test the transferability of these findings. In spite of the study's lack of transferability, it does provide valuable information in identifying factors and answering the research question set out as the goal of the study.

Chapter 4 has described in detail the research methodology used in conducting the research study. A qualitative phenomenological methodology was chosen as the best way to explore the research participants as living human documents. The research methodology set the participants as the starting point in seeking understanding about the phenomenon of posttraumatic growth. Rather than studying posttraumatic growth from the starting point of existing definitions and criteria of trauma as defined within the social sciences, this research invited the participants to explore from the starting point of their own experience which allowed for self-defined traumatic experiences and self-defined interpretations of posttraumatic growth. The next chapter dives into the thematic analysis that emerged from the data collected in the ten interviews and one focus group.

CHAPTER 5: THEMATIC ANALYSIS OF DATA—PERSONAL AGENCY EMPOWERS GROWTH

Chapter 5 offers a detailed description and discussion of the themes that emerged in answer to the research question: "What are some factors that enable an individual to transform a self-defined traumatic experience into posttraumatic growth?" Using Interpretive Phenomenological Analysis (IPA), themes emerged from reviewing the data collected from the trauma narratives of the twelve research participants. The data analysis revealed the theme labeled as "personal agency" is the over-arching factor that contributes to transformation from trauma to posttraumatic growth. Personal agency was evident through four subthemes identified in the participants' stories: 1) use of strong "I" statements; 2) making choices about things the individuals could control; 3) engaging their experience with the full range of human dimensions—spiritual, emotional, mental, physical, and relational; and 4) recognizing their growth through meaning-making.

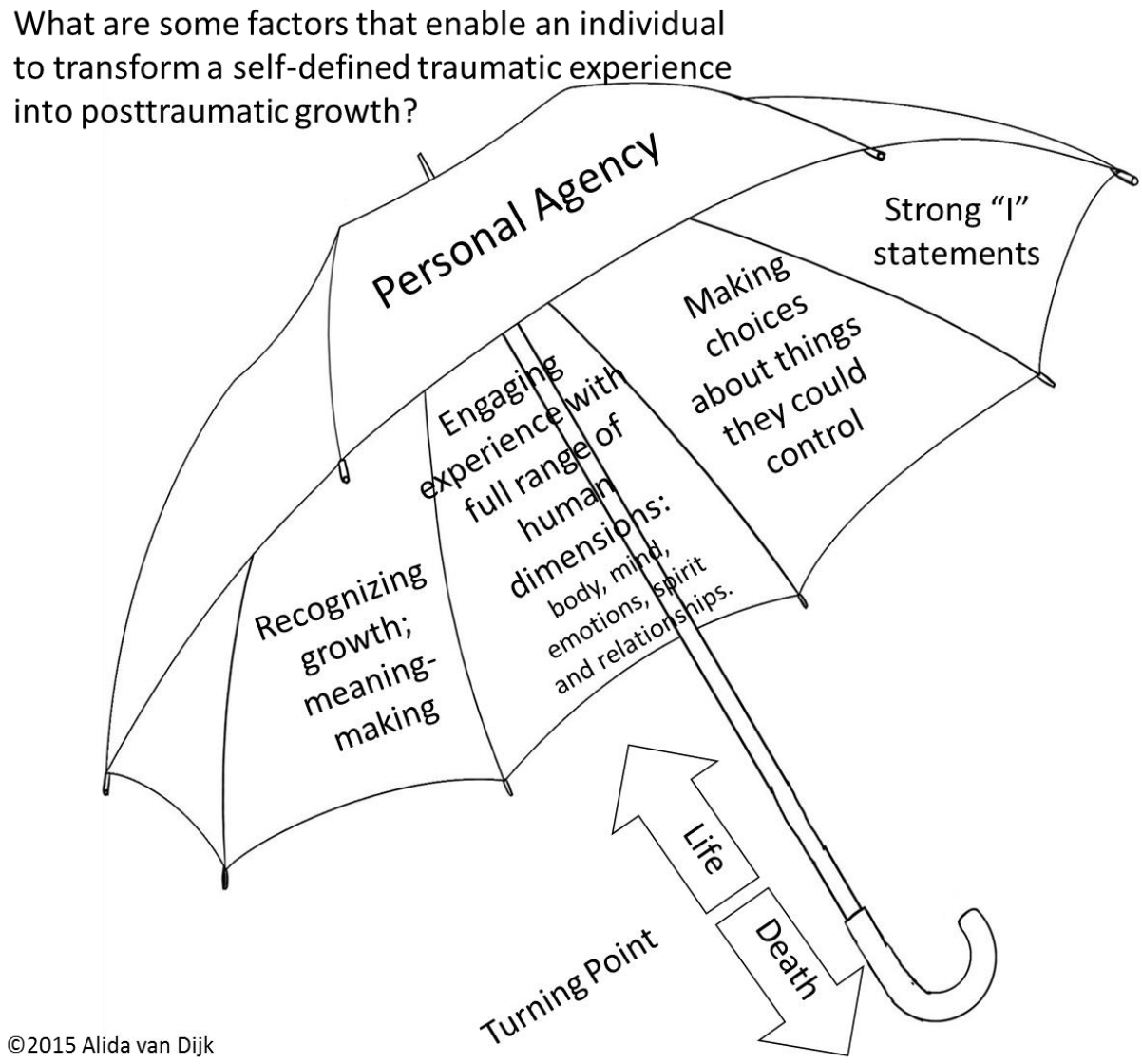
In conducting the interviews for this research, the researcher obtained twelve rich stories from twelve participants. Within each interview, the researcher heard the person's trauma narrative—each person providing whatever detail he or she chose to reveal. In analyzing the data provided in the research interviews, the researcher created a diagram and a timeline of each participant's trauma narrative (see Appendix M, Figures 15-38). The timeline depicts in a linear way the participant's trauma narrative. The researcher gleaned this detail from a careful review of each interview transcript since the stories were not told in a linear fashion. Similarly, each circle diagram maps out a profile of five dimensions of human experience—physical (body), mental (mind), spiritual (soul), emotional, and relational—that each participant engaged to enable change towards

posttraumatic growth in the aftermath of his or her trauma. Again, the individual did not categorize the information in this format in his/her interview, but in reviewing each interview, this was part of the researcher's process of analyzing and sorting through the information to identify the themes that emerged.

The overarching theme of personal agency emerged as the factor that enabled a participant to transform a self-defined traumatic experience into posttraumatic growth. Personal agency or self-efficacy (Bandura, 2001; Beaudoin, 2005; Thoits, 2006) came through in the interviews through four subthemes that revealed the ways in which the participants exercised their own volition and expressed their choices and opinions: 1) using strong "I" statements in the way the participants told their trauma narratives; 2) making choices about things they could control; 3) engaging their traumatic experience with all dimensions of human response—body, mind, emotions, spirit, and relationships; and 4) recognizing growth and meaning-making. A theme also emerged from the interviews of a metaphoric or figurative life or death choice that was made to pursue growth following trauma.

These themes are all depicted in the following diagram using the image of an umbrella. The participant's decision to choose life is shown by the 180 degree curve in the handle of the umbrella. This choice was described in a couple of the interviews using the language to the effect that if they had continued in the direction they were going, they would have died, so they made a decision to choose life—a marked turning point to go in the exact opposite direction. Each of these themes will be described in greater detail in the rest of this chapter.

Figure 12. Umbrella diagram



Strong "I" statements

Personal agency in the interviews was noted in the strong "I" statements made by all twelve of the participants. These "I" statements signified the participants' bold descriptions of decisions they made or actions they took in coping with their traumatic experiences. From the interviews, April provided the most striking example of a strong "I" statement. She said, "I put him in jail." Her traumatic experience was a single

incidence of intimate partner violence. April's choice of action and exercising of her personal agency after her traumatic experience was to file charges against her boyfriend at the time. He spent time in jail for his actions that had occurred under the influence of alcohol. April revealed in the interview that this became a turning point for her partner and for their relationship. Her partner went to Alcoholics Anonymous and stopped drinking alcohol after this incident. She stayed in a relationship with him and they are still together raising their four daughters.

Cassandra used "I" statements to talk about how she coped with bullying all through elementary and secondary school years. Her "I" statements seem to come from a source of inner strength and personal motivation:

> I always had goals to myself. If I could make it to…if I could pass grade 8, get my grade 8 diploma, I would be proud of myself. If I could graduate from high school with my high school diploma. I did it and I did it. I did them both. …So I was pretty proud of myself for doing that.

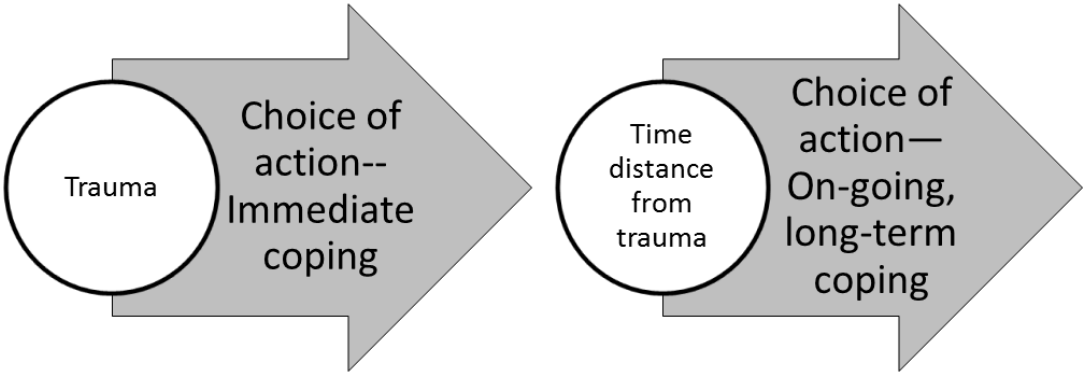
Cassandra also used a strong "I" statement to describe her current strategy for dealing with people who bully her: "I've got a shield I put up." Other "I" statements appear throughout the rest of this chapter as they illustrate the other subthemes that reveal a person's choice and self-efficacy.

Making choices about things they could control

As the theme of personal agency emerged from the data, the personal agency could be further classified according to a chronological continuum as depicted in Figure 13. In telling their trauma narratives and describing how they were able to transform their traumatic experience into posttraumatic growth, the participants described actions they

took to help them cope with the trauma as it was happening. This was what they did in the moment to help with immediate coping. They also described their choice of action for growth which tended to occur over time and on an on-going basis as they continued to reflect on the traumatic experience.

Figure 13. Chronology of personal agency: Reflection of trauma as time passes



Kelly offers an example of her choice of action in the midst of her traumatic experience that helps her in coping with the trauma:

> And I was absolutely steeled in my resolve that I would be gracious. And that no matter how angry I was with my sister-in-law and my niece, I recognize that this was their trauma, which, yes it's my brother, but it's her husband, it's her father…and their reaction to their grief is deplorable but this is not the time for me to put my upset ahead of theirs, so I was

> just absolutely resolved to be nothing but gracious. I'm very proud of myself as I look back that I was able to pull that off.

Notice the strong "I" statement that Kelly used to talk about her choice of action. Kelly could not control how her sister-in-law was treating her at the time of her brother's death, but she intentionally chooses her attitude with which to respond to her sister-in-law's poor treatment of her.

Life or death turning points

The literature on posttraumatic narratives talks about the "before and after" dimension of distinctly referring to life before the trauma as different from life after the trauma (Calhoun & Tedeschi, 2006b; Tedeschi & Calhoun, 2004). In analyzing the research interviews, the researcher noted this "before and after" dimension of the person's trauma narrative and observed that often in addition to this "before and after" phenomenon, there was a life or death turning point in the participant's trauma narrative. In some of the interviews, this choice of making decisions about things they could control involved describing their choice in life or death terms. These decisions to survive, to do something different than what they were doing, were tied to personal agency—an intentional choice of action that propelled the individual in a particular direction. These turning points or moments of decision were present in five of the interviews.

The life or death turning point manifested itself in some of the interviews as an awareness, a revelation, or as Jules says, "an epiphany," that if they kept on going like this, then they will die or be destroyed. Jules said,

> Because I finally realized that if I actually wanted to help myself and live and not die, I needed to start verbalizing and articulating my feelings.…I

was on the streets…Life can't get any worse than this…If it does, I'll end up in the morgue. It's kind of like…an epiphany I guess.

Five people used the actual language of life or death in their interviews. One person spoke about an actual life or death moment. In describing what made her experience traumatic, April said, "It was scary because it was my life flashing in front of my eyes when it happened because it happened so fast."… "I thought I was going to die."

Nancy articulates the necessity for change and uses a rich metaphoric description of the Titanic to describe her life or death turning point. Nancy said,

> Yea, we had to change. If we didn't change…we would have died. Like emotionally…our marriage would have fallen apart. Or something really bad would have happened.…We had to do something because if we didn't change we would have lost everything. I really feel that way very strongly….And I can remember talking about it with [my husband] and realizing it…at some point it was a decision that we made that we were not going to sink. Like [my husband] used to say, "We are the Titanic." And my daughter, the source of a lot of the trauma, was busy playing violin on the deck and we were all sinking. And we finally decided that we were going to get in a lifeboat and we were going to save ourselves. And she could keep playing violin if that's what she wanted to do on the Titanic, but we weren't going to sink with her anymore. We were going to get in our own boat. We were going to keep on going.

Nancy's turning point expresses her personal agency in deciding that she would not sink; she and her husband would save themselves. But Nancy also is able to articulately reflect that making the decision to "not sink" is only the beginning. Even though the decision has been made, she still has to figure out how to do this. Nancy says,

> And it was hard because in a way when you're in that complete and total loss of control in so many ways, like everything's out of control in your life, you're completely falling apart. Your job is slipping out of your hands. You're gaining weight. Your family is tired of hearing about all the issues. Everything's falling apart. You can't talk to your friends about it anymore because nobody has any advice or if they do it never works anyways. Everything's slipping through your hands and then you decide that you're not going to sink. How do you start not sinking? It's not easy, right? I mean you can make that decision, but you still have to figure out what the first step is.

The turning point is expressed as a decision, in essence, to live and not die. But both Nancy and Matt express that making the decision is only the beginning. Once the decision is made, then one needs to figure out how to do it—how to live in their situation and not die; how to change. Matt's turning point came as a clear decision that he could not kill himself. He states,

> But I thought, 'What would my mom? What would my children be like… think… feel, if I took my own life?' And I thought, 'You know what? No. I can't do this.' Now how do I do this? How do I get out of this?

Kelly's turning point came a time distance after the trauma. Kelly speaks about her turning point and the intentionality with which she "turns the corner" in dealing with her traumatic experience. Kelly says,

> And then when my mother finally did die which was just over a year later, I was able to finally turn the corner. And start to think, okay, now I never have to go back to my hometown. There's nobody else there. And I very intentionally, with my family, when we buried my mother, I very intentionally said goodbye to my hometown.

Jim's life or death turning point represents a choice that he describes in spiritual terms that only comes as a result of reflecting on his profession as a paramedic and from the perspective of being removed from his work and his traumatic experiences. Jim says,

> Then again not necessarily in the physical violence can I be aware then of where these elements of violence are… not with my paramedic uniform on but just in whatever situation that I'm in. And be sort of directing away from violence, that this idea choosing life over death and ultimately that there is spiritual life…. It's not as easy to think of it within a physical sense…like choosing life over death…but in a spiritual sense of choosing life over death that enables a change of course. That it presents a different trajectory to whatever situation it is.

Jim's reflection demonstrates his choice of life over death in a metaphoric sense and the turning point from a trajectory that will eventually lead to destruction and death.

A turning point choice of life over death is present and explicitly stated in five of the interviews as shown through the quotations from the interviews with April, Nancy,

Matt, Kelly and Jim. This phenomenon supports the subtheme of personal agency that the individuals are making a choice towards life and away from death. As Nancy and Matt express, though, once the decision is made, this is just the beginning. Now they have to figure out how to live and not die.

Engaging the experience with all human dimensions

To be human involves all aspects of our humanness: body, mind, emotions, and soul or spirit (Pargament, 2007, 2013a; VanKatwyk, 2003). When an individual experiences a trauma, his or her reaction to the trauma also encompasses the holistic dimensions of human response. My research question asks "What are some factors that enable a person to transform a self-defined traumatic experience into posttraumatic growth?" We are holistic people—integrated organisms made up of mind, body and spirit. We process knowledge of the world both rationally and emotionally (Goleman, 2005). My research mapped a wide variety of factors that the participants used from all parts of themselves to integrate the traumatic experience into their life story which enabled growth and positive transformation.

The research participants identified a variety of factors involving the holistic dimensions of human response that enabled them to transform their trauma into posttraumatic growth. The participants spoke about how they chose to engage recovering from trauma using a variety of responses that involved body, mind, emotions and spirit.

As discussed in Chapter 3, Tedeschi and Calhoun (1996, 2004) developed the Posttraumatic Growth Inventory (PTGI), a 21-item scale to measure posttraumatic growth. The PTGI assesses five factors that define the major domains of posttraumatic growth:

1. greater appreciation for life and changed sense of priorities *(Spiritual)*
2. warmer, more intimate relationships with others *(Relational)*
3. a greater sense of personal strength *(Personal Agency)*
4. recognition of new possibilities or paths for one's life *(Cognitive processing, meaning-making, new identity)*
5. spiritual development. *(Spiritual)* [emphasis added] (Tedeschi & Calhoun, 2004, p. 6)

A circle diagram divided into four quadrants was used as a guiding template to map out the holistic dimensions of human responses in the trauma narratives of the research participants (see Appendix M). These diagrams demonstrate the multi-dimensional responses to trauma and show that in each trauma narrative of the research participants, multi-dimensional aspects of their ongoing healing and recovery can be identified. The circle represents the holistic Self. Supportive relationships are also important to healing from trauma. These relationships are noted in a box outside the circle representing the Self.

Spiritual

Spirituality was evident in all the participants. Spirituality looks at what is sacred or spiritual for the individual and not only at one's affiliation or participation in an organized religious institution. There were many different ways that the participants' spirituality was expressed in the interviews. Table 3 shows the various categories and themes of spirituality identified by the participants. The far right column is the number of interviews in which this category was found. We cannot infer that the other interviewees do not fit into these categories because the interviews were semi-structured and the

absence of participants from some of the categories might mean that this specific topic did not come up in their interview.

Table 3. Analysis of Spirituality

Aspects of Spirituality	Description	# of interviews in which this theme was found
Connection with the Divine	Belief in some Higher Being	12
	Awareness of spiritual needs	2
	"Priesthood of all believers"	1
	Providence (God provides what I need.)	1
Beliefs about the world		7
Spiritual practices		8
	Attending church regularly	7
	Meditation	2
	Music	4
	Prayer (talking to God)	3
	Attending a supportive small group	2
Specific spiritual themes		
	Empathy / Advocacy / Helping others	10
	Gratitude	4
	Forgiveness	1
	Meaning and purpose	11

Table 3. Analysis of Spirituality

The following beliefs about the world were identified from the interviews:

- There is "too much negativity" in the world; too much horror stuff and bad things happening on the news.
- Physical death is not the end (2).

- The world is not random. There's a whole myriad of individual's life choices that lead up to an event. We all carry the benefits and consequences of choices that we've made and they impact how we act. They shape our outlook on life.
- Our fate is not pre-determined; humans have free will and can make choices. Jules says,

  > I don't believe in the Calvinist philosophy that our fate's predetermined…'cause that doesn't give man free will….I believe God gave people free will and bad things happen because people have the choice. And some people are really messed up 'cause maybe they were messed up as a kid and never get help. That's why I want to speak up too so kids don't get messed up like that.

- Good and bad exist side by side in the world. Nancy says,

  > I think the thing is that when you're out of control and life is just happening to you, there's two sides of that. One is that all hell can break lose. But the other side is you also don't know when a good thing might happen, right? So this is the bad side and this is the good side. It's like we'd let the bad things happen, but then every now and then something would happen that was hopeful.

- There probably is a God…a deity, but the church is only looking out for itself. Roger says,

  > I can't say that I believe in a God and I'm actually contemptuous of the church itself. Just because the way they run their business. That it's not trying to help the poor, the sick, the needy…and spread the word

> of God. They're there for their own power…aspirations or what not. That's what I believe about the church. It's not what it should be.

There is so much that could be said about the spirituality of the research participants. For the purpose and scope of this dissertation, I will return to my research question and limit my analysis to the spiritual factors that enabled an individual to transform their self-defined trauma into posttraumatic growth. The spiritual dimension is intertwined with the other elements of human response, like Matt's physical activity of running as meditation for him. Cassandra's faith is new to her as at the time of the interview she had only recently become a Christian two and a half years ago, but she described how her faith offers her new resources with which to deal with people who bully her now. Cassandra says that she doesn't let the people who decide to bully her now affect her the way she once used to be affected by the bullying. Cassandra's belief in God and her faith are now a big part of her new outlook on life. She says, "If these people want to say negative things about me, let them. Cause I know at the end of the day when I put my head down to sleep, there's one person [God] who is watching out for me."

Nancy describes her spiritual dimension as an inner strength. She says,

> And the other thing I believe is that there is an inner strength inside of you that when you're really crapped on by life and run through a coffee mill, there's a little hard stone that won't go away. And I'm really thankful for that. And I think that that's a gift from God. That God gives each person a little hard stone that can't be ground away.

For Nancy, this little hard stone is part of a person's self-identity, "a raw thing…something that's not necessarily beautiful…it's not polished…but it's who you

are…" Nancy says that to be able to really know somebody and to see what that stone is inside of a person requires that the person goes through extremely hard times. Nancy uses the metaphor of going "through the fire."

Two of the participants—Roger and Tammy—who did not identify themselves as spiritual described profound spiritual experiences that were positive experiences and helpful resources for them when going through difficult times. At a time when Roger was having suicidal thoughts and struggling with finding meaning and purpose in living, he describes his experience: "I kind of looked up and I said, 'I could use a sign here. I need a hand.' And a few seconds after that I felt something that I can only describe as hand of fire. Something was squeezing my heart." Roger interpreted this experience as a sign from a higher being that gave him a clear message that he was not to take his own life. Roger found great meaning and purpose in this spiritual experience which motivated him to carry on with living and to try to figure out the purpose for which he is alive. He wonders whether he has now found the meaning as he and his wife are expecting their second child.

Tammy described an experience she had when she was in the hospital, alone and scared and needing surgery and remembering her sister who had died a few years earlier. Her sister liked dragonflies and at Tammy's hospital window there was a little dragonfly. In the midst of her isolation and loneliness, Tammy believed that through the presence of that little dragonfly her sister was watching her. She says, "My belief is my sister was there with me." Tammy's belief helped her cope and get through this difficult time.

Emotional

The different emotions that participants reported include anger, anxiety, blame, peacefulness or calm, confused, contentment, depression, disappointment, discouragement, embarrassment, fear, graciousness or patience, guilt, hope, injustice or unfairness, joy or happiness, feeling lost, proud, regret, sadness or tears, feeling safe, satisfaction, shame and trust. The number of different emotions named shows that a wide variety of emotions is normal for experiencing trauma. Many of the interviewees were able to articulate how certain emotions worked in their coping and growth from their trauma.

For example, Jelly eventually came to a place of acceptance after receiving the traumatic diagnosis of an illness that was treated but left the life-long consequence of physical degeneration. She names depression, discouragement and disappointment as emotions she encountered, and may still encounter at times, along the road to acceptance.

April's answer to the question of how she coped with her traumatic experience of domestic violence was, "I went into deep depression." This depression lasted for a couple of months and April said that it was her kids who helped her through the depression. April alluded to suicidal thoughts in the darkness of her depression: "If I didn't have [my kids], then they might have lost their mother." April also names fear as an emotion she felt as she sank into this deep depression. In psychodynamic theory, depression has been described as anger turned inward (Nemade, Staats Reiss, & Dombeck, 2007). April's chosen, active response to her single experience of inter-partner violence was to call the police, charge her boyfriend with assault and put him in jail. April's emotional response to the whole traumatic circumstance was to go into a deep depression.

Kelly states that it was important to her to maintain her integrity in being absolutely gracious in her acts of defiance at the same time as she was aware of her intense emotions in the moment. Kelly notes a connection between writing and emotions. She says, "[Writing] was a really good way to keep my anger under control. And anger was the emotion. I wasn't sad at all. And I was angry that I couldn't be sad, because my brother had just died. I should be sad and I'm angry."

According to Roger's "I" statements, he claims that he did not experience the emotions of shame and guilt from his traumatic experience of childhood sexual abuse by an older brother. He says, "I knew it wasn't right back then. I knew I didn't like it. And I promised him to keep my mouth shut. And I kept my mouth shut for about ten, twelve years after that. I was about 16 when I finally divulged to another adult what had happened when I was a child." When asked about how Roger was able to cope with his trauma, he was not able to reflect on exactly how he coped beyond a strong statement that he just dealt with it and that it never really bothered him too severely. Roger says,

> I don't really know how I can say how I dealt with it. I just dealt with it. …I knew this wasn't my fault. I didn't do anything wrong here. I didn't like it but you know I'm not hurt so…just let it go. Move on.…I can't forget that it ever happened but it doesn't bother me. It never actually did bother me severely.

With strong "I" statements, Roger says that he did not experience the shame and blame of the sexual abuse he experienced as a child. He asserts that the knowledge that it was not his fault protected him from lasting and harmful effects of his traumatic experience.

Mental

The participants chose ways of thinking about their trauma that helped them to transform their trauma into posttraumatic growth. Jelly shows this in her mental attitude and perspective towards her degenerative illness: "I just take it one day at a time, one week at a time, one year at a time. And try and do my therapies and stay physically active as much as I can." Nick was adamant that after his stroke he did not want to be handicapped. He approached his physiotherapy sessions while he was in the hospital for eight weeks of rehabilitation with this mental attitude. Nick said, "When I got into physiotherapy, I told the instructor. I knew right then and there, this is priority. I said to her, to me this is not a game. Get tough with me." Nick's strong statement, "Get tough with me" was his choice of action spurred on by his motivation that he was not going to be handicapped.

Cognitive perspectives identified by the research participants included acceptance, defiance, determination, learning, reading and outlook on life. Acceptance was evident in two of the interviews. For Jelly, her initial trauma was receiving a diagnosis of the degenerative illness. She received this diagnosis more than 20 years ago so when she talks about it now, she says, "I've accepted it already." She said that the illness was treated and was taken care of, but she has had to accept the ongoing physical consequences of that illness. The ongoing acceptance for Jelly is in accepting her limitations with dignity. She says, "You accept what you are and who you are. And not striving to be someone or something that you're not." This accepting of her human limitations motivates her to be her best. Jelly has an experiential knowledge and

understanding of "things that are beyond our control that we just need to accept and have to accept. [W]e cannot change."

Roger's acceptance of his trauma protected him from the shame and guilt and social stigma that he recognizes is so often attached to childhood sexual abuse. Roger said that what helped him cope with his trauma was knowing that it wasn't his fault and knowing that he didn't do anything wrong. These came across as strong "I" statements in Roger's interview: "I knew it wasn't my fault. I didn't do anything wrong." He says,

> It was a secret but I didn't know how dirty it was. …[A]fter all I was 8 years old and my brother said this was okay. So I didn't know how dirty of a secret it was. It grew in years as the dirtier secret because of the social stigma—the way people would speak about how stuff like this happens to children and they're so traumatized by it…and it's such an evil taboo. Well, for me it wasn't that evil. It was just something that happened and move on.

Defiance helped Kelly in her immediate coping with her trauma. While she did not have control over her sister-in-law's treatment of her, Kelly's defiance kicked in so that she intentionally made choices of how she was going to act and behave at the visitation and at her brother's funeral service that were in direct opposition to how her sister-in-law wanted to control the situation. Kelly names it as defiance. Other participants exhibited determination in persevering through their traumatic experiences. There is Nick's determination in his statement to "Get tough with me" to his rehabilitation physiotherapist. There is Cassandra's determined ability to "achieve stuff" in the midst of the intense bullying helped her. Kelly recognized that she was carrying a

lot of anger from her trauma. She used her determination to willfully and intentionally stop thinking about the traumatic experience. Kelly says,

> I was still angry. Really really angry. I intentionally stopped thinking about it. I would think about it again and again and again and again. And then finally once I said no no no. I have this all written down. I do not have to think about this again. Stop it.

Matt acknowledges determination as a personal trait that he carries that has served him well in his life and that he used to help him cope and grow through his trauma. He says,

> So I backed on determination which has served me most of my life. This determination has gotten me to where I am today. I'm the only person in my clan, in my family who reached high school, who reached college, who now has a Masters. But that was not easy. It goes with determination.

Jules used engaging her mind through reading as a coping strategy for managing her trauma. She said, "I used to read every night for two years. I used to read *Oh The Places You'll Go*" by Dr. Seuss. …It calmed me." For Kelly, learning involved an interest in trauma and wanting to study and know all she could about trauma. Kelly named this as her motivation for signing up for the focus group on this research topic. For Jim, in his profession as a paramedic, he talked about his ability to cope with trauma as part of his learning and occupational training. Jim's training taught him the ideal of what to do in whatever situation he encountered. Jim's experience taught him that the ideal rarely happens and he has to deal with real life in all his calls, but he also has learned that

he has been trained in the basics of tending to whatever injury he will encounter, so that is a helpful perspective that he holds onto.

Jelly named learning as one factor that helped her to grow through her trauma. Learning was combined for Jelly with a perspective of choosing to focus on the positive of what she was able to do rather than her limitations. She says,

> Learning…and continuing to use the ability that we do have. Not dwelling on what you can't do, but doing your best with what you can. It is a fact that the challenge I face now is physical, but mentally I'm still capable and so I just continue to use that for the benefit of myself and others.

Jelly chooses to continue to grow spiritually and mentally, even as her physical capacity diminishes. Jelly finds growth through "studying" and "looking for answers." She embraces the question of why did this happen to her and uses it to motivate her towards continued learning and greater understanding especially in her spiritual life. Jelly says,

> [S]tudying the scriptures and finding answers in the pages of the Bible helps me to come to understanding why these things happen and it gives me that satisfaction knowing that it's not something that is a mishap in our existence and that it will be able to be rectified. So that's where my hope comes in. That hope is knowing that human life will be restored to perfect health again.

Jelly's learning and cognitive perspective is intricately tied to her spiritual beliefs and faith.

One mitigating factor in transforming trauma to posttraumatic growth is one's overall outlook or perspective on life. Roger's trauma was childhood sexual abuse by his oldest brother. He reflected that "To me, it didn't seem that bad" and he said "I guess I'm just lucky that I haven't had really bad stuff happen like other people have." This is Roger's outlook and evaluation of his life. And yet, Roger's oldest brother, the perpetrator of the abuse, died in a tragic car accident at the age of 16. Roger also talked about a period of time in his life about five years ago when he was experiencing suicidal thoughts. As an outsider witness, I view these events in Roger's life as traumatic, while Roger's perspective is that he is lucky that he hasn't had really bad stuff happen in his life.

Roger's narrative presents one of the most interesting dilemmas in my research. I set up my research to seek understanding about the phenomenon of posttraumatic growth from the research participants described in their own words. Roger voluntarily participated in the interview knowing the participant criteria that he would be asked to reflect on a traumatic experience. Roger described his traumatic experience of childhood sexual abuse by his older brother, but in the interview, he insisted that he had not been traumatized by this experience. As a researcher and a clinician, I observe incongruence. It raises the question of whether one can experience posttraumatic growth if one does not think that one has been traumatized. As a researcher, I intentionally designed the criteria of the study to involve self-definitions of trauma and posttraumatic growth. In Roger's case, he self-selected to participate in a study on trauma and posttraumatic growth, which is curious if he did not believe that he had been traumatized by the experience. Using Doehring's schema of life-limiting and life-giving theologies of trauma, if Roger came to

me as a client for spiritual care, I would want to further explore with Roger whether his beliefs about his childhood experience are life-limiting or life-giving. Because of the incongruity, I am wondering if Roger has not fully integrated his childhood experience into his life story. And I wonder how further exploration of his narrative might invite Roger to come to a place of greater congruence and integration of this significant experience during his formative years.

The dilemma that Roger's narrative raises from a clinician's point of view is about how to meet a client where he is at and move with the client from that point. Roger is someone who may never come in for therapy and yet he volunteered to participate in this research interview. This highlights the tension from a postmodern family therapy perspective of accepting the client as the expert of his own life when one's professional expertise as a spiritually integrated psychotherapist suggests that Roger may have been more affected by his childhood experience than he is willing or able to admit. There is more to be explored here that is beyond the scope of this dissertation to address. Roger's narrative can lead to other lines of inquiry into denial or resistance as part of one's trauma narrative, though de Shazer contends that if a client shows signs of resistance then it is a sign that the therapist is not asking the right questions or suggesting the right interventions for the client (de Shazer & Dolan, 2007). I also wonder what benefits Roger's narrative is providing for him. Perhaps Roger's interpretation has been a way of coping with the trauma that has served him well over the years.

Physical

Many participants described physical reactions to their traumatic experiences. Kelly said that at the time her trauma was happening she couldn't eat, sleep, or swallow.

The participants chose physical ways to manage and cope after their traumas in order to balance the physical distress caused by the trauma. This included physical activity and coping strategies that are helpful, rejuvenating and growth-producing.

The participants revealed lots of physical ways that they used to deal with their traumatic experiences. Physical activities that were identified included staying busy such as choosing to go back to work, physical exercise like dancing, gardening, yoga, and running, and maintaining an overall healthy lifestyle. April's trauma of being physically assaulted left her with a concussion and bruises on her face that she didn't want her children to see. She actively dealt with the physical bruises. She said, "I wore a lot of makeup."

Jim says that he equated a lot of his coping mechanisms to living a healthy lifestyle on a regular and ongoing basis. Jim described a healthy lifestyle as eating well, exercising regularly and getting enough sleep. Jim contrasts a fad diet to everyday cultivating the habits of a healthy lifestyle. He says, "I feel like fad diets are useless. And that really it's about everyday choosing to eat healthy food and to incorporate exercise into your [life] as it is just a lifestyle habit. So if you have healthy habits on a daily basis then you don't need to go to the fad diet."

Nancy describes her experience of being part of a support group for healthy diet and eating as being helpful in coping with her trauma. This was one area where Nancy could exercise some control, while the rest of her life felt like it was spinning out of control. Nancy says,

> One thing that I did personally was I stopped eating flour and sugar and I joined that food group. But everybody in that food group had one area

> of their life that was under control and that was their eating. And it's weird but somehow in my mind I thought if I could just eat right, everything else will fall into place. And …everybody in that group seemed to have children that were mentally ill, actually. Which is really bizarre. I just think it's one of those God things, right? And so it was super supportive. And they just helped me learn to eat right.
>
> And it was one thing…one area of self-care. I had to do some self-care in this whole thing and put some boundaries. And they were the ones that taught me how to take care of myself and put some boundaries up about around me. So I had meetings…and I had a sponsor that I called every day and they told me I had to do quiet time, so I did that. It was actually fairly rigid…I still eat that way, but I don't do the rest of it.

Nancy's choice to join a support group that helped her eat right in the midst of her trauma was helpful for her physically, and she also describes how this group was supportive for her relationally. Nancy says that this group provided more support to her and unconditional, non-judgmental love than her church. In fact, Nancy said that she stopped going to her Bible study small group and attending church for a period of time because they were not helpful for her.

In his interview, Matt stated, "I have qualified for the Boston Marathon." I asked him to say more about that and he described how he began running as a way to cope with his traumatic experience. He said that running became like meditation for him. This shows the connection between physical activity and spirituality for Matt.

There is much overlap in the physical, mental, spiritual and emotional dimensions in the participants' interviews. While it is helpful to separate out these dimensions, it is also important to realize that engaging in each one profoundly affects all the other categories. This multidimensional overlap effect can be illustrated by the activity of writing. Writing is an embodied physical activity, either using a pen on paper or typing on a keyboard. But when one is writing, one is actively engaging their mind in processing thoughts and ideas. One also may be feeling all the emotions associated with the event or experience about which they are writing. The act of writing often produces insights that influence meaning-making. The process of meaning-making engages a spiritual dimension. Five participants talked about how they used writing or journaling to cope with their trauma and that the act of writing or journaling helped them over the long term to transform their trauma into growth. In talking about the writing he did for patient charting, documentation and paperwork as a paramedic, Jim says,

> Even before being a paramedic I feel like I can be very articulate in my writing and so writing down what I did is a coping mechanism. It is a way of assuring myself that I did what I was supposed to do. Now part of that then is when I make mistakes, it's also catching them at that point [when I am documenting what I did] and then dealing with [the mistakes] appropriately. So if I made a clinical mistake, I would write an incident report, notify my supervisor, and notify the hospital if it was appropriate.

Jim used the discipline of writing as a coping mechanism and saw it as a tool within his profession that was helpful for his professional identity and clinical work.

For others, writing is a vehicle to express emotions. Jules talks about writing as a cathartic exercise. Kelly and Matt talk about their need to write when they couldn't sleep. Matt says, "And the only way I could sleep was to go downstairs and start writing all my thoughts and feelings….I wrote whatever was weighing on me that was keeping me awake. [Writing] took these thoughts away from my mind and afterwards I went to sleep." Kelly and Matt wrote to release all their emotions from their minds to the paper so they wouldn't have to hold them in their heads. Thumper said that she was not a writer, but before the funeral service for her ex-partner, she wrote two pages and chose to participate in the service by sharing what she had written. Kelly talked about how she used the act of writing a letter as part of her process of working towards forgiving her sister-in-law.

Relational

The research participants talked about supportive relationships that were helpful to them during and after their traumatic experiences. In creating the circle diagrams for each participant, I included a box on the side that described significant relationships that the participants mentioned during the interview.

Analyzing the interviews shows the complexities of human relationships. There are relationships that are helpful and supportive and ones that are not. Some of the relationships were the sources of the traumas and some were sources of great healing and growth. The relationships that people described in the interviews included members of a person's family of origin—mom, dad, brother, sister, children, cousins, husbands and wives, relationships with peers and friends, relationships with co-workers and work colleagues, relationships with members of one's spiritual community, relationships with

professionals like teachers, counsellors, medical doctors, psychologists, psychiatrists, mental health professionals, nurses, police officer, pastors and chaplains, relationships with bystanders and with a TV personality who one participant identified as her hero.

All participants told about supportive relationships that were a helpful factor that enabled transformation from trauma to posttraumatic growth. Each person identified both helpful relationships and unhelpful relationships in their trauma narratives. Personal agency played a part in their relationships because many of the participants intentionally chose with whom they would talk about their traumatic experience. They were able to identify and articulate which relationships were helpful for them and which were not helpful.

Two female participants—April and Tammy—described unhelpful relationships with their mothers. April said that her mother was a negative person so even though her mother was in her life and looked after her children, she choose not to talk to her mother about her traumatic experience because her mother was too negative. Tammy said that her mother constantly reminded her of being raped, even twenty-five years after the fact. Her oldest daughter was conceived in this rape and she still lives with the guilt of not being able to care for her daughter, giving her daughter to her mother to look after and eventually her mother turned the daughter over to Children's Aid. For April and Jules, their relationship with their mothers was sometimes helpful and sometimes unhelpful. For Kelly, it was her need to protect her eighty-nine year old mother from the verbal abuse of her sister-in-law at the time of her brother's death that was a motivating force behind her being able to get herself through the trauma that she was experiencing. Kelly says,

> In those moments, I thought, I have to protect my mother. And so I used all of my considerable energy and my power…and I realize that I am actually a fairly powerful person…and I very intentionally protected my mother from my sister-in-law. I would even physically stand between them.

Four of the research participants talked about their children as factors that enabled them to transform their trauma to posttraumatic growth. Knowing that their children depended on them and needed them was a motivating factor for these individuals to keep on going and to find some other way, besides suicide, to cope with and heal from their traumatic experience. These four individuals spoke about times when they were in a deep depression and had suicidal thoughts, but the thought of their children without their mother or father prevented them from acting on this thought.

Two of the semi-structured interview questions specifically asked about helpful relationships as a potential source of support for growth from the traumatic experience. One question asked "Did you have a person or people who you talked to or who you sought out their company to help you cope with your traumatic experience?" While isolation and loneliness did come up as a theme, many of the participants did say that they had supportive people they could talk to, but they chose these people carefully and cultivated intentional relationships with those they could trust to be helpful listeners.

Another interview question asked "Did you seek out professional help from a counsellor, pastor, religious leader, or spiritual care provider?" Four participants did not seek out any professional help for their trauma. Eight participants did describe encounters with professionals, some that were helpful and some not helpful. Tammy said that she

wanted to go for counselling but she was not able to because of the cost. For Nancy and Jules, their traumas necessitated the need to work with numerous mental health professionals. These two women described how some of the professionals were helpful and some were not so helpful. Jules identified two specific experiences with professionals that were unhelpful to her; 1) not being believed when she finally dared to tell her story, and 2) reading diagnoses or notes on her charts that she did not agree with, but had no power to change or correct. Nancy describes being undermined in her interactions with mental health professionals. The experience of being undermined was not a helpful factor in managing or coping with her trauma, and in fact, may have contributed to Nancy's experience of trauma. Nancy said that when her daughter was finally referred to a larger urban hospital that was better equipped to deal with mental health issues she received a lot of support from the professionals there who helped to re-empowered her to parent a mentally ill child.

For some participants, what contributed to their trauma was a sense of injustice from not being acknowledged by a person who they thought should recognize their trauma. Thumper was hit by a car as a pedestrian. What contributed to her traumatic experience was the police officer who took her statement in the triage area of the hospital before she was even assessed for injuries. Thumper believes that the police officer reported that her injuries were not severe so the woman who was driving the car was not charged. In her experience, however, Thumper has had two operations for her injuries, is waiting for a third operation, and at the time of the interview, she has not been back to work since the accident. Another thing that really bothered Thumper was that she did not receive an apology from the driver of the car that hit her. Thumper was expecting at least

some acknowledgement or apology from this woman, but received nothing and this unmet expectation added to Thumper's trauma.

Thumper's experience of not having receiving an expected apology and lack of acknowledgement from people about the severity of her injuries emphasizes the power and helpfulness of simply being noticed and acknowledged as a human being even if the person cannot fix anything or change the circumstances. Participants shared three experiences that demonstrated how professionals—two pastors and a chaplain—acknowledged their trauma and distress. Kelly, Nick and Jules shared how helpful this moment of being seen was in the midst of their trauma.

Kelly had been prevented by her sister-in-law from seeing her brother in the hospital before he died. When she went to her brother's house after he had died to meet with the pastor and family members to make funeral arrangements, she said,

> I looked over to my brother's empty chair [my brother basically lived in a big lazyboy recliner in his last few weeks of life]… and I went and sat in it. And I could just feel him 'cause I hadn't been able to say goodbye to him.…So I just kind of snuggled up in the chair, kind of like hugged the chair. And it was really interesting…the pastor noticed…then which I thought that was very kind and that really helped, that he was the first person in this whole horror show who actually looked at me and thought, "Oh you're grieving too."

Nick's experience with his pastor occurred after a traumatic experience of being present at the courthouse to support his foreman after the tragic death of the foreman's son who was killed by a drunk driver. Due to factors with how the investigation was

handled, the Crown ruled in the driver's favour. Nick said that the family was really angry at this decision and the foreman's daughter stood up in the courtroom and yelled, "You killed my brother." Nick was shaken up by witnessing this and said,

> …right then and there I says I need Pastor John. I need Pastor John. So I went up to the church and Fridays is a bad day cause he's really getting his sermon right to the final touches and probably modifying it…but when I got there Pastor John opened the door I sat there and he got me all calmed down.

Jules describes her encounter with a chaplain when she was hospitalized.

> When I found out that I needed the surgery, the first person I wanted to talk to was the chaplain at the **** Hospital. And he didn't even know I was a patient 'cause I always took my IV's out. Not took them out, but got them to bandage them up and disconnect them when I went out for cigarettes. I had a sweater on so he couldn't see my IV. I'm like Oh can you come talk to me? He's like Ok Are you a visitor? I said, No just come talk to me and I gave him my room. And then he saw me hooked up to the NG tube and everything and the IV's. He said, What? I didn't even know you were sick. I didn't know you were the patient. I explained my story to him about how they thought it was from trauma and everything. And he prayed with me. And then he gave me his phone number if I needed help but I didn't call him.

The significance of these three encounters is that they were memorable enough that these three participants shared these stories during the interviews. The participants

noted that these particular encounters were helpful to them in the midst of chaos and trauma. The memories of these moments were life-giving resources that buoyed them as they incorporated these traumatic experiences into their life stories.

Recognizing growth or meaning-making

At its core, meaning-making engages a person's spirituality in making sense of the world and his/her place in it. Spirituality connects a person to that which is important or sacred to him or her. The subtheme of recognizing growth and meaning-making examines how the research participants articulated the meaning and purpose they now see in their lives following their traumatic experiences. Posttraumatic growth is defined as a deeply profound improvement in meaning-making (Tedeschi & Calhoun, 2004). During each interview, each participant was asked the question, "Have you grown from your traumatic experience? What were you like before? What are you like now?" Most participants answered affirmatively, saying that they had grown from their traumatic experience.

All the traumas have significantly impacted the lives of the participants. For those whose trauma impacted their physical health, new perspectives on life were gained, such as Jelly's acceptance of limitations and attitude of taking one day at a time. For April, whose trauma was a physical assault in which she thought she was going to die, she feels like she has been given a second chance. April lives with gratitude at having her daughters and her husband in her life.

Jules dramatically describes her growth in a before and after description of her self-identity. She says, "When I was 16, I was a shell of a person, a shell of a soul. I just did what everyone expected of me and didn't expect anything of anyone else." Now, she

no longer feels like a shell of a human person and is beginning to find her voice and to speak up for herself and for others. While she continues to deal with her trauma, she is a radically different person than she was at age 16. Her journey has taken her through homelessness, self-mutilation, mental and physical illnesses that have involved multiple hospitalizations, surgeries and near-death experiences.

Roger and Nick said that they had not grown and they could not articulate any difference in themselves from before or after their traumatic experience. However, even in these interviews where the participants were not able to see growth in themselves, other information they offered shows distinct differences in themselves that occurred following the trauma. For example, Nick said that he is pretty much the same person as he was before the trauma. His traumatic experiences were two intense health crises—a heart attack and seven years later, a stroke. An additional traumatic experience for Nick was the breakdown of his marriage after his stroke, as his wife would not make the necessary changes or preparations to his house in order for him to safely live there upon release from the hospital. One post-trauma change in Nick that the researcher identified is that Nick would make different relationship choices now or would look for different qualities in a relationship: "Well…if I do meet up with another mate, I got to take precautions. I don't want to get in that relationship again."

Roger says he thinks the impact of his traumatic experience was negligible. He describes himself as stubborn and opinionated before the trauma and feels that he is the same after his traumatic experience. Roger does not believe that his traumatic experience had a serious impact on his life. In the interview, however, Roger talked about some body

image issues and wonderings about his sexual orientation that he struggled with during adolescence.

Meaning and purpose is connected to the participants' empathy, advocacy and the desire to help others. Empathy flows out of their own experience of whatever trauma they lived through. The participants who experienced a particular kind of trauma express that they now have more empathy for others who are in similar situations. They also are motivated to help others who are experiencing similar circumstances.

April describes how both she and her husband have grown from their traumatic experience and how they try to help other people out of her own experience of inter-partner violence. She says,

> I have a couple friends right now that are in abusive relationships and I told them about what happened. Actually me and husband both did so like he's growing too. He talks about it. And he tries to tell people that it's not right what I did to my girlfriend. I had three little ones [at the time] who depend on me. I did this to her. But they don't listen to me. They keep staying…And they keep drinking…their boyfriends keep drinking and keep beating them up. I said well maybe leave them…charge them…I said I had to charge him and he went to jail and he's been clean and sober for 12 years. There is a silver lining at the end of the tunnel. So I do try to help people. I tell my kids don't get in an abusive relationship because you know it's not worth it. [My kids] know now that they're older what happened between me and their dad.

Cassandra says she has more empathy for people who are being bullied. She also wants to use her experience of thriving after being bullied to help other people. She says, "If I could achieve something going through this traumatic experience I can one day share it with people."

Jelly's empathy and desire to help others flows out of her unique life circumstance of being diagnosed with a degenerative illness and now having to cope with the consequences of physical deterioration for the rest of her life. Jelly says,

> Now I can empathize with others with similar kinds of disabilities. I can understand their frustrations of not being able to have a normal life, to be involved in normal activities. I'm able to be maybe more sensitive to what they might be needing at the time. Being more careful with my speech…how I talk to them because they might be sensitive with certain things…And because I know the struggle. It's not only just a physical struggle anymore; it's also emotional and mental.

Jelly's empathy flowing from her own situation allows her to be more attuned to the limitations of others which she also attributes to allowing her to be more appreciative of life in general.

Jim appreciated his vocation as a paramedic because he finds meaning in having a job in which he is directly able to help people and to tangibly be able to see how he has helped people. His job has spiritual significance for him which further contributes to providing meaning and purpose in his life.

Jules describes how she sees herself helping others from her own experiences. She says,

> I realize that like sometimes when I get so wrapped up in my own problems I realize maybe I'm meant to be a martyr for the cause to help people with mental health issues especially psychosis relating to trauma. And I'm supposed to use my voice to help people that don't have a voice right now. That's why I write a lot and I'm going to try to get my writing published.
>
> I give talks to second year abnormal psych class about my experiences with schizoaffective disorder and how they're considering changing it to PTSD. Cause I feel safe in that space with the professor. And it just goes to show you that there's so much unknown about mental health. Like the line between psychosis and trauma.
>
> And I want to educate this class particularly because there's a lot of people that want to go into medicine or psychology and I feel like there's a certain arrogance with certain psychiatrists. They don't know what they're doing and they don't want to admit that so instead they just force diagnoses that aren't correct on you.

One of the motivations for Kelly to participate in the research focus group was because a family member is dealing with PTSD which is affecting the family dynamic and she finds that "everything I can learn about trauma is helping me deal with the current situation." In reflecting on her traumatic experience, Kelly acknowledges she has gained a lot of meaning from going through the process of growth through her trauma.

Matt finds meaning in recognizing that life is precious and that killing himself is not the solution. Tammy states that her meaning and purpose is in having a reason to

keep on living. Tammy finds meaning in her kids and finds the strength to keep on living from her deceased sister. She says, "I know my sister didn't want me to die."

Roger found meaning and purpose through a period of suicidal thoughts and the spiritual experience in which he distinctly received a clear message that suicide was not the answer. Roger describes,

> Something said no. It's like No, I have a plan or something. So I took the hint. There are no more thoughts of that. Maybe what I was supposed to do will be happening soon. My wife and I are pregnant again with our second.

Thumper reflects on the senselessness of death by suicide and recognizes that it is difficult for her to find meaning in the suicide of her ex-partner. She says that she also has had suicidal thoughts at times, but her daughter provides her with meaning and purpose to keep on living. She says,

> I have had suicidal thoughts, but I'm not stupid enough to do anything about it. I would never [kill myself] because I have my daughter. She needs me. She's the one who kept me grounded. She's the reason I stayed around so to speak. I've had the thoughts, but I would never ever carry through with anything like that. 'Cause otherwise it would hurt [my daughter] too much.

Thumper knows from her own experience what it is like to live in the aftermath of her ex-partner's suicide—the suicide of a man to whom she was married for 17 years.

Matt's personal experience and growth has helped him in his own work as a chaplain providing spiritual care to others as he supports other people who are suicidal.

Nancy also states that the work that she is doing now with people living with mental illnesses and who have lower socio-economic status is a direct outgrowth of her traumatic experience.

The advocacy and desire to help others also extended to wanting to help me as the researcher be able to successfully conduct my research. Matt said, "We all need people to sign up to help in an education process. So that's why I signed up." Others expressed the same desire to either help my research or so that the research would be able to help other people.

Gratitude

Four participants specifically identified gratitude and being more appreciative of life in general as a consequence of going through their traumatic experience. This is consistent with the factor of Appreciation for Life on the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996). The transformation of April's depression and fear has moved her to a place of joy and enjoyment of what she does have in life. She has grown from her trauma and it has made her a more positive person, someone who chooses to focus on the positive and not on the negative. Because the nature of her trauma was a life or death experience in which she did see her life flash before her eyes, she has a perspective on life that she got a second chance and she is making the most of this second chance. April says, "I'm going to enjoy life to the fullest cause it was almost cut short and I got this second chance."

Along with empathy and an increased sensitivity to others in similar or worse circumstances, Jelly is more appreciative of life in general and of people's efforts in particular. Jelly says,

> I am appreciative of the efforts and things that other people do because I know how much effort it takes now for myself to accomplish a task. I'm more appreciative of the efforts others put into doing things—whether it be kind deeds or just anything they do. I'm more ready to give commendation.

Nancy and Thumper reflect on their increased gratitude and connect it to their spirituality. In addition to offering "Thank you's" to God throughout her day when things go well, Thumper also is more grateful to other people when they show her kindnesses. Nancy is grateful for her inner strength that she describes as a little hard stone inside herself that was only revealed or discovered by going through the fire of her traumatic experience. Nancy attributes this hard stone as a gift from God. Nancy expressed her gratitude for all the people and professionals who were eventually able to help her and her family deal with her daughter's mental illness. Nancy's gratitude continues as she realizes that she is a different person now, less content to live superficially. She is grateful for the connection with others who live with mental illnesses because they also demonstrate the core strength of who they are without pretenses.

Forgiveness

Kelly named forgiveness as a factor that enabled her to transform her trauma into posttraumatic growth. She described how stuck she was in her anger and how poisonous that was for her soul and spirit. She described how forgiving her sister-in-law was a journey and a process and how she ended up writing her sister-in-law a letter entitled "I forgive you." Though her sister-in-law's response was not favourable, it was her intentional act of forgiveness that Kelly recognized as transformative. Kelly says,

> I had never experienced anger like that. Ever. And understanding how poisonous it is…That was just enormous for me. So it's a hard process. And actually interestingly now circling right back to the beginning everything that I learned about anger and forgiveness. How much it hurts to have to forgive when the person isn't deserving or doesn't want it. It's all helpful in the situation I am in right now with the PTSD person hurting family members. So yea. Huge meaning. Huge meaning.

There are different viewpoints on whether forgiveness is really forgiveness if the person being forgiven does not positively accept, acknowledge or participate in the forgiveness. Ideally, forgiveness involves reconciliation and repair in a relationship—"a relational rebirthing" (Hargrave, 1994, p. 82). This would require both parties—the forgiver and the forgivee; the victim and the victimizer—to be able to work toward repairing the relationship. Realistically, however, sometimes that reconciliation is not possible or is too risky or too unsafe for the victim to seek reconciliation with the victimizer. Using contextual family systems theory, Hargrave (1994) outlines four stations of a process of forgiveness that can be worked at in little bits over a long period of time in continuous spirals of on-going engagement and effort. The first two stations of insight and understanding do not require direct contact with the victimizer. The last two stations of opportunity for compensation and the overt act of forgiveness do require a rebuilding of the relationship with the victimizer. For Kelly, she did make contact with her sister-in-law through the letter she wrote and she reported that the response was not favourable. Without more insider knowledge of the people and the circumstance it would be difficult to assess and judge Kelly's actions. Kelly reports that writing the letter of

forgiveness was meaningful and helpful for her even though it did not repair the relationship.

Growth as a process

Kelly talks about her process of coming to a place of forgiving her sister-in-law. Other participants reflected on their awareness of processing their experiences and on their inner process of reflection. The nature of her trauma being a degenerative illness, Jelly acknowledges that "it's a slow process" as she is living in this process for twenty-two years already. Jelly talks about gathering experiences as she goes along and how she uses those experiences to help her move forward.

Jim reflects on his process from the distance of time passing and changing careers. He sees his process from first becoming a paramedic, bringing his newness and idealism, and is able to reflect on the wisdom he gleaned from more experienced partners when he was a rookie. He said that he now sees how his more experienced partners helped him learn to cope with the traumatic experiences he encountered in his job. About his daily process, Jim says,

> I think that my coping mechanism number one is that period of time right after the shift ends because then it's like I can be human again. That's the time when I can process what happened over the course of that shift.

Jim's processing involves on-going self-reflection.

Jules acknowledges that her process involved having experiences that she eventually learned were not helping her. She says, "It took me a while after I ended up on the streets, but I finally realized that pushing people away wasn't helping me at all." Jules

recognizes that the process is ongoing and continuous, while some of her awareness came as "an epiphany."

In reflecting on the length of his journey in wrestling with his traumatic experience, Matt says, "I don't know what I would call it. Would I call this a meaning, or maybe a process continued?" Matt acknowledges that it is "a long process."

Thumper acknowledges that being able to tell her daughter about the death of her father was a process. Thumper says, "It took a period of time. I couldn't tell her right away."

In reflecting on factors that helped her grow, Nancy sees her process of not sinking with the Titanic as doing one small thing at a time. Nancy says,

> When I think about that conversation about not sinking, we didn't make a list of 30 things we were going to do to make sure we were not going to sink. It was always one thing. There was always only one thing we ever worked on at a time. It's funny because we probably had more than one thing going on, but it only felt like one thing at a time.

Nancy also uses the journey metaphor to reflect an ongoing process and to see how her process has meaning. She says,

> How was I able to find that meaning? I think it's a journey, right? And I do think that it is cathartic to talk about it. That's why I was willing to do this [interview]. I've had a lot of people who are on the other end of that journey—people who are starting out with a mentally ill person. I've just had a lot of people reach out to me and say "Help." I was able to talk to

people and say "This is how it went for us." Sharing was part of that journey.

Metaphoric language

The title of this dissertation is borrowed from one of the rich metaphors that came out of the interviews. Two out of twelve individuals made reference to the Titanic during their interview. It was interesting to observe the use of metaphoric language in the trauma narratives and the choice and use of the participants' own words and where and how they used metaphors in their narratives. The participants used metaphors both to tell their stories of trauma and to paint a picture of exactly how and why the event they experienced was traumatic for them. They used metaphors to describe their pain and lack of control. For instance, when Nick arrives in the ER and hears the diagnosis that he had a heart attack, he was not expecting that diagnosis. He admits to thinking that he was too young to have a heart attack. Nick says, "That kind of hit me…Like hitting a brick wall."

Metaphors used by more than one participant included the language of feeling a heavy weight or being "weighed down" to describe their trauma and distress. For Jules and her trauma of childhood sexual abuse, she says, "Yea it was like the weight of the world was on my shoulders since the age of three." Along with being weighed down, Jules describes herself as a "lost child." Tammy also identifies with "feeling lost" especially after the death of her sister.

Sometimes there was one dominant metaphor from the interview that seemed to arise and was repeated throughout the interview. Jim's metaphor was that of being a robot versus being a human. He described his job as a paramedic as being transformed into a robot while he was on his shift and then using the drive home to become a human

being again. He felt like a robot when he had to go into autopilot to do his job and not allow himself to be a human being with all his feelings and emotions while he was in the midst of a tough call.

April's metaphor, "There is a silver lining at the end of the tunnel," is an apt summary of the concept of transforming trauma into posttraumatic growth. A few different metaphors were used to describe empowerment and personal agency. April says, "I don't let anybody walk all over me;" "I put [it] behind me;" "I just let it go;" "go on with life;" and "I don't dwell on it."

Cassandra describes her transformation from being eaten up and consumed by the trauma of being bullied to being able to choose a different course of action. She says, "If something is really eating up at me, I would take the time and I would pray until I start feeling better….[B]efore I would just let that thing eat me and consume me." Cassandra is not saying that she no longer encounters situations in which she feels like something is "eating up at her" but that she has adopted a new and different way of handling it. Cassandra describes some of these new ways using metaphoric language as well. "It's just going to roll off my shoulders" and "I've got a shield I put up."

Some metaphors convey an attitude of accepting the reality of what is, instead of focusing on the inabilities. Jelly chooses to "not dwell on what you can't do." Jules says, "Life throws you curveballs, so I just try to go with the flow."

The participants' use of metaphoric language is one of the factors that they engage in describing their traumatic experiences and in making meaning from their experiences. It would be interesting to engage in further research on an individual's use

of metaphoric language, either specifically in transforming trauma into posttraumatic growth, or more generally as a helpful resource in a therapeutic journey.

Addressing the research surprises

There were a number of surprises that I encountered in the process of my research and data collection. I find the surprises to be among some of the more interesting aspects of my research findings. My experience of surprise indicated that I was encountering something that I was not expecting.

Surprise #1: Self-defined traumatic experience

As described in Chapter 3 in the literature review, I did not want to limit my study to only those participants who had received a clinical diagnosis of Posttraumatic Stress Disorder (PTSD). My assumption was that I would find a difference, perhaps in magnitude, intensity or scope of the event, between self-defined traumas and those traumas that resulted in a person receiving a diagnosis of PTSD. I assumed that perhaps self-defined traumas would be less intense or less life-altering. I thought that I could label self-defined traumas as "small 't' traumas" to set them apart from what I might call "big 'T' Traumas," those Traumas that might warrant a diagnosis of PTSD. The first surprise as I was conducting my research interviews was that it really does not matter whether I or anyone else outside of the individual classifies or evaluates an event as a big trauma or a little trauma. All the events that the participants talked about were traumatic for them. Anyone external from the person who is experiencing it, whether they are a psychotherapist, psychiatrist or a researcher, cannot label or decide what is traumatic for another person. Reflecting on trauma aftercare, Dunn (2001) notes that while there may

be professionals and experts on trauma and their impact, the only traumas we can really understand are our own.

As I conducted the focus group and began the individual interviews and heard the nature of the traumas on which the participants were reflecting, the traumas included childhood sexual abuse, an experience of domestic violence, a diagnosis of and living with a degenerative illness, chronic illness, the suicide and death of significant person, sudden health crises like heart attacks and stroke, bullying, an immigration experience, living with a child who is diagnosed with a mental illness, and trauma associated with one's profession as a paramedic. The trauma narratives described in the interviews are all significant experiences of trauma. Only one participant was diagnosed with PTSD. All the other participants managed to cope with their traumatic experiences in a variety of ways. They employed a vast array of coping strategies to help them deal with and grow from their trauma.

Even though the individuals in the research study did not receive a diagnosis or treatment program for PTSD, they were able to experience posttraumatic growth. What this indicates then is that there are healing resiliencies within people. Left on their own, some people will find ways of getting better, healing, and sorting out the trauma. A lot of people have significant internal resources. People's use of learned coping strategies and internal resources points to a strength and resilience-based model and not a pathologizing model for trauma healing and recovery (Bonanno, 2004; Mancini & Bonanno, 2006). This also supports the individual differences model that finds that people move towards resilience or a positive coping following trauma through a variety of means (Mancini & Bonanno, 2009).

Surprise #2: People want to tell their trauma narratives

Another surprise I encountered while conducting the research interviews was the willingness of people, and the need even, for people to tell their trauma narratives. On the recruitment poster for volunteers to participate in my research interviews, I listed five qualifying criteria (see recruitment poster in Appendix D). The fifth criterion was:

> 5) You are willing and able to talk about and reflect on your traumatic experience. Please note that you do not need to reveal the details of the traumatic experience. You can say as much or as little as you feel comfortable about the actual traumatic event. Your participation is voluntary and you can withdraw from the research study at any time without penalty.

In presenting the research design and procedure to the Research Ethics Board of Wilfrid Laurier University, I wanted to prevent as much as possible that people's participation in the interview would be re-traumatizing. So, as point 5 above states, there is no expectation of the person to tell the story or the details of their traumatic experience.

However, what happened in the interviews is that each participant told his or her trauma narrative. Some participants told it in more detail than others, as they were comfortable and felt safe to do so. All twelve interviews had information coded at this node. What is interesting is the coverage percentage for the trauma narrative node ranged from 4.48% in the interview in which the person spoke the least about the trauma narrative to 24.8% in the interview in which the person spoke the most about his or her traumatic experience.

That each person chose to tell their trauma narrative leads to a wondering around the assumption that re-telling one's trauma narrative will be re-traumatizing. I approached two different community service agencies in Crown Point neighbourhood and asked for permission to post my recruitment poster in their buildings and to come in to their programs to tell people about my research project and to invite people to be a research participant by signing up for an interview. I received two opposite responses to my request. One agency refused to let me hang the posters in their building. The reason given by the Director of Operations was that the agency did not want their clients to be re-traumatized. The other agency welcomed me to come in person to give a three minute presentation to parents who were waiting while their kids participated in the agency's sports programs. This agency empowered their clients to be able to make the decision for themselves about whether or not they wanted to participate in the research study. The other agency seemed to want to protect their clients from hearing or seeing the word "trauma."

I have great empathy for individuals who have experienced trauma and are regularly triggered in their daily environments. I do not want people to be re-traumatized. However, if someone is that hypersensitive, then they are going to be triggered, whether it is by my research recruitment poster or by something else. I do not think that the solution is to try to protect traumatized people from the symptoms of the problem, but rather to find ways to offer support and help for a person to safely recover, heal and possibly grow from their traumatic experience.

In a supportive context and environment of safety and personal empowerment, re-telling one's trauma narrative can be healing. In our efforts to protect people from being

re-traumatized, are we in some ways preventing healthy processing of the trauma and potential healing and growth? When a person finds a safe place and a safe person with whom to confide in their trauma narrative, telling and re-telling the trauma narrative can be healing and can promote transformation into posttraumatic growth (Doehring, 2006).

Time

The third criterion listed on the recruitment poster for participating in the research study was "This self-defined traumatic experience occurred at least two years prior to the time of the interview." My discovery about the phenomenon of posttraumatic growth, supported by evidence in the literature review, was that in order to be able to identify some posttraumatic growth, a person needed some time to have passed between the traumatic event and the present. This time is important to allow for the cognitive processing of one's experience as well as for the rumination needed to make sense out of one's shattered assumptive worldview. This time is processing time—time to ponder and to reflect on the traumatic experience, time for the person to reconfigure his or her belief system, and time for the person to incorporate and integrate the traumatic experience into his or her life story.

Focused remembering

Jim contrasts his experience of the research interview to a quiet shift when he passed the time telling a new paramedic whom he was mentoring about all the most difficult calls in his experience. At the end of that shift, Jim said that he felt like it was one of his worst shifts. Jim reflected on the difference in this research interview which he experienced as positive and having therapeutic value because of the context and framing of the interview. Jim says,

> I would say that this [interview] has not been an experience that I talked about with the quiet shift and talking about all my [difficult] experiences. [This research interview] is within the context of growth and positive reinforcement of the ways that I have taken these experiences and grown from them. In this context, it is therapeutic for me to talk about them.
>
> It is therapeutic for me, because I don't often talk about it in this way. It's not something that's a regular part of conversation. To be able talk about it on my own terms in a way of talking about how I've grown from it, it is a positive thing for me.

People's choice to tell or not to tell

The participants self-selected and used their agency to agree to participate in this research study with the knowledge that the research was about trauma. The recruitment poster clearly stated that a person would be asked to reflect on a traumatic event or experience. Those who chose to participate chose to reflect on their trauma and to share their reflections during the research interview.

For all the research participants it took initiative and courage to volunteer. In Jules' trauma narrative, part of her trauma was that some of the medical professionals with whom she told her story did not believe her. This suppressed her story and made her more hesitant to share her story to others. However, eventually her story could not be suppressed and the fact that she volunteered to be interviewed for this research project is another instance of her using her voice to tell her story.

Personal agency in sharing one's story means that it is the person's choice whether or not they tell their trauma narrative. The individual maintains control of what they share—how much detail or depth they provide, to whom they are telling their story, and how long they want to engage in the sharing of their story. This respects the individual as the expert of their own life and their internal knowledge of what is best for them in their healing journey toward posttraumatic growth.

The most common response I heard about why each individual volunteered to participate in my research interview was the possibility that their telling of their story would help themselves or someone else in a similar situation. For example, as I was reviewing the research consent form and stressed that she could stop the interview at any time, Tammy said, "I won't stop it, you know. Cause it's going to help myself by talking about it." Jelly also thought that participating in the interview might be helpful for her to talk more in depth about her trauma in a way that she had not done before. She says,

> I haven't really talked to anybody about it. So it's nice to have this opportunity. I thought it would be a good to sort of help me to dig into my thoughts deeper and reveal maybe some emotions that are suppressed. So that's why it's as though I'm looking forward to the kind of questions that you might have of me.

The participants cited altruistic and advocacy reasons for wanting to participate in the interview. They participated for educational purposes or for the good of society. Altruism and empathy are significant meaning-making reasons for wanting to share their stories. These meaning-making factors are an aspect of personal agency that contribute towards ongoing transformation of their traumatic experience into posttraumatic growth.

Surprise #3: Multiple traumatic experiences

In the process of conducting the interviews for this research project, a surprising discovery was that though I was asking people to reflect on one traumatic event or experience that occurred two years ago or more, eleven out of twelve of the research participants could not contain themselves to talking about only one specific traumatic event or experience in their lives. If the individual had experienced multiple traumatic experiences, their reflections on their trauma fluidly incorporated all their experiences from these multiple traumas. They could not separate out reflecting on only one incident or experience.

The experience of multiple traumas for people is not uncommon. Vrana and Lauterbach (1994) studied the prevalence of traumatic events and post-traumatic psychological symptoms in a nonclinical sample of 440 college students. Their study discovered that eighty-four percent of the college students studied reported at least one traumatic experience and approximately one third of the sample reported four or more traumatic events.

One study in Quebec interviewed 1,401 caregivers of children between the ages of 2 and 11 years old (Cyr, Clement, & Chamberland, 2014). This study found that 68% of these children reported at least one victimization experience in their short lifetime and 42% experienced more than one type of victimization. In this study, Finkelhor, Ormrod, & Turner (2007) coin the term "poly-victims" to designate plurally victimized children as a description of "the cumulative exposure to multiple forms of victimization experienced by some children" (Cyr et al., 2014, p. 622).

While I found studies done on multiple traumatizations, I did not find any research that has been done specifically on how people talk about their traumas or about their propensity to speak about more than one trauma if they have experienced multiple traumas. Though more study needs to be done on this phenomenon, my hypothesis is that individuals' trauma narratives incorporate and integrate all traumatic experiences or events that they have experienced. I believe that this is a helpful finding because just as the person is integrating all the traumatic experiences from their lives as they are reflecting on their traumatic experiences, they can also draw from the strengths and resources they have used to cope with past traumas to help them face a current or more recent trauma.

Recent research supports my hypothesis as Grych, Hamby, & Banyard (2015) have developed a conceptual, strength-based framework called The Resilience Portfolio Model to provide a multidimensional understanding of strengths and resources used by children and adults exposed to violence. This model looks at a person's resilience profile that is made up of the density and diversity of resources and assets available to the individual in facing their exposure to violence. The portfolio of protective factors includes regulatory, interpersonal and meaning-making strengths. The authors propose a polystrengths perspective (Grych et al., 2015, p. 350) similar to the polyvictimization focus in violence research (Finkelhor et al., 2007).

Study limitations

Researcher verification to test the consistency of the coding categories would have improved the trustworthiness of the study results. The time frame of the study prohibited enlisting other researchers to verify the coding of the content analysis of the

transcripts. This triangulation of the coding would have increased the trustworthiness of the research findings as well as controlling for any researcher bias.

The sheer quantity of the content available from the twelve interviews is a limitation of this study. I could write a dissertation on each individual interview. Due to limitations of time, the research has provided a broad, descriptive overview of personal agency themes that emerged and has identified some of the factors that these twelve individuals used to transform their trauma into posttraumatic growth. Now that these themes and factors have been identified, this can be a springboard for further research that can isolate specific factors, studying each factor in depth and perhaps develop quantitative studies on the factors to determine their statistical significance in the transformation process from trauma to growth.

Because of the process nature of the transformation, I also encourage further studies to be done at many different points in the timeline. Longitudinal studies would be helpful in attempting to identify what happens on a chronological continuum from the time of a traumatic event throughout a person's life time as they integrate that traumatic experience into their life story.

Another limitation of the study is that the questions a researcher asks determines the answers that are received. In this study on posttraumatic growth, the questions were framed towards a positive and growth producing direction. The answers received followed that positive direction. I am aware that if I had formulated the questions in a more deficit-oriented or problem-saturated way (For example, "Tell me how trauma has ruined your life") then I would have received data and answers that reflected the devastating and life-altering impact of the traumatic experience in a destructive and life-

ruining direction. From the brief follow-up conversations, I learned that the framing of my questions in a purposeful direction of looking for posttraumatic growth was a positive, helpful and meaningful way for the participants to engage with their traumatic experience.

Because of the way I had set up my research and had written up my proposal for approval by the Research Ethics Board, in the midst of the interviews, I felt that I had limited myself in having to refrain from asking the participants about the nature of their traumas. It seemed that the participants were willing, but the parameters of my study design did not allow it. As a researcher, I wonder how this limitation might have contributed to incomplete findings. For example, I felt that I could not ask what triggered Roger's suicidal ideation. Roger chose to talk about this experience in the interview as it led to his profound spiritual experience. As a spiritual care psychotherapist, I would have followed-up on this, proceeding with caution and with the consent of the client, but as a researcher, I felt that I could not ask for further clarification and details. This may be my inexperience as a researcher trying to navigate the tensions between a researcher and a clinician. In designing and implementing future studies, I will give more attention to this tension and think more carefully about how to deal with it.

The biggest regret that I have as a researcher is in this particular study limitation. In an effort to "do no harm" by protecting the participants against potential re-traumatization, I violated my own theological reflection from Chapter 2 regarding the healing potential of sharing the trauma story and not suppressing it. My attempt to "do no harm" may have actually done harm in silencing the victim. Even though my intent in wording the criteria for participation was to empower the participant to share as much or

as little of their traumatic experience as they wanted, the way I worded this may not have conveyed accurately the intent of giving control in the storytelling to the participant. It may, in fact, have silenced the participant from sharing their story. This is a limitation of the study that requires careful consideration in conducting future studies.

One strength of the study is that it emphasizes the interconnectedness and complexity of the process of transformation from trauma to posttraumatic growth. The study supports the individual differences model, recognizing that because of the multidimensional aspects involved, each individual who has experienced trauma will require their own unique process in his or her movement towards posttraumatic growth. This study also shows clinicians where there may be opportunities for intervention at many different points and addressing many different factors in a person's journey towards healing and growth following trauma.

The analysis of the data from this phenomenological qualitative research is descriptive in nature. It does not have any statistical significance to be able to generalize to a broad population. But it has provided a detailed description of some factors that enabled these twelve individuals to transform their self-defined traumatic experience into posttraumatic growth. The research has shown that no one has used the exact same resources to grow from their trauma. Each person's trauma narrative is different; each person's coping mechanisms are different. However, four subthemes emerged from the data that hold up personal agency as the overarching theme that enabled these individuals to grow from their traumas.

The data analysis in this chapter revealed that personal agency is the over-arching factor that contributes to transformation from trauma to posttraumatic growth. Personal agency was evident through four subthemes identified in the participants' stories: 1) use of strong "I" statements; 2) making choices about things the individuals could control; 3) engaging their experience with the full range of human dimensions—spiritual, emotional, mental, physical, and relational; and 4) recognizing their growth through meaning-making.

Before looking at the practical contribution of this research to psycho-spiritual clinicians and therapists, Chapter 6 will engage with the results of the data analysis inviting social sciences literature as a conversation partner. Psycho-spiritual therapists journey with their clients to help them incorporate the trauma into their life stories by changing their life-limiting beliefs and values about the trauma to life-giving beliefs…recognizing that the traumatic event forever changes their lives, but it need not cause them to sink with the Titanic.

CHAPTER 6: DATA ANALYSIS IN DIALOGUE WITH THE LITERATURE

Chapter 6 further explores the over-arching theme and the four sub-themes that emerged from the data collected in the research interviews. In this chapter these themes are discussed in dialogue with social science literature. Keeping in mind that the foundational lens of this dissertation is theological reflexivity, information from the social sciences is an important conversation partner.

Personal agency and self-identity

Thoits (2006) offers a detailed exploration of personal agency in coping with stress. In explaining social cognitive theory from an agentic perspective, Bandura (2001) defines agency in this way: "To be an agent is to intentionally make things happen by one's actions….The core features of agency enable people to play a part in their self-development, adaptation, and self-renewal with changing times" (p. 2). The core features of human agency include intentionality, forethought, self-reactivity and self-reflectiveness (Bandura, 2001).

If trauma is a psychological earthquake that shatters a person's assumptive world, then it makes sense that a person's sense of identity is knocked off balance or even destroyed beyond recognition. The traumatic experience robs the individual of his or her agency and control in the situation and makes the person feel weak and powerless (Herman, 1992). Abernathy (2008) writes, "Trauma threatens autonomous self through challenges to agency such as dealing with sudden, unpredictable, uncontrollable events, and loss of belief in oneself as powerful or capable of handling threats, and loss of mastery" (p. 201). In healing and growing from trauma, a person needs to regain a sense of self. This requires a new self-identity as the traumatic experience and its consequences

somehow need to be incorporated into this sense of self in order to be congruent and to accurately represent who the person is now: "The research on surviving trauma suggests that part of successfully navigating the experience of trauma is a new sense of self (Neimeyer, 2006)" (Abernathy, 2008, p. 200).

Re-structuring self-identity and personal agency are key factors in a person's journey to posttraumatic growth. Beaudoin (2005) demonstrates the importance of helping trauma survivors see that even in the midst of the chaos and powerlessness of the traumatic experience, they made choices that helped them cope with the situation and, ultimately, survive: "The decisions made throughout the event are reorganized into a new more preferred narrative that emphasizes choice and agency" (p. 48). This connects with a change towards a more life-giving theology of trauma.

In developing a posttraumatic narrative, highlighting the points in the story where the person exercised agency and choice is helpful and healing. A trauma survivor may not always see these unique occurrences in their story so it might be necessary to have an outsider witness perspective (White, 2007), perhaps from a narrative therapist, who can draw the client's attention to those points in the story. Beaudoin (2005) offers a re-authoring map with four quadrants and specific practices in therapeutic conversations that can contribute to clients re-authoring their lives with an integrated experience of choice and agency:

> When clients are able to notice all the actions that they choose to engage in, despite the challenge of the situation, and how congruent these actions were with their values, they are more likely to experience themselves as competent and capable individuals. The recognition and appreciation of

> these choices is more likely to lead to a breakdown of the problem story of incompetent identity. Through this process, the external traumatic event becomes dispossessed of its identity-shaping powers with the focus shifting to clients' internal choices and agency in handling the crisis. Clients are then in a better position to separate from interpretations of traumatic memories that had eroded their preferred experiences of self and live a more satisfying life (Beaudoin, 2005, p. 49).

This re-narrating of the traumatic experience helps in strengthening an individual's self-identity and moves a person towards posttraumatic growth.

Barrington and Shakespeare-Finch (2013) noted changes in self-perception in professionals who worked with trauma survivors and experienced vicarious posttraumatic growth. The changes included increased personal strength, increased confidence, and changes in level of personal strength outside of work (Barrington & Shakespeare-Finch, 2013, pp. 98–99). Morrow et al. (2012) noted the theme of Self-Determination in their study of adults who overcame childhood trauma:

> More than one third (8 out of 22) of the participants declared that it was their own fierce determination that enabled them to survive their trauma. In this theme, participants detail how their own internal resources led them to be resilient, healthy adults. For many, it was this belief that they were strong enough to deal with their situation that got them through their traumatic experience(s) (p. 6).

Making choices about things they could control

The nature of a trauma is that an individual finds him/herself in an unexpected situation in which he or she may have no power or limited power to change what is occurring in the moment. Throughout the interviews, I found evidence of these twelve people making choices about specific aspects of the situation that they could control. Most notably, the interviewees described making choices about how they responded to their traumatic event, both in specific actions that they took and in the way they thought about the trauma. Ungar's (1995) dissertation research on the relationship between empowerment and mental health of adolescence supports my findings that the participants' ability to make choices during and after their traumatic experiences helped them heal and grow following the trauma.

In a study that explored the healing experiences of eighteen women who have histories of violence, substance abuse and involvement in the mental health and/or substance abuse treatment system, Stenius and Veysey (2005) found one of the commonalities in the methods women used to take care of themselves following their traumatic experiences was decision making and setting limits, in which "choice is crucial" (p. 1163).

Engaging trauma recovery with the full range of human dimensions

Spiritual

We have already seen from Bray's (2010) model discussed in Chapter 3 how important spirituality is in posttraumatic and psycho-spiritual growth. Dr. Kenneth Pargament (2007, 2013a, 2013b) has researched, written and lectured extensively about spiritually-integrated psychotherapy. Pargament (2013a) acknowledges the significance

of spirituality in healing and psychotherapeutic treatment: "We are healed by the spiritual character of the helping relationship." In a keynote lecture in which Pargament (2013b) conceptualizes spirituality, he offers a number of metaphors for understanding spirituality. To engage with an individual's sense of meaning-making, spirituality is a way of seeing a deeper dimension in life. Spirituality as an onion is a metaphor that particularly connects with transforming trauma into posttraumatic growth. Pargament says that we learn about our spirituality in layers. While spirituality is both good and bad, in that it can be a source of problem as well as a source of solution, spirituality fosters the capacity for transformation. If spirituality is an onion, then sautéed onions give flavour to life: "Sautéed onions are one's life in times of trauma and suffering" (Pargament, 2013a).

Pargament (2013b) recognizes the process aspect of spirituality as a search for the sacred which can take place within an organized religious context. That we are drawn to the sacred leads Pargament to the analogy of spirituality as a magnet. Pruyser (1976) names Awareness of the Holy (discovering what is sacred for the client) as one of his seven dimensions for spiritual assessment of an individual.

For Pargament (2013b), free will is a quality of spirituality as we are motivated to achieve a vision of the future. Pruyser's (1976) assessment of Providence (a person's concept of the Divine's intentions towards him/her) and Sense of Vocation (sense of purpose and motivation towards meaningful activity) are two categories that intersect with Pargament's concept of free will. We are not just determined by our past, which is a hopeful concept for anyone who has experienced trauma.

In addition to Awareness of the Holy, Providence, and Sense of Vocation, Faith (what a person commits herself to), Grace or Gratefulness (a person's feeling of being

worthy or unworthy to receive forgiveness or gifts), Repentance (a sense of remorse, regret or sorrow in the person), and Communion (a person's connection with people or sense of belonging) are Pruyser's (1976) seven spiritual assessment dimensions.

Abbott (2012) explores "the Church's offer of worship and hospitality as resources rich in post-traumatic growth potential" (p. 35). Abbott's definition of trauma—"the psycho-somatic, social, and spiritual sequelae to events that overwhelm one's personal and/or communal coping mechanisms" (Abbott, 2012, pp. 32–33)—acknowledges the impact of trauma on one's spirituality. Abbott (2012) reflects on how the Church might also then be a resource for healing from trauma and for posttraumatic growth through offering appropriate worship and appropriate hospitality:

> Since traumatized individuals often feel drawn to religious spaces the liturgies of some churches could be a significant aspect of a communal compassionate response in the regular rhythm of worship for such individuals. These occasions can provide opportunity for the bereaved and survivors to reflect reconfiguratively for post-traumatic growth. That is, they can utilize the potentially transformative nature of a personal narrative newly configured by the biblical canon, for a future praxis (p. 35).

Abbott names spiritual themes of silence, thanksgiving, communion of the saints, presence and lament as spiritual resources that the Church can offer to traumatized individuals.

Spiritual development is one of the five major domains of posttraumatic growth on Tedeschi and Calhoun's (2004) Posttraumatic Growth Inventory (PTGI). Spirituality

and belief systems are named as significant factors that helped people recover following traumatic experiences: in women (Stenius & Veysey, 2005), in clinicians who work with refugee survivors of torture and trauma (Barrington & Shakespeare-Finch, 2013), and overcoming childhood trauma (Morrow et al., 2012).

Barrington and Shakespeare-Finch (2013) found changes in vicariously traumatized clinicians related to their religiosity or spirituality. Some found their religiosity or spirituality had deepened. For others, their work caused them to question their religious or spiritual beliefs: "Regardless of the direction of spiritual change (i.e. increased or decreased faith), the clinicians viewed the change as a positive outcome of their work" (Barrington & Shakespeare-Finch, 2013, p. 98).

Emotional

Trauma is a personal experience and has an affective dimension (Tedeschi & Calhoun, 2004, p. 5). From Goleman's (2005) exploration of emotional intelligence, we learn the importance of paying attention to our emotions as a completely different avenue of accessing knowledge about ourselves than the knowledge we obtain through our minds. Trauma stirs up a lot of psychological distress for a person that is felt and expressed through a wide range of distressing emotions such as anxiety, fear, sadness, depression, guilt, anger, irritability (Tedeschi & Calhoun, 2004).

Emotions happen…we feel our emotions through emotional responses that occur within us, but it is the interpretations and thoughts we attribute to our emotions that sometimes are toxic, and carry personal values, judgments and assumptions (Goleman, 2005). Again, this shows how integrated we are as human beings and how interconnected our emotions are with our cognitive processing. The emotions of fear and anger are

frequently mentioned in the trauma literature. “Clients who have experienced an unexpected or traumatic event often have the same three immediate emotional responses to different events. The unholy trinity of emotions (or what I like to call the Unwanted Travel Companions) is fear, anger, and depression” (Harris, 2014, p. 39). Jenkinson (2015) offers a poetic description of how fear works which starkly shows the mind’s influence in feeding the emotion of fear:

> …Fear is not knowledge, not even remotely. The machinery of fear is diabolical in its perfect symmetry. It works like this: Imagine that fear has a voice that sounds very much like your own. Imagine that it is not really “fear,” anyway. It is “*your* fear.” In this way fear is a lot like a mortgage: You use the phrase “my mortgage,” but it is up for grabs who owns whom. Your fear’s voice finds your ear every time it speaks, and an unexpectedly willing ear it is. Your fear’s voice doesn’t fulminate, generally, or vilify too much, and it isn’t too bellicose most of the time. Those are anger’s voices, and anger is the poor, unsophisticated, adolescent sibling of fear. Fear’s voice is measured, concerned even. Fear’s voice has something of the barrister in it, and the capacity for reasoned argument and persuasion.
>
> Eventually it will say, “Well, look. You don’t want such and such to happen, right?” And of course you don’t want that thing to happen, so there is quick agreement on that. Your fear feels informed, intelligent, alert to the possibilities. But the ante is upped when the feared thing comes

around again, as it always will. Fear's voice will say, "We can't let that happen. You know what it'll be like if that happens."

The truth is that you don't know what it will be like if that happens. The feared thing, almost always, is the thing that hasn't happened yet. That is where fear lives, in the not yet, the not now, the not me. Fear is full of uninformed anticipation masquerading as heightened awareness. Fear knows enough to mobilize, stir, run, and fight, but it knows next to nothing about the feared thing. *Fear is not knowledge*" [emphasis in original] (Jenkinson, 2015, pp. 78–79).

A person's healthy relationship with fear is to recognize and embrace fear as a normal human emotional response. A person who has experienced a trauma may have to recalibrate his/her fear response to become more congruent with actual external circumstances because his/her fear reaction may be hypersensitive. Rothschild (2010) writes that "...a major part of healing from trauma involves regaining the ability to access fear as the protective friend it is meant to be." She includes a quotation from Lone Reimert: "Recovering from trauma has to do with getting better at being afraid" (Rothschild, 2010, p. 66). Conquering fear does not mean that you come to a place of ceasing to feel fear; but that you can manage your fear and are not paralyzed by it. You can carry on in spite of your fear, or because you can take charge of your fear and use it to propel you forward (Harris, 2014). This sentiment is expressed by Nelson Mandela who said, "I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid, but he who conquers that fear." John

Wayne says the same thing in different words: “Courage is being scared to death, but saddling up anyway.”

Anger is an essential component of grief and “sometimes grief is most easily and overtly expressed through anger” (Becvar, 2001, p. 58). Bass and Davis (2008) list anger as one of the integral stages in the healing process for women survivors of child sexual abuse:

> Anger—the Backbone of Healing. Anger is a powerful and liberating force. Whether you need to get in touch with it or have always had plenty to spare, directing your rage squarely at your abuser, and at those who did not protect you even if they could have done so, is essential to healing (p. 57).

In the data analysis of Kelly’s trauma narrative, Kelly’s anger features prominently in her journey from trauma to posttraumatic growth.

The process of managing distressing emotions and cognitive processing may take some time in the aftermath of trauma: “Many people who survive traumatic events report that many months later they can still be struck by a sense of disbelief. To an extent, this process may involve ‘grief-work’ in the sense that the loss involved in the trauma is gradually accepted” (Tedeschi & Calhoun, 2004, p. 8).

Zoellner and Maercker (2006) remind researchers to not forget the impact of positive emotions in self-perceived posttraumatic growth:

> Moreover, the role of emotions, in particular positive ones, has been underestimated in studying PTG. Models of PTG and research studies have usually concentrated on cognitive factors, coping strategies, or

> personality differences when assessing predictors of PTG, but the role of emotions might play a greater role than previously assumed. The finding that specifically the emotional facet of openness to experience was linked to PTG, in contrast to the behavioral or cognitive side of openness (Tedeschi & Calhoun, 1996), concurs with this proposition. Interesting results from a recent study exemplify the possibly overestimated role of cognitive factors and the underestimated role of (positive) emotions (Zoellner & Maercker, 2006, p. 649).

Mental

Distressing and sometimes dysfunctional patterns of thinking frequently follow a traumatic experience (Tedeschi & Calhoun, 2004). These distressing cognitive patterns may manifest themselves through disbelief, psychological numbing, repetitive intrusive thoughts and images and intrusive ruminative thoughts. This is why rumination or cognitive processing is an integral part of trauma recovery (Tedeschi & Calhoun, 2004, p. 9):

> These data appear to demonstrate that understanding the type of cognitive processing and when it occurs may be crucial to understanding the cognitive routes to posttraumatic growth, and that different aspects of growth may be particularly sensitive to certain kinds of cognitive activity at different periods of time after trauma (Tedeschi & Calhoun, 2004, p. 10).

Posttraumatic cognitions fall into two types of rumination—deliberate rumination which is an intentional reviewing of the event and managing of the emotional distress that

accompanies the trauma, and intrusive rumination, which is characterized by automatic, unprompted, unwanted and avoided thoughts and images (Altmaier, 2013; Tedeschi & Calhoun, 2004, p. 9). Deliberate rumination is the helpful kind of rumination that can lead to posttraumatic growth, while intrusive rumination, also called automatic, rote rumination that describes repeated thoughts of negative life events can prove problematic for coping with life's adversity (Webb, 2015, p. 161). Deliberate rumination is also called adaptive rumination which is a process that involves the individual reconsidering assumptions of their existing schemas and rebuilding new, more comprehensive and resilient schemas (Webb, 2015, p. 161).

Cognitive flexibility is another adaptive process that facilitates posttraumatic growth. Cognitive flexibility allows a person to seek alternate possible solutions in problem solving and to test these alternate solutions. Cognitive flexibility embraces the ambiguity and complexity of human experience such that it makes space for the "possibility of paradox or mystery in suffering" (Webb, 2015, p. 161)

The first four of Rothschild's (2010) eight keys to safe trauma recovery involve the mind and more specifically the mind/body connection. Key 1 is mindfulness, Key 2 is beginning with your epilogue for the purpose of re-training your body and mind that you made it, that the trauma is in the past and you are living in the present. Key 3 is remembering is not required and Key 4 works on stopping flashbacks.

Physical

Research on trauma recovery stresses the strong body/mind connection and that trauma gets stuck in the body, so some attention must be made to working with both the body and the mind in healing from trauma (Berendsen, 2011; P. A. Levine, 2010;

Rothschild, 2003; Tedeschi & Calhoun, 2004; Terr, 1990). Rothschild (2010) identifies physical fitness and activity as the seventh key to safe trauma recovery: "Carefully chosen physical activity will make a meaningful contribution to your recovery from trauma" (p. 115). Engaging the body is identified as helpful in recovering and growing from a traumatic experience in a number of studies, such as through body work and restorative activities (Stenius & Veysey, 2005).

Relational

Communion is what Pruyser (1976) calls the dimension of his spiritual assessment of a person's sense of connection to or belonging with other people. The importance of relationships and connectedness is a theme that recurs in the literature on resilience, trauma and posttraumatic growth (Walsh, 2002, 2006). Social support that is stable and consistent over time is helpful in nurturing posttraumatic growth.

> On the psychological front, many studies have shown that aspects of social support appear to provide a buffer to the emotional effects of trauma and other negative circumstances, helping to protect some people from mental health symptoms that haunt others. It's also one of the predictors of posttraumatic growth, the tendency of some individuals to find benefits in the aftermath of tragedy (Feldman & Kravetz, 2014, p. 69).

A number of studies have identified relationships with people as significant in trauma recovery and posttraumatic growth. Connection with others is identified as a self-care method used by women following a traumatic experience (Stenius & Veysey, 2005). Positive changes in interpersonal relationships and changes in interactions with people is named by clinicians who experienced vicarious posttraumatic growth (Barrington &

Shakespeare-Finch, 2013). The themes of Supportive Others and Therapeutic Relationships emerged from adults overcoming childhood trauma (Morrow et al., 2012).

Becvar (2001) reminds that the important factor is the perception and degree of experienced satisfaction of social support by the one receiving support and not the availability or experience of the one offering support: "That is, although we may make efforts to help family members and other survivors who are mourning the loss of a loved one, what we do must be perceived as meaningful if it is to be helpful. Good intentions are not sufficient" (Becvar, 2001, p. 57).

Social support involves trusted people with whom the trauma survivor is able to confide and process their experience and emotions: "The cognitive process of trauma into growth appears to be aided in many people by self-disclosure in supportive social environments" (Tedeschi & Calhoun, 2004, p. 10). Rothschild (2010) addresses self-forgiveness and shame in recovering from trauma: "Shame is widespread in the wake of trauma. Often it has to do with an inner feeling of letting oneself down, not being able to protect the self" (p. 88). Rothschild (2010) writes that physical withdrawal or retreating within oneself is often the immediate response to shame. Re-establishing social contact is important in resolving shame. Abbott (2012) names the social isolation that often accompanies the traumatized and he describes the Church's appropriate response can be a hospitality of friendship and unobtrusive presence (p. 39).

Chapter 6 has expanded on the dialogue between the social sciences literature and theological reflection on trauma and posttraumatic growth by connecting each of the themes that emerged from the data to information from the social sciences. The unique

starting point of this research is the self-defined experience of the participant. Other studies start with the diagnostic criteria for trauma or posttraumatic growth. The researcher explored any new insights that might emerge from this different vantage point. The themes that emerged are congruent with the social sciences literature even though they were viewed through a theological lens. What surfaced also was the importance of the spiritual dimension of the human response to trauma and posttraumatic growth. The final chapter concludes the dissertation with a summary of the significance of this research for the field of spiritual care and psychotherapy. Using the framework of life-limiting or life-giving theologies of trauma, spiritually-integrated psychotherapists can develop care plans and interventions that journey with trauma survivors in theologically grounded trauma care.

CHAPTER 7: CONCLUSION—FIGURING OUT HOW TO NOT SINK WITH THE TITANIC

This research looks at the question "What are some factors that enable an individual to transform a self-defined traumatic experience into posttraumatic growth?" The previous chapters further explored the themes that emerged from the detailed thematic analysis of the data from the research interviews. The social sciences literature supports the overarching factor of personal agency signified by the four subthemes of strong "I" statements, making choices about things the participants could control, engaging the trauma and trauma recovery with the full range of human dimensions—spiritual, emotional, mental, physical and relational—and recognizing growth or meaning-making. These themes demonstrate an individual's initiative and active engagement with many dimensions of the traumatic experience that help toward transforming that experience into posttraumatic growth. As we continue to grow in our understanding of these factors and themes, viewed through the lens of theological reflexivity, the purpose is to employ our learning and knowledge to support people as they figure out how not to sink with the Titanic in their own journeys from trauma to posttraumatic growth. Useful in both the social sciences and spiritually-integrated psychotherapy fields, the researcher contributes the tools of the SEMP-R Circle and the Trauma Narrative Timeline as a way for clinicians to diagram with their clients the holistic dimension of their human responses to trauma and to their posttraumatic growth.

Healing strategies for trauma

In a review of psychological assessment, diagnosis and treatment of torture survivors who experience complex trauma, Campbell (2007) describes the existing

treatment models. He reviews cognitive-behavioural approaches, along with exposure techniques and psychoeducation, psychodynamic approaches such as insight therapy, cognitive processing therapy (CPT), narrative exposure therapy (NET), and a relatively new treatment model called the HEARTS model. The HEARTS model was developed specifically for torture survivors and involves teaching community leaders how to help traumatized members within the community. There are six treatment steps in this model: 1) History (listening to the history of the victim), 2) Emotions (focusing on emotions and reactions), 3) Asking about symptoms, 4) explaining the Reason for symptoms, 5) Teaching relaxing and coping skills, and 6) helping with Self-change (Campbell, 2007, p. 638). Campbell reports that no data has been collected yet on the HEARTS model to measure efficacy of this treatment. What is notable about the variety of all these treatment modalities is that they attempt to address the full range of human dimensions—body, mind, spirit and emotions—that have affected the tortured and traumatized survivors.

Toscani (1998) describes the use of sandrama, which involves the pyschodramatic use of sandtrays to work with trauma survivors. Sandrama uses the theoretical framework of the Therapeutic Spiral Model, a manualized format for the safe use of action methods with trauma survivors. "It also includes the Trauma Survivor's Intrapsychic Role Atom© (TSIRA) (Toscani & Hudgins, 1996), which is a map of all the roles or parts-of-self necessary for safe re-enactment of core trauma scenes and intense affect" (Toscani, 1998, p. 22). Sandrama follows a structure of six levels of dramas that follow a sequence of action from developing stability and strength through to developmental repair and transformation of negative patterns:

1. Restoration and Renewal
2. Dreams and Metaphors
3. Initial Discovery and Accurate Labeling
4. Uncovering and Exploring of Core Trauma
5. Re-Experiencing and Developmental Repair
6. Release and Transformation

As previously mentioned, the traumatized individual safety needs are of primary concern: "Therefore, throughout the session there was one main consideration—how to allow expression of intense affect *safely*" [emphasis in original] (Toscani, 1998, p. 28). The focus of sandrama is to help the individual process their emotional response to their traumatic experience: "Psychodrama, sandtray and other creative arts, as metaphoric modalities, work as an emotional bridging to the unconscious to help change negative patterns and to explore and integrate more positive qualities that the client is not consciously aware of" (Toscani, 1998, p. 29). The ultimate goal as indicated in the title of the last step is Transformation.

Theories and models in the field of trauma and posttraumatic growth

Throughout this dissertation, many different theories and models have been mentioned that attempt to broaden our understanding of the phenomenon called posttraumatic growth. Though not an exhaustive list, some of the models and theories included are the Posttraumatic Growth model (Calhoun & Tedeschi, 2006b; Tedeschi & Calhoun, 2004), a relational treatment of complex trauma using the theoretical model called constructivist self-development theory (CSDT) (Pearlman & Courtois, 2005), a psycho-spiritual and posttraumatic growth perspective (Bray, 2010, 2013), the chronic

relational trauma (CRT) model (Jeter & Brannon, 2014), the Resilience Portfolio Model (Grych et al., 2015), The Resiliency Wheel (Graybeal, 2001), the Cree Medicine Wheel (Wenger-Nabigon, 2010), the Individual Differences Model (Mancini & Bonanno, 2009), and applying dynamical systems theory to the traumatic experience of 26 Bosnian refugees (Trotter, 2001). The sheer volume of the models and theories that abound to describe, assess and organize our understanding of posttraumatic growth indicates the extreme complexity of the phenomenon. Posttraumatic growth is multidimensional and involves many interconnected factors and dynamics. Even from the attempts at defining posttraumatic growth, it has not been definitively determined whether PTG is a process or an outcome (Tedeschi & Calhoun, 2004), an illusion or a coping strategy (Zoellner & Maercker, 2006), a form of resilience (Lepore & Revenson, 2006), or a socially constructed interpretation (Calhoun & Tedeschi, 2006b). Quite possibly, PTG is all of these put together in some interconnected mix of which the intricate correlations and causalities have not been clearly understood yet. Like the secrets hidden within the chrysalis as a caterpillar morphs into a butterfly, we need to also leave room for the mystery of transformation when attempting to study such a complicated phenomenon as PTG.

From this wide range of explanations and perspectives of posttraumatic growth, the theories and models that are most helpful are those that take into account its profound complexity. I gravitate towards models that include both the complexity of the phenomenon and are strength-based, looking at the characteristics of what makes PTG work, as opposed to viewing trauma or posttraumatic stress from a deficit-model looking at risk factors. I appreciate a polystrengths perspective (Grych et al., 2015). Antonovsky

(1996) introduced "the salutogenic model" for health promotion which is described as "a theory of the health of that complex system, the human being" (p. 13). Antonovsky had noticed "generalized resistance resources" (GRRs) in health and began to look at what all these GRRs have in common and why they seemed to work to promote health: "What united them, it seemed to me, was that they all fostered repeated life experiences which, to put it at its simplest, helped one to see the world as 'making sense', cognitively, instrumentally and emotionally" (Antonovsky, 1996, p. 15). This multidimensional perspective that integrates all the dimensions of human responses is needed in continued study of PTG. My phenomenological qualitative research contributes to this integrated approach to understanding the complex phenomenon of PTG.

Contributions of my research to the field

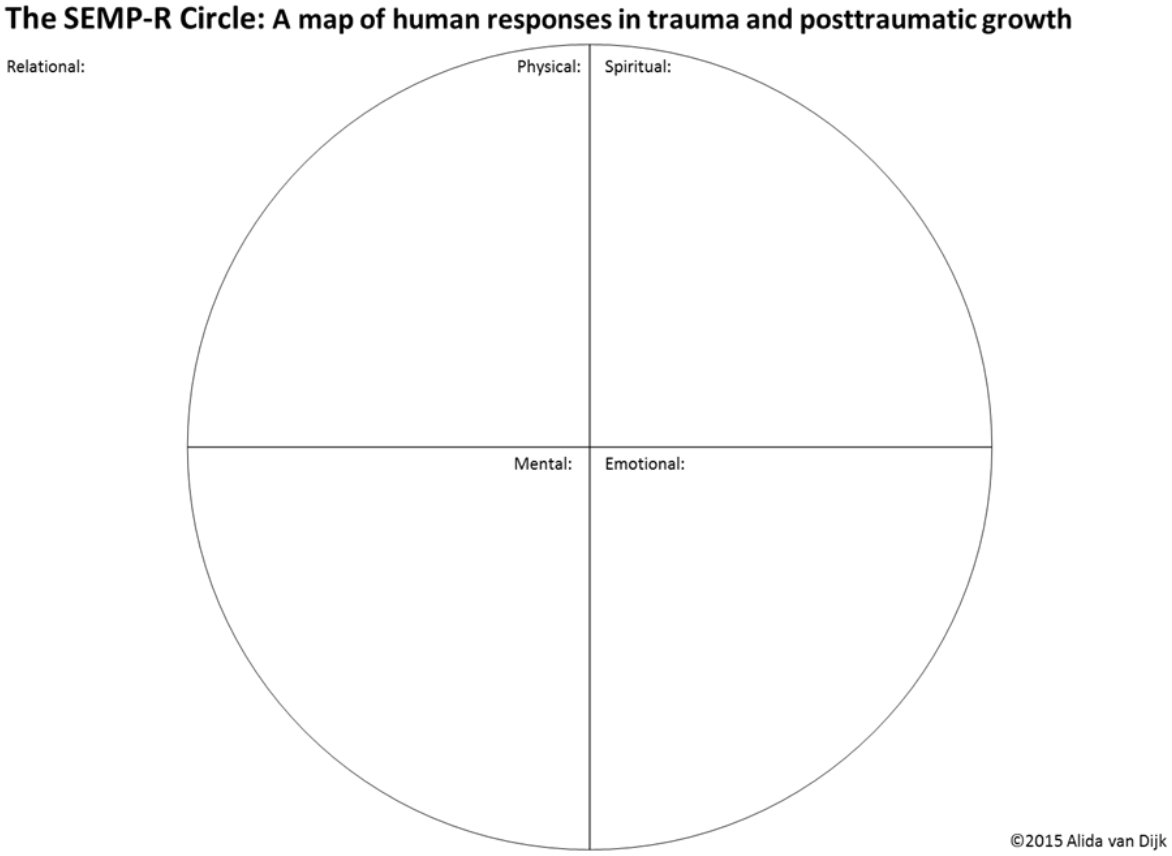
The results of this research offer a practical contribution to spiritually-integrated psychotherapists and clinicians who can use an awareness of these factors to formulate care plans and therapeutic interventions that integrate the client's spirituality to help their clients heal and grow from a traumatic experience. Therapists journey with their clients to help them integrate the trauma into their life story, recognizing that the traumatic event forever changes their life, but it need not cause them to sink with the Titanic. Further research can be done to add more in-depth exploration to the overarching theme of personal agency identified by this research. The four subthemes demonstrate how the participants engaged their personal agency after a traumatic experience. The hope for future research is to identify more concretely how personal agency can help a person who has been traumatized grow through their experience.

Two clinical tools—the SEMP-R Circle and the Trauma Narrative Timeline

A traumatic event or experience has an impact on a person's self-identity. It impacts who the person is today and how he/she may or may not have integrated this significant life event into his/her life story. One of the contributions of my research for spiritual care and psychotherapy is to offer the mapping tools of the circle diagram and the trauma narrative timeline for spiritually-integrated psychotherapists and clinicians to use as they encounter people's trauma narratives in their work. I will name the circle diagram The SEMP-R Circle as shown in Figure 14. The letters represent the first letter of each quadrant on the circle diagram beginning with Spiritual and going around clockwise—Emotional, Mental, Physical. The "R" for Relational is added after a hyphen because the circle contains the four quadrants that are internal to one's Self. The relational dimension is an important aspect to facilitate posttraumatic growth and is represented in the diagram, but it is external to the circle. The Trauma Narrative Timeline is self-explanatory and descriptive. See Appendix M for examples of the Trauma Narrative Timeline for each research participant.

These mapping tools—the SEMP-R Circle and the Trauma Narrative Timeline--can be used by the therapist or professional to collect all the details in one summary and, according to the feedback received from the research participants during the follow-up interviews, it may be helpful to review this summary with the individuals, to ask them if it is accurate and to offer the individuals a helpful way to review their trauma narrative. Asking an individual if the information is accurate and is a fair representation of their experience is another way of empowering the individual. If they have any changes they would like to make, they can exercise their agency in saying what they would like changed and even suggesting what wording to use.

Figure 14. The SEMP-R Circle: A map of human responses in trauma and posttraumatic growth.



In reviewing their diagrams, all the participants who participated in the follow-up interview said that the diagrams were accurate and that they provided a fair summary of their traumatic experiences and how they coped with the trauma. All of the participants said that reviewing their diagrams was helpful to see their process in the journey, to be reminded of their trauma and how far they have come. Nancy says, "[Reviewing the diagrams] reminded me that it's a super life skill. When trauma happens, you don't have to manage the trauma, you just have to manage one thing to manage the trauma." She said this was very encouraging to her because she could see her success in surviving her traumatic experience. She also reflected on how helpful it was as a reminder. Nancy says,

"You need to relearn the same thing many times in life so reviewing the notes from that trauma was a reminder of what had been learned from that experience." She described the follow-up review as "rewarding backwards" because "it was looking at a success." Reviewing her trauma narrative and the circle diagram outlining the multidimensional aspects of how she coped was "not re-traumatizing at all." She witnessed her journey and has gained the perspective of ultimate empowerment. She says, "I survived this." And in recognizing her survival from this traumatic experience as a "super life skill" she is better equipped to handle the next stressful or traumatic experience that she encounters in life.

Areas for future study

Both Nancy and Matt made the point during their interviews that they had come to a deliberate turning point in their traumatic experiences in deciding that they would "not sink with the Titanic" to use Nancy's metaphor, but then they still had to figure out how not to sink. Once the decision was made, how did they go about not sinking? How did they find ways to cope with their trauma in a manner that was life-giving? This turning point in one's journey from trauma to posttraumatic growth bears further study and research to investigate what is going on at this point. How does someone come to this point? How does someone figure out how "not to sink?" A research study that hones more specifically on this turning point in the process would be helpful in further understanding trauma recovery.

Jim, Matt, Nancy and Kelly reflected on and named the process nature of the journey from trauma to posttraumatic growth. In the brief follow-up interview, Jelly, Nancy and Jim said that reviewing their trauma timeline diagrams and the circle diagrams was another helpful step in their process of posttraumatic growth. They recognized the

on-going nature of reflecting on the trauma and realizing they are at a different place now, separated from their traumatic experience by time. In the follow-up interview, Jim commented on being able to reflect on his experience from a different perspective. He said he has significant detachment from the experience now as he has physically moved to a different city, he is no longer in the profession working as a paramedic, and he has embarked on a new vocation. Jim's reflection on the process and his changing perspective is that in the processing of traumatic events, the change of perspective is important, and a person does not have that change of perspective if they are still in it.

The researcher is aware that the interview questions asked of the participants may be weighted in a strength-based direction. Graybeal (2001) says,

> The questions the social worker asks are critical. They may reinforce the worst of external conditions and internal experience, or they may guide the client to recognition and acknowledgment of their own sense of self-worth and possibility. And the most important discovery for the social worker is that such questions do not ignore problems or pathology, but instead place concerns in the context of the belief that the client also holds the clues and creativity that will lead to solutions (p. 241).

Specifically in my research, asking the question "Did you experience growth?" focuses on growth from the traumatic experience as opposed to the devastation that the trauma caused in the person's life. Asking the person "What were you like before?" and "What were you like after?" biases the person in the direction of needing to look for a difference. A question for further consideration then is whether or not the questions contained too much bias. Is there a way to study the phenomenon of posttraumatic

growth with more neutrality? Or does the very nature of the phenomenon "posttraumatic growth" automatically point in a more positive, strength-based direction?

I wonder if the purposive sample of participants for my research interviews self-selected based on their ability to see growth from their trauma or on some inner personality trait or positivity gene that predisposes these people to view the world through "glass half full" lenses. More study can be done on how or whether posttraumatic growth happens for even the most negative or depressed person following trauma. We did see from the research participants' engagement with the full range of human emotions that they were not immune to depression, even severe depression that included suicidal ideation that was described by seven out of the twelve research participants.

More research can be done on how postmodern family therapies such as narrative therapy and solution-focused therapy might be used as helpful resources and tools in working with individuals who have experienced trauma. The interventions from these therapies that look for the exceptions (de Shazer, 1991) or unique outcomes (White, 2007) in a person's problem-saturated narrative might be helpful in inviting a traumatized person to see where they were able to exercise their personal agency even in a traumatic situation where they had very little control.

The feedback received from the research participants was that they appreciated the strength-based focus of the interview. They found this perspective personally helpful for them. Jim commented on the importance of the context of growth. He appreciated how the research interview was conducted as not simply a re-telling of the negative experiences, but with an intention for growth. Jim said that the way the interview was framed mattered and he preferred the positive, strength-based perspective. He contrasted

the helpful impact of the research interview with the bad shift he had as a paramedic when he simply reviewed his negative calls without any sort of framing or perspective. This awareness demonstrates the importance of recognizing the implications of helpful self-care practices for professionals like first-responders and others in the helping professions.

Exploring the importance of a framework or perspective for healing and growth in talking about trauma is another area for further study. Along with this is the opportunity for research on early interventions with people who have experienced trauma. For example, a spiritual care provider who works in a trauma centre at a large urban hospital reflects on the difference in meaning-making and posttraumatic growth that an early intervention can make when she encounters families in traumatic crisis in the ER. More research is needed on identifying what these helpful early interventions might be in order to enhance an individual's capacity to grow from a major trauma.

I have offered a qualitative research study to the field of understanding posttraumatic growth, specifically by describing some factors that enabled an individual to transform their traumatic experience into posttraumatic growth. My research is valuable when it is considered alongside other quantitative research that has been done. My descriptive research can offer ideas to other quantitative researchers about how to design their studies to try to measure the impact that specific factors identified in my research might have on posttraumatic growth. Quantitative research needs to be done to determine any significant correlations or causalities. My research offers another perspective to the body of literature on posttraumatic growth.

In the literature review, I encountered the complexity of defining the term "posttraumatic growth" as distinct from "resilience." There is not a common language or single definition used by researchers in this field. There would be value in further research on trying to understand the similarities and differences between posttraumatic growth and resiliency growth.

Implications of my research for clinical work

Since trauma is universal and it can happen to anyone, anyone who works with people in a helping profession may encounter someone who has been traumatized at some point in their life. Many health professionals are recognizing the impact of trauma on people's lives and are intentionally being educated in and are offering trauma-informed care. Professionals need to be ready to encounter the impact and effect of a person's traumatic experience whenever and wherever it appears. There are ways to encounter a person who has been traumatized that are helpful and not more traumatization.

The first thing a professional can do when encountering a person who begins to share their traumatic story is to be open to bearing witness to a person's trauma narrative as it is revealed. When a person is beginning to share their story, he or she trusts that this is a hospitable and safe environment and that the professional is a trustworthy person who will hear their story without dismissal or judgment. It is important to be ready to receive a trauma narrative when it is told with the respect and gravity that the narrative requires. The person is sharing their story in their own words, out of their deliberate rumination, and meaning-making that they may have carried around for some time. The act of sharing the story is one of personal agency and courage, but also one of risk and vulnerability.

The individual chooses to speak and he/she cannot control how their story is received once it is shared.

It is a privilege and an honour when people offer their story, especially one that contains their pain and trauma. It is important to receive this story in a way that contains no judgment or disbelief or attempts at correcting the person in the retelling of their narrative. The act of sharing their trauma narrative can be an important point in the process of transforming their trauma into posttraumatic growth. Professionals cannot take the steps toward growth for them, but they can be supportive witnesses and guides on the journey.

Recognizing the varied scopes of practice of different professionals, caregivers can be respectful to the individual even as they assess whether their scope of practice is the best suited for therapeutic intervention. It is important to keep in mind the holistic dimension of human responses. A team approach may be needed for different professionals to address the physical, emotional, psychological, spiritual or relational issues affecting a traumatized person. Also, individuals are different and have particular resources and capacities within themselves to manage and cope with their traumatic experience. Asking a person what is helpful for him/her is one way to support the person to speak for him/herself and offer from his/her self-knowledge and expertise. It also may be insightful for the professional in terms of direction for further treatment or intervention.

In this research, the individuals who agreed to be participants in this study used their agency in telling their story and in deciding how much detail to include in the telling of their story. As a clinician as well as a researcher, I felt the tension of knowing what I

would do as a spiritual care psychotherapist in hearing the person's trauma narrative, but I had to separate myself from that desire and remain the researcher, asking the questions. However, even as a researcher, I felt honoured and privileged that the participants chose to share so much of their trauma narratives with me and chose to be so open about the ups and downs of their journeys after trauma.

The use of metaphoric language in a trauma narrative

This researcher is interested in a deeper exploration and further investigation of the use of metaphoric language in trauma narratives. Specifically, the question arises of how the use of metaphoric language like the image of not sinking with the Titanic can be used to facilitate meaning-making after trauma. Two out of twelve individuals made reference to the Titanic during their interview. I noted this with interest, especially as I began to investigate further the use of metaphoric language in the trauma narratives and the choice and use of each participant's words as they described the process of their transformation towards posttraumatic growth.

I am intrigued by the participants' use of metaphors both in telling their stories of trauma and in painting a picture of exactly how and why the event they experienced was traumatic for them. They used metaphors to describe their pain and lack of control. And they used metaphors to describe the process they were engaged in—a process of transforming their trauma to posttraumatic growth. Transforming trauma is a process. It is a journey. I am intrigued by the frequent use of the journey metaphor—a journey that requires maps to help a person navigate. The journey and map metaphor is evident even in the titles of some of the books I have cited: *Maps to Narrative Practice* (White, 2007) and *Roadmap to Resilience* (Meichenbaum, 2012). Until I settled on the "not sinking with

the Titanic" metaphor from one of the research interviews, the working title of this dissertation was "An Unplanned Journey—An Opportunity for Spiritual Growth: Transforming Trauma into Posttraumatic Growth."

Further research can be done on the significance of client's metaphors in narrative therapy representing how clients tell their narratives of trauma and posttraumatic growth and the transformative and resiliency potential of such metaphors. What can therapists learn and glean from how clients tell their stories and the words they use in the therapy sessions? Therapists can become better equipped at spotting these metaphors and at using them with the client to aid and assist in the client's healing and growth. The benefit is that it is the client's own words that the therapist has caught and is using. The therapist can reflect that metaphoric phrase back to the client and see if it gains traction or resonates with the client for empowerment and personal agency. The therapist can be attuned to anything that does not resonate or empower even if it is the client's own words. The therapist can observe how the client is using that metaphor and whether that image, metaphor or description is helpful to the client or not. If not, the therapist can observe and reflect back to the client how the client's use of that metaphor is impacting and influencing the client's life or progress. The purpose is to empower the client to decide whether or not they want to continue using the metaphor and to allow the client to assess how helpful the metaphor is to the client's own healing and growth.

As I conclude the writing of this dissertation, I feel like I have been on a journey and have now arrived at my destination. I began my journey with a personal traumatic experience that I described in Chapter 1. That experience led to my own journey of figuring out how not to sink after the trauma of panic attacks and not being able to

swallow. My journey led me to the question, "What are some factors that enable an individual to transform a self-defined traumatic experience into posttraumatic growth?" The question took me on the adventure of designing a research study, conducting one focus group and ten individual interviews, transcribing the audiotapes, and analyzing the data out of which the theme of personal agency emerged. Personal agency was evident in the interviews through strong "I" statements, controlling specific things that the participants could control, engaging their experience with the full range of human responses that included physical, spiritual, emotional, cognitive and relational dimensions, and recognizing growth and meaning-making. These are some of the factors that enable an individual to transform a self-defined traumatic experience into posttraumatic growth. There are other questions that can be raised about these factors and how they work in the transformative process. I am content to leave those questions for another journey.

The perspective from which this research was conducted was theological reflexivity, using theology as the starting point and engaging in dialogue with the literature and knowledge from the social sciences. Following the emotions of the trauma survivor, a spiritually-integrated psychotherapist can begin to assess from what theology of trauma the individual is operating. If the individual's lived theology following the trauma is limiting the person's psychological and relational health and recovery from the traumatic experience, then inviting the individual to explore more life-giving theologies of trauma might lead to transforming the trauma into posttraumatic growth. Incarnational theology as discussed in Chapter 2 offers the hope of new life and growth from even the worst traumas imaginable. A person does not have to sink with the Titanic. It is possible

to rebuild a shattered worldview after the devastating blow and gaping hole left by the hidden iceberg.

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APPENDICES

Appendix A: Tree stump image of posttraumatic growth

Sittser (2004) uses the analogy of a tree stump in his book to describe his process of integrating his traumatic losses into his life.

> After three years, I continue to live in that tension [of learning to live and mourn simultaneously]. But there is a significant difference now. The sorrow I feel has not disappeared, but it has been integrated into my life as a painful part of a healthy whole. Initially my loss was so overwhelming to me that it was the dominant emotion—sometimes the only emotion—I had. I felt like I was staring at the stump of a huge tree that had just been cut down in my backyard. That stump, which sat all alone, kept reminding me of the beloved tree that I had lost. I could think of nothing but that tree. Every time I looked out the window, all I could see was that stump. Eventually, however, I decided to do something to it. I landscaped my backyard, reclaiming it once again for my own. I decided to keep the stump there, since it was both too big and too precious to remove. Instead of getting rid of it, I worked around it. I planted shrubs, trees, flowers, and grass. I laid out a brick pathway and built two benches. Then I watched everything grow. Now, three years later, the stump remains, still reminding me of the beloved tree I lost. But the stump is surrounded by a beautiful garden of blooming flowers and growing trees and lush grass. Likewise, the sorrow I feel remains, but I have tried to create a landscape around the loss so that what was once ugly is now an integral part of the larger, lovely whole (Sittser, 2004, p. 51).

A woman acquainted with trauma and loss through her own lived experiences writes a blog post about speaking at a Women's Inspirational Conference called "Grit and Grace" and reflecting on this same image of a tree stump inspired by Jerry Sittser.

> Sacred Timing:
>
> During the morning session, as part of a book panel, I had the opportunity to share about loss as it relates to one of my favourite books, *A Grace Disguised*, by J. Sittser. As per some of my other posts, I refer to the journey Ralph and I share in parenting children with special needs as a *living grief*. No one has died, but we have experienced the loss of a dream of what we thought would be our child—twice. We're not consumed by sorrow; our new normal includes learning to live with this type of loss.
>
> And part of this new normal is supported by images and words that encourage the hope of finding joy in each day. Rather than read the passage from Sittser's book, I decided to share the imagery which has moved my heart. One of the images I described in our book panel with

the conference goers was the idea of loss of any kind being a stubborn tree stump that can't be removed. It's ugly and visible. Yet…over time, we plant flowers around it; we begin to see good things growing from within and around the stump—and it is soon surrounded by beauty. As with the stump, we can't remove the loss or "get over" the loss, but its ugliness can be covered and surrounded by good over time.

At lunchtime I met up with some of my mom's friends. One of them had messaged me a week earlier, saying she had a painting of my mom's she wanted to return to the family. Before she had kids, my mom was an avid oil painter. The painting was over 40 years old…[The friend] did not describe the painting to me, for all I knew it was another one of my Mom's birch trees pieces. I didn't think too much more about the subject of the painting.

Yet when I met up with this friend and a few other ladies at lunch, they were quite excited to share with me. For only God could have planned this moment. As I uncovered the painting in the small crowd that gathered, I soon understood their emotion. The painting? It was of an old tree stump, surrounded by wildflowers.

I brought the painting on stage after lunch. Almost 20 years after her death *[a sudden and catastrophic traumatic loss to her husband and children as she was killed in a car accident when her vehicle was hit by a drunk driver]*, her painting reaffirmed for the women gathered in the auditorium that brokenness—loss—is not the end of the story. Her gift from over 40 years ago will be treasured for a long time. Good things can happen and greater things can be anticipated. Grace in the grit of life (Pot, 2015).

Blog post by Sara Pot, April 12, 2015 (used with permission, italics added)

Appendix B: Research Ethics Board Approval Notification # 3624

May 06, 2013

Dear Alida,

REB # 3624
Project, "AN UNPLANNED JOURNEY— AN OPPORTUNITY FOR SPIRITUAL GROWTH: TRANSFORMING TRAUMA INTO POST-TRAUMATIC GROWTH"
Expiry Date: May 29, 2015

The Research Ethics Board of Wilfrid Laurier University has reviewed the above proposal and determined that the proposal is ethically sound. If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please submit a "Request for Ethics Clearance of a Revision or Modification" form for approval before the changes are put into place. This form can also be used to extend protocols past their expiry date, except in cases where the project is more than four years old. Those projects require a new REB application.

Please note that you are responsible for obtaining any further approvals that might be required to complete your project.

If any participants in your research project have a negative experience (either physical, psychological or emotional) you are required to submit an "Adverse Events Form" to the Research Office within 24 hours of the event.

According to the Tri-Council Policy Statement, you must complete the "Annual/Final Progress Report on Human Research Projects" form annually and upon completion of your project. All forms, policies and procedures are available on the Research Office website at http://www.wlu.ca/research.

All the best for the successful completion of your project.

Yours sincerely,

Robert Basso, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University

Appendix C: Focus Group Workshop Proposal

CALL FOR WORKSHOPS

Spirituality and Psychotherapy: Cure of the Soul
Waterloo Lutheran Seminary: May 23-25, 2013
Sponsored by
Society for Pastoral Counselling Research (SPCR) Waterloo Lutheran Seminary (WLS) and South West Region of the Canadian Association for Spiritual Care (CASCSWONT)

1. Workshop title:
Focus Group on Transforming Trauma into Post-traumatic Growth: Participating in data collection for DMin research and thesis.

2. Presenter(s):

Alida van Dijk, MA
Titles/Positions: DMin Spiritual Care and Psychotherapy student
Organization: Waterloo Lutheran Seminary
Address: 195 Balmoral Ave S, Hamilton, ON
Postal Code: L8M 3K5
Telephone: 905-544-7166
Email: avandijk@wlu.ca

3. Presentation Format

Lecture Symposium X Experiential Poster

Equipment Required LCD Projector Other (specify): Audio recording equipment.

4. Presentation Abstract/Description

Provide the following;
a) a 100 word or less abstract

This workshop is your opportunity to participate in frontline research investigating what are some of the contributing factors that help an individual in transforming their traumatic experience into post-traumatic growth. The focus group allows a maximum of 6 people to participate in a guided discussion of how they were able to move from their experience of a traumatic incident towards growth and healing from the trauma.

Focus group participants must fit the following criteria:
1) The participant must have experienced a self-defined traumatic incident at least two years prior to the date of the focus group.
2) The participant must also self-define that they have grown from their experience.
The focus group discussion will explore the phenomenon of what factors helped the individuals move from their experience of trauma to experiencing growth from their trauma.

b) a 500 word or less description of presentation outlining objectives and content

This workshop is your opportunity to participate in frontline research investigating what are some of the contributing factors that help an individual in transforming their traumatic experience into post-traumatic growth. The research question being addressed in my Doctor of Ministry thesis at Waterloo Lutheran Seminary is, "What are some factors that are helpful in transforming an individual's self-defined trauma into post-traumatic growth?

The focus group allows a maximum of 6 people to participate in a guided discussion of how they were able to move from their experience of a traumatic incident towards growth and healing from the trauma.

Focus group participants must fit the following criteria:

1) The participant must have experienced a self-defined traumatic incident at least two years prior to the date of the focus group.

2) The participant must also self-define that they have grown from their experience.

The focus group discussion will explore the phenomenon of what factors helped the individuals move from their experience of trauma to experiencing growth from their trauma.

Most people experience a traumatic incident at some point in their lifetime. A traumatic event can be defined as any violent or life-threatening event, perceived or actual, outside the range of normal human experience.

Post-traumatic growth is the development of a positive outlook following trauma. After a traumatic life-altering event, the desired outcome is not simply a return to equilibrium or baseline, but growth—a deeply profound improvement in meaning-making that can only occur through "the influence that spiritual dimensions of experience have on the post-traumatic growth processes" (Bray, 2010, p. 306).

Using phenomenological research methodology, my research investigates what are some of the contributing factors to that transformation towards post-traumatic growth in people's lives following a traumatic experience. A mixed method of data collection for this research occurs through this one focus group of a maximum of 6 people and semi-structured interviews with 8 to 10 individuals.

Length of presentation: 90 minutes

Email the completed form to Tom O'Connor by March 1, 2013: toconnor@wlu.ca

Appendix D: Research Participant Recruitment Poster for Crown Point Neighbourhood

Wanted: Individuals from the Crown Point neighbourhood in East Hamilton who are willing to be interviewed for a Research Study.

My name is Alida van Dijk. I live in East Hamilton and I am a student working on my Doctor of Ministry in Spiritual Care and Psychotherapy at Waterloo Lutheran Seminary affiliated with Wilfrid Laurier University. I am conducting this research as my doctoral thesis.

I am looking for people who are willing to be interviewed to help me understand "What are some factors that are helpful in transforming an individual's self-defined trauma into post-traumatic growth?"

Who can participate in this study?

In order to participate in this research study, you have met the following screening criteria.

1) You live in the Crown Point neighbourhood of East Hamilton (area within Gage Ave to Kenilworth Ave, the escarpment to the bay).
2) You have experienced an event or situation that you self-define as "traumatic."
3) This self-defined traumatic experience occurred at least two years prior to the time of the interview.
4) You have self-assessed that you have grown from your traumatic experience.
5) You are willing and able to talk about and reflect on your traumatic experience. Please note that you do not need to reveal the details of the traumatic experience. You can say as much or as little as you feel comfortable about the actual traumatic event. Your participation is voluntary and you can withdraw from the research study at any time without penalty.

What is expected of me if I agree to participate?

- You will be contacted by the researcher and a time and date for an interview will be set up in a private room in a mutually agreed upon public community building in the Crown Point neighbourhood.
- The researcher will review an information sheet and consent form with you and you must sign the consent form before the interview will proceed.
- The interview will take 60 to 90 minutes.
- The interview will be audiotaped.
- You will be asked a series of questions by the researcher. You have the right to refuse to answer any questions and you can choose to withdraw from the study at any time at no penalty to you.
- The researcher will ask if you are willing to be contacted in a few months for a follow-up interview to review the researcher's summary and conclusions drawn from the data. The follow-up interview will take 30-60 minutes.

Will I be paid for my participation?

Participants who meet the screening criteria and meet with the researcher for the initial interview will be given a $25 grocery voucher. If you choose to withdraw from the interview at any time, you keep the grocery voucher.

If you are willing to participate, please contact researcher Alida van Dijk at 905-544-7166 or email at avandijk@wlu.ca. This research is being conducted for my doctoral thesis in partial fulfillment of requirements towards completion of a Doctor of Ministry in Spiritual Care and Psychotherapy.

This research project has been approved by the Research Ethics Board of Wilfrid Laurier University. REB Tracking # 3624.

WILFRID LAURIER UNIVERSITY
INFORMED CONSENT STATEMENT

An Unplanned Journey—An Opportunity for Spiritual Growth:
Transforming Trauma into Post-Traumatic Growth

A study investigating: "What are some factors that are helpful in transforming an individual's self-defined trauma into post-traumatic growth?"

Information Sheet and Informed Consent

Why is this research being done?

Most people experience trauma at some point in their lifetime, such as losses or unexpected circumstances that alter the planned and hoped for direction of their lives. I am doing this research to explore the question: "What are some factors that are helpful in transforming an individual's self-defined trauma into post-traumatic growth?"

This research contributes to clinical practice in that if specific factors can be isolated, then therapists can be more intentionally helpful in providing care and supportive therapeutic interventions to their clients who have experienced trauma.

I am a Doctor of Ministry in Spiritual Care and Psychotherapy student at Waterloo Lutheran Seminary affiliated with Wilfrid Laurier University. I am conducting this research as my doctoral thesis. My thesis advisor is Dr. Brice Balmer, Waterloo Lutheran Seminary (bbalmer@wlu.ca , 519-884-0710 Ext. 3927).

Who can participate in this study?

In order to participate in this research study, you have met the following screening criteria.
1) You have experienced an event or situation that you self-define as "traumatic."
2) This self-defined traumatic experience occurred at least two years prior to the time of this interview.
3) You have self-assessed that you have grown from your traumatic experience.
4) You are willing and able to talk about and reflect on your traumatic experience. Please note that you do not need to reveal the details of the traumatic experience. You can say as much or as little as you feel comfortable about the actual traumatic event. Your participation is voluntary and you can withdraw from the research study at any time without penalty.

How many people will be in the study?

Data collection is being done in two phases—one focus group of 6 to 8 participants and 8 to 10 individual semi-structure interviews. Data will be collected from this small number of study participants (approximately 14-18 individuals).

What will be expected of me if I take part in this study?

PARTICIPANT in the Focus Group:

- The focus group will take 90 minutes (maximum).
- You will be asked to complete a short questionnaire.
- A series of questions will be asked by the researcher.

- The researcher and two research assistants will be taking written field notes as you talk.
- The focus group will be audiotaped.
- It will be stressed at the beginning of the focus group that what is said in the focus group stays in the group. However, confidentiality cannot be guaranteed because all those present at the focus group hear what everyone else says. For this reason, participants are advised to only share what they are comfortable sharing in the group knowing that confidentiality cannot be guaranteed.
- Each participant will receive from the researcher an analysis and summary of the data collected.
- The researcher will make one follow-up contact of 30-60 minutes with each participant following the data analysis sometime between January and August 2014. This follow-up contact will occur either in person or by phone to ask for the participant's input and review of the researcher's summary and conclusions from the data.

PARTICIPANT in Individual Interview:

- The individual semi-structure interview will take 60 – 90 minutes.
- You will be asked to complete a short questionnaire.
- A series of questions will be asked by the researcher.
- The researcher will be taking written field notes as you talk.
- The interview will be audiotaped.
- Each participant will receive from the researcher an analysis and summary of the data collected.
- The researcher will make one follow-up contact of 30-60 minutes with each participant following the data analysis sometime between January and August 2014. This follow-up contact will occur either in person or by phone to ask for the participant's input and review of the researcher's summary and conclusions from the data.

What will be done with the audiotapes?

The focus group and the interviews will be audiotaped. The audiotaped recordings will be transcribed by the researcher or through a confidential transcription service. Identifying details will be removed from or changed in the transcripts to protect your privacy.

The audio recordings will be kept in a secure location by the researcher, on password protected devices or in a locked file cabinet. The audiotapes will be kept for five years and then destroyed. The audio recordings will not be used for any additional purposes without your additional permission given through signed and documented consent.

How will my information be kept private and confidential?

Your information will not be shared with anyone, except with your consent or as required by law. All personal information such as your name, address and phone number will be removed from the data and will be replaced with a pseudonym. A list linking the pseudonym with your name will be kept in a secure place, separate from your file. Your data (with identifying information removed) will be stored in a locked file.

Your name will not be used and no information that discloses your identity will be released in the thesis or publication of the research. Your name and contact information are needed for follow-up with you by the researcher to ask you to review and provide input on the researcher's summary and conclusions from the data.

The transcripts with non-identifying details will be kept by the researcher for future research, presentation and publication purposes. While some quotations may be used in the thesis, publications or presentations, these will not be identifiable to any specific participant. A pseudonym or non-identifying statement may be used, such as, "as one participant commented…" You can still participate in this project if you do not wish any quotation(s) of

your comments to be used. Additionally, you have the right to review your transcripts and withdraw data you feel may run the risk of revealing your identity.

Can I withdraw from the study after saying I will participate?

Your participation in this study is entirely voluntary. You have the right to refuse to answer any questions. You may withdraw at any time from the study without any penalty. If a participant withdraws from the research study, every attempt will be made to remove their data from the research project. The audio recording of their individual interview will be destroyed.

What are the possible risks / discomforts to me if I participate?

Since you are being asked to reflect on an experience that you define as "traumatic," this study carries the risk of causing emotional distress or discomfort as you share your experiences in the focus group or interview. Reflecting on a personal experience of trauma may bring up painful memories and may cause experiences of re-traumatization.

To minimize the risk, you are advised that you can withdraw from the focus group or interview at any time without penalty. You have control over how much information you want to reveal. There is no expectation that you share the details of your traumatic experience, however, you will be asked to reflect on that experience and how you may have grown from it.

For focus group participants, counselors and spiritual care providers will be made available if needed for participants to debrief with immediately following the focus group. If distress persists, participants can contact the researcher who will provide them with the contact information of a counselling agency in their home community.

At the time of the individual interview, participants will be provided with a business card with contact information for the Spiritual Care Department, Bereavement Support and Counselling, a service offered to the community free of charge through St. Joseph's Healthcare Hamilton with presentation of a valid Ontario health card. Participants can phone to make an appointment to speak with the spiritual care counselor if needed.

What are the benefits for me and/or society to my participating in this study?

You may benefit directly through sharing your story and experiences, as doing so offers therapeutic value for many people. Your participation may help you in your own healing journey towards growth as you re-tell or reflect on your story in a safe environment (i.e. Narrative therapy). You may benefit from a reflection on the meaning you have been able to make from their trauma experience. In being offered this opportunity to reflect in depth on your journey from traumatic experience to how you have grown through the experience, you may come to new and fresh realizations of how far you have come, how strong you are and how many resources of resilience you have. You may also benefit from your ability to be altruistic in offering your story to be used for research to help others.

The benefits of the research are that the researcher may be able to identify some factors that help an individual transform their traumatic experience into post-traumatic growth. Though this research is not universally transferable, it will benefit the research community and society at large as a first step in identifying some the factors in individual situations. This lays the groundwork for further research that will help therapists and counsellors who work with clients who have experienced traumas to be more effective in their treatment of their clients.

Will I be paid or compensated to participate in this study?

Although the time taken to participate in the focus group and follow-up review of research results is appreciated, no payment or other compensation is being offered.

For individual interview participants, an incentive of a $25 grocery voucher will be given to participants who meet the screening requirements and come for the initial interview. If the participant chooses to withdraw their participation at any time during the interview, the participant keeps the voucher.

If I have any questions or problems, who can I call?

If you have questions at any time about the study or the procedures (or you experience adverse effects as a result of participating in this study), you may contact the researcher, Alida van Dijk, at Waterloo Lutheran Seminary, 75 University Avenue W, Waterloo, ON N2L 3C5 or avandijk@wlu.ca or Alida's faculty advisor Dr. Brice Balmer at bbalmer@wlu.ca or 519-884-0710, ext. 3927.

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, ext. 4994 or rbasso@wlu.ca

REB TRACKING NUMBER: 3624

CONSENT

1. I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature_____ Date _____

Researcher's signature_____ Date _____

2. I agree to allow the researcher to use non-identifying quotes in the written versions of the results and conference presentations. Yes No (circle one)

If yes, Participant's Signature of Agreement to the use of non-identifying quotations:

_____

3. I agree that the researcher may contact me for follow-up to the initial interview or focus group. Yes No (circle one)

If yes, please provide the best way and contact information that the researcher can contact you for follow-up?

_____

4. I would like to have a copy of a summary of the final results of the research. Yes No (circle one)

If yes, please mail or email the research results to me at the address or email provided below.

_____

Screening Questions for focus group participants or individual interview participants:

Participant's Name: _____ Date: _____

These screening questions will be asked prior to each individual's participation in either the focus group or the interview.

1. Physical:
When you think or talk about the event or situation that you define as being traumatic for you, do you notice or experience any physical changes in yourself? (Examples of physical changes may include change in breathing, tightness of chest, difficulty breathing, change in heart rate, sweaty palms, change in body temperature, nausea, gasto-intestinal upset, difficulty swallowing, lump in your throat, etc.)

Yes No (circle one)

If yes, please explain what physical sensations you experience.

2. Emotional:
When you think or talk about the event or situation that you define as being traumatic for you, do you notice or experience any emotional or psychological changes in yourself? (Examples of emotional or psychological changes may include a desire to cry, racing thoughts, anxiety, feelings of panic, distressing flashbacks to the traumatic incident, feelings of being overwhelmed or out of control, etc.)

Yes No (circle one)

If yes, please explain what emotional or psychological sensations you experience.

3. If yes to either or both of the two questions above, have you experienced these sensations before? If so, what usually happens when you experience these sensations? (How long do the sensations last? How long does it take for you to recover from these sensations? Do the sensations re-occur?)

4. If you have answered “Yes” to either or both of Questions 1 & 2, do you think that you are in a space where it will be helpful for you to participate in the focus group or interview at this time, knowing that there are questions that will ask about your experience of the traumatic event and how you were able to cope with your traumatic experience?

If a “Yes” answer is given to either or both of Questions 1 & 2, the researcher will assess the participant’s responses to Questions 3 & 4 for potential harm that may be caused by the level of participation that is requested in the focus group session and in the interview. Answering one or both questions “Yes” will not automatically exclude a participant, but the researcher will proceed with caution and if the participant feels that they still want to participate, they will be advised that at any time, they may withdraw from the focus group or the interview without penalty.

Appendix G: General Questionnaire

Wilfrid Laurier University
General Questionnaire

An Unplanned Journey— An Opportunity for Spiritual Growth:
Transforming Trauma into Post-Traumatic Growth

1. Name: _____

2. Choose a Pseudonym (optional): _____

3. Create your code ID: ___ / ___ / ___ / ___ / ___ /___
(first three letters of the name of the street you live on / last three numbers of your phone number)

4. Age Range: (circle one)

16-20	40-44	65-69
20-24	45-49	70-74
25-29	50-54	75-79
30-34	55-59	80-84
35-39	60-64	Other: _____

5. In what year did the traumatic experience you are reflecting on occur?

_____

6. Describe your spirituality. (Are you affiliated with any religious or faith group? Do you engage in any practices or rituals that nurture your spirituality?)

Appendix H: Interview Questions

Wilfrid Laurier University
Proposed Research for DMin thesis

An Unplanned Journey— An Opportunity for Spiritual Growth:
Transforming Trauma into Post-Traumatic Growth

Proposed Focus Group and Semi-Structured Interview Questions:

Introduce yourself stating your name or chosen pseudonym, how you spend the majority of your time, and what brings you to this focus group / interview.

When did the traumatic experience that you are reflecting on occur? [Optional: If you wish, you may briefly describe the traumatic experience that you are reflecting on today, but you are not required to. Even if the person beside you shares the details of their traumatic experience, you are under no obligation or pressure to reveal the details of your own trauma.]

How was this experience traumatic for you?

How did you cope with your traumatic experience?

Would you say that you have grown from your traumatic experience?
How have you grown from your traumatic experience?

How would you describe your growth?
What were you like before?
What are you like now?

Describe some factors that helped you grow from your experience.

Did you have a person or people who you talked to or who you sought out their company to help you cope with your traumatic experience?

How did your beliefs or spirituality help you cope with your traumatic experience?

Did you seek out professional help from a counsellor, pastor, religious leader, or spiritual care provider?

Would you say that you have found meaning in or from your experience?

How were you able to find that meaning?

Is there anything else that you would like to add?

In a follow-up interview, the participants of the focus group and the semi-structured interviews will be invited to review the results after the researcher has analyzed and collated the data. They will be invited to comment on the researcher's summary of the findings and to offer their own interpretation and meaning of the data.

Appendix I: Proposed Script before Focus Group

Wilfrid Laurier University
Proposed Script at the beginning of the focus group

An Unplanned Journey— An Opportunity for Spiritual Growth:
Transforming Trauma into Post-Traumatic Growth

Proposed Script at the Beginning of the Focus Group:

Welcome!

Thank you for agreeing to participate in this research study. My name is Alida van Dijk. I am the principal researcher. I am collecting the data from this focus group for my Doctor of Ministry research project and thesis.

Let me introduce to you the two research assistants who will be helping me take notes during this focus group. They are Heather VanderStelt and Kelly Collins. Heather is an MDiv graduate from Knox Presbyterian Seminary and has completed a MA Research project through Waterloo Lutheran Seminary last year. She works as a Spiritual Care Provider at St. Joseph's Hospital in London, ON.
Kelly has an MDiv degree from McMaster Divinity School, works as the Director of Spiritual Care at Dorothy Ley Hospice in Etobicoke, and is currently a part-time student working on her MA in Spiritual Care and Psychotherapy at Waterloo Lutheran Seminary.

Before we begin, I need to make sure that you have all read and signed the information sheet and consent form regarding this research study.

As you came in, I asked you to fill out a little questionnaire to gather some general information about who is participating in this study.

Do you have any questions about the research project or your participation in this focus group?

Let me explain what will happen in this focus group.

- The focus group will take 90 minutes (maximum).
- I will ask you a series of questions that will help us engage in dialogue and discussion.
- Myself and Heather and Kelly will be taking written field notes as you talk.
- The focus group is being audiotaped. In order to protect your identity, you may choose a pseudonym to refer to yourself in this focus group. When you speak, if we can each state our name or pseudonym before we make a statement to help with the transcription—knowing who said what.
- ***Reminder about CONFIDENTIALITY: In order to respect the privacy of everyone in this room and to maintain confidentiality, it is important to remember that what is said in the focus group stays in the group. However, confidentiality cannot be guaranteed because all those present at the focus group hear what everyone else says. For this reason, I want to advise you to only share what you are comfortable sharing in the group knowing that confidentiality cannot be guaranteed.***
- In a few months, each participant in this focus group will receive an analysis and summary of the data collected, if you have indicated that you want to receive this summary.
- If you have consented to a follow-up interview, I will make one follow-up contact of 30-60 minutes with each participant following the data analysis sometime between September and December 2013. This follow-up contact will occur either in person or by phone to ask for your input and review of my summary and conclusions from the data.

Any further questions before we begin?

Appendix J: Debriefing Statement

Debriefing statement at the end of focus group and interviews:

Thank you for consenting to participate in this research study.

I respect and honour how you have made yourself vulnerable in talking about and reflect on your traumatic experience.

It is possible that you may experience some emotional distress or discomfort following this focus group or interview since reflecting on a personal experience of trauma may bring up painful memories.

I encourage you to practice good self-care today and for the next little while. Be kind to yourself as you find your equilibrium again after so bravely sharing from places of vulnerability and pain.

Use your inner resources of strength and resilience that you know you have since you have grown from your traumatic experience. Do more of what is helpful to you and less of what is not helpful.

Being kind to yourself means…
Be with people who support and encourage you and who make you feel safe and relaxed.
Talk to safe and supportive friends and family if that is helpful to you.
Find time and space to be alone and reflective if that is helpful for you.
Create time and space to be outside in nature if that is helpful for you.
Write your thoughts down in a journal if that is helpful for you.
Engage in physical exercise to release stress and produce helpful endorphins.

For those who have consented to me following up with you to review and provide input on my summary and conclusions from the data, I will connect with you again in a few months.

If you have any questions or concerns, please contact me through the contact information on your information sheets.

Thank you all for your participation.

Appendix K: Debriefing Handout

WILFRID LAURIER UNIVERSITY - DEBRIEFING HANDOUT

An Unplanned Journey—An Opportunity for Spiritual Growth:
Transforming Trauma into Post-Traumatic Growth

A study investigating: "What are some factors that are helpful in transforming an individual's self-defined trauma into post-traumatic growth?"

Thank you for your participation in this research study.

I respect and honour how you have made yourself vulnerable in talking about and reflecting on your traumatic experience.

It is possible that you may experience some emotional distress or discomfort following this focus group or interview since reflecting on a personal experience of trauma may bring up painful memories.

I encourage you to practice good self-care today and for the next little while. Be kind to yourself as you find your equilibrium again after so bravely sharing from places of vulnerability and pain.

Use your inner resources of strength and resilience that you know you have since you have grown from your traumatic experience. Do more of what is helpful to you and less of what is not helpful.

Being kind to yourself means…
Be with people who support and encourage you and who make you feel safe and relaxed.
Talk to safe and supportive friends and family if that is helpful to you.
Find time and space to be alone and reflective if that is helpful for you.
Create time and space to be outside in nature if that is helpful for you.
Write your thoughts down in a journal if that is helpful for you.
Engage in physical exercise to release stress and produce helpful endorphins.

For those who have consented to me following up with you to review and provide input on my summary and conclusions from the data, I will connect with you again in a few months.

IMPORTANT: If you experience distress following your participation in this research study and want to seek professional assistance, please refer to the back of this paper for a list of appropriate agencies to contact. Please contact me if you reside in an area not covered by the list provided and I will provide you with the name and contact information of an appropriate agency closest to your local community.

If you have questions or concerns at any time about the study or the procedures (or you experience adverse effects as a result of participating in this study), you may contact the researcher, Alida van Dijk, at Waterloo Lutheran Seminary, 75 University Avenue W, Waterloo, ON N2L 3C5 or avandijk@wlu.ca or Alida's faculty advisor Dr. Brice Balmer at bbalmer@wlu.ca or 519-884-0710, ext. 3927.

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in the informed consent form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, ext. 4994 or rbasso@wlu.ca

REB TRACKING NUMBER: 3624

Thank you for your participation.

List of appropriate professional agencies:

Hamilton

Catholic Family Services of Hamilton
447 Main Street East, Unit 201
Hamilton, ON L8N 1K1
Phone: 905-527-3823
Long Distance: 1-877-527-3823
Email: intake@cfshw.com
Website: www.cfshw.com

Shalem Mental Health Services
Hamilton Counselling Centre
Medical Arts Building (corner of Young and James)
1 Young Street, Suite 512, Hamilton, ON L8N 1T8
Phone: 905-528-0353
Toll free: 1-866-347-0041
Email: office@shalemnetwork.org
Website: www.shalemnetwork.org

Spiritually Integrated Counselling
Mary Beer, B.A., M.Div.
71 Rymal Road West, Suite 203
Hamilton, ON L9B 1B5
Phone: 905-741-5481
Email: marybeercounselling@gmail.com

St. Joseph's Healthcare Hamilton
Bereavement Support and Counselling, Spiritual Care Department
2757 King St E, Hamilton, ON L8G 5E4
Phone: 905-522-1155, Ext. 38078
free counselling with valid health card number

Cambridge / Kitchener / Waterloo

Lutherwood Family Counselling Services
35 Dickson Street
Cambridge, ON N1R 7A6
Phone: 519-622-1670
Email: lfcs@lutherwood.ca
Website: www.lutherwood.ca

Kitchener / Waterloo

KW Counselling Services
480 Charles St. East,
Kitchener, ON N2G 4K5
Phone: 519-884-0000
Email: intake@kwcounselling.com
Website: www.kwcounselling.com

Appendix L: Follow-up memo

July 21, 2015

Dear [name of participant],

Re: Wilfrid Laurier University Research Project, REB Tracking Number 3624

On [date of interview], you participated in an interview for my research on transforming trauma into post traumatic growth. Thank you for your time, your openness and your honesty during that interview in sharing your reflections about your traumatic experience with me.

I am getting close to completing the writing of my dissertation. You have consented to let me follow-up with you to show you some of the results of my research and to ask you if these results seem accurate to you.

I have summarized the main results of my research into an umbrella diagram. In answer to my research question ("What are some factors that enable an individual to transform a self-defined trauma into posttraumatic growth?"), the main overarching theme that emerged is PERSONAL AGENCY. Personal agency means "to intentionally make things happen by one's actions."

There are four subthemes from the interviews that showed how people engaged their personal agency:

1) Use of strong "I" statements
2) Making choices about things they could control
3) Engaging experience with the full range of human dimensions: body, mind, spirit, emotions.
4) Recognizing growth; meaning-making

As part of my analysis of the information received from your interview, I created a trauma narrative timeline that takes the information about your traumatic experience and maps it in a chronological timeline.

I also created a circle diagram that demonstrates how you grew from your traumatic experience using all human dimensions of body, mind, spirit and emotions. You also told me about relationships that were significant in your posttraumatic growth so I have included these on the diagram in a separate box.

Would you please review all three diagrams and respond to the following questions:

1. Does this look accurate to you?
2. Does this reflect your experience?
3. Does this analysis make sense or resonate with you?

You can respond to me in writing, by email or in conversation.

Thank you so much for your participation in my research project that has provided such valuable information about transforming your trauma into posttraumatic growth. I am grateful for your time and your thoughtful responses.

With thanks,

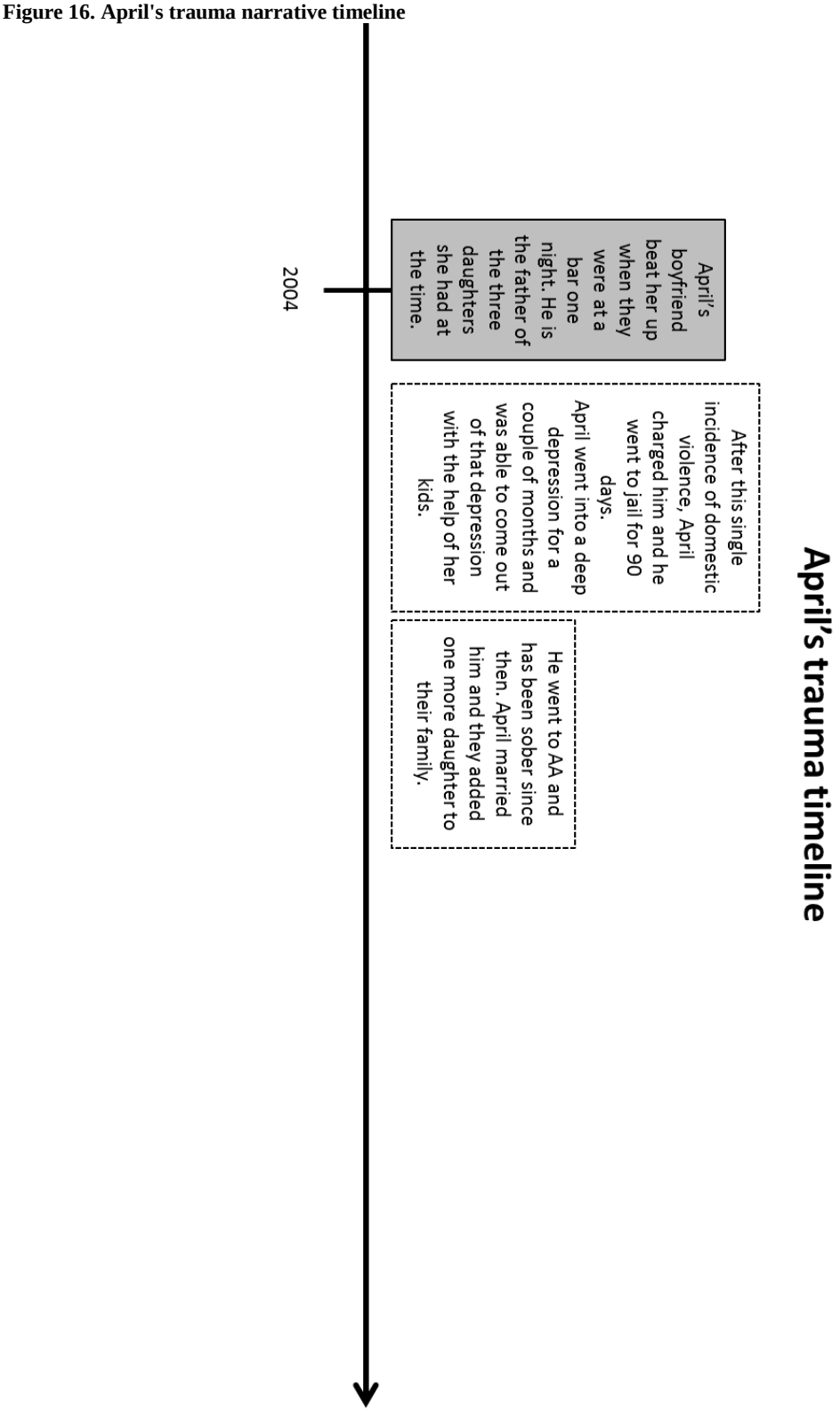
Alida van Dijk, MA, PhD (cand.), RP
Waterloo Lutheran Seminary
avandijk@wlu.ca
905-544-7166

Appendix M: SEMP-R Circle Diagram and Trauma Narrative Timeline for Each Participant

April

Figure 15. April's SEMP-R Circle diagram

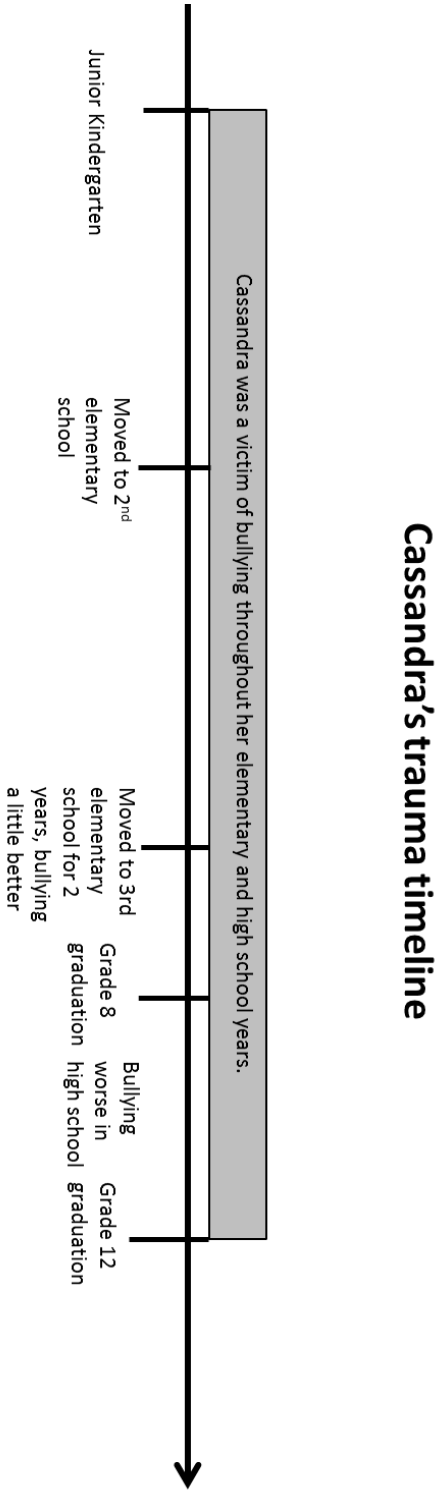
Figure 16. April's trauma narrative timeline



Cassandra

Figure 17. Cassandra's SEMP-R Circle diagram

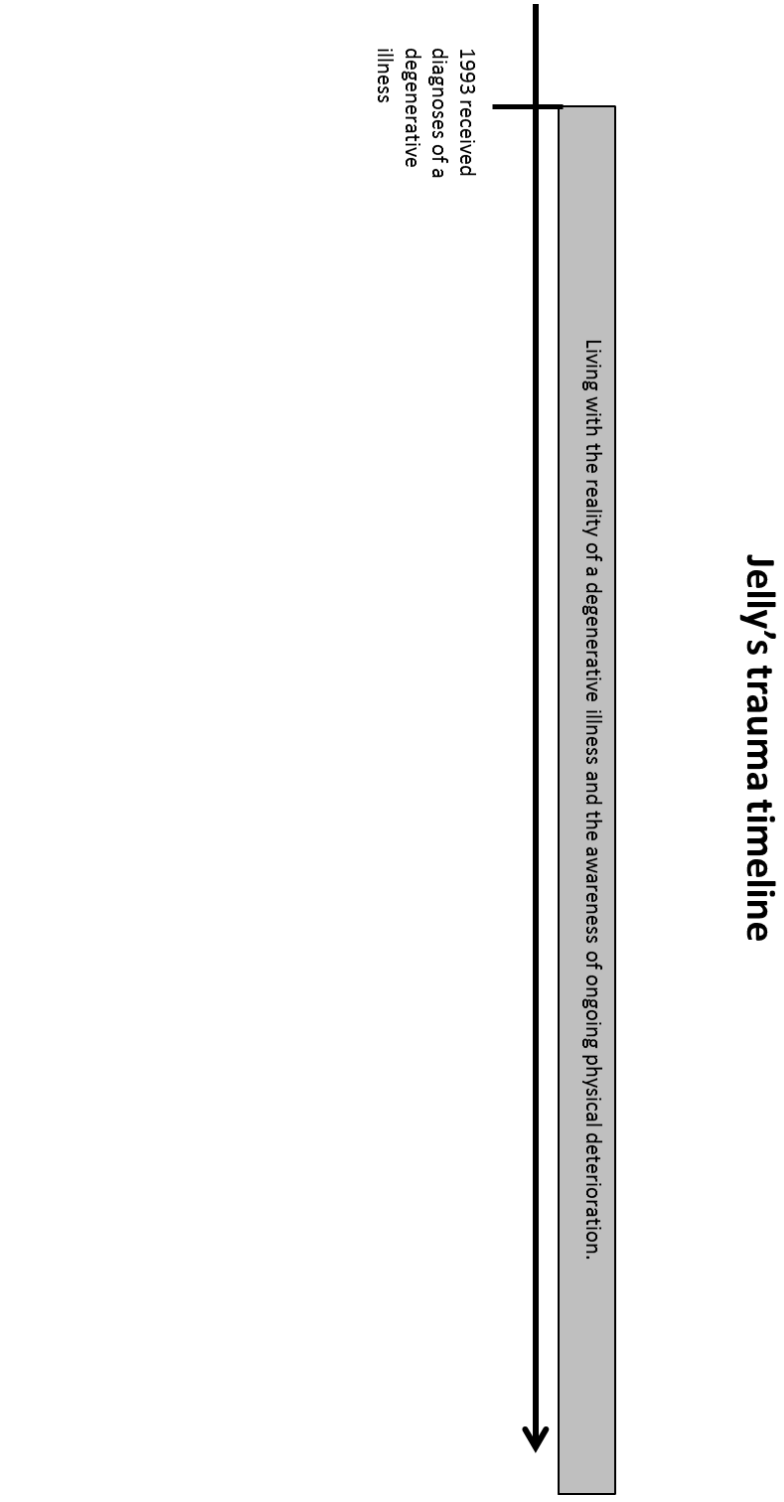
Figure 18. Cassandra's trauma narrative timeline



Jelly

Figure 19. Jelly's SEMP-R Circle diagram

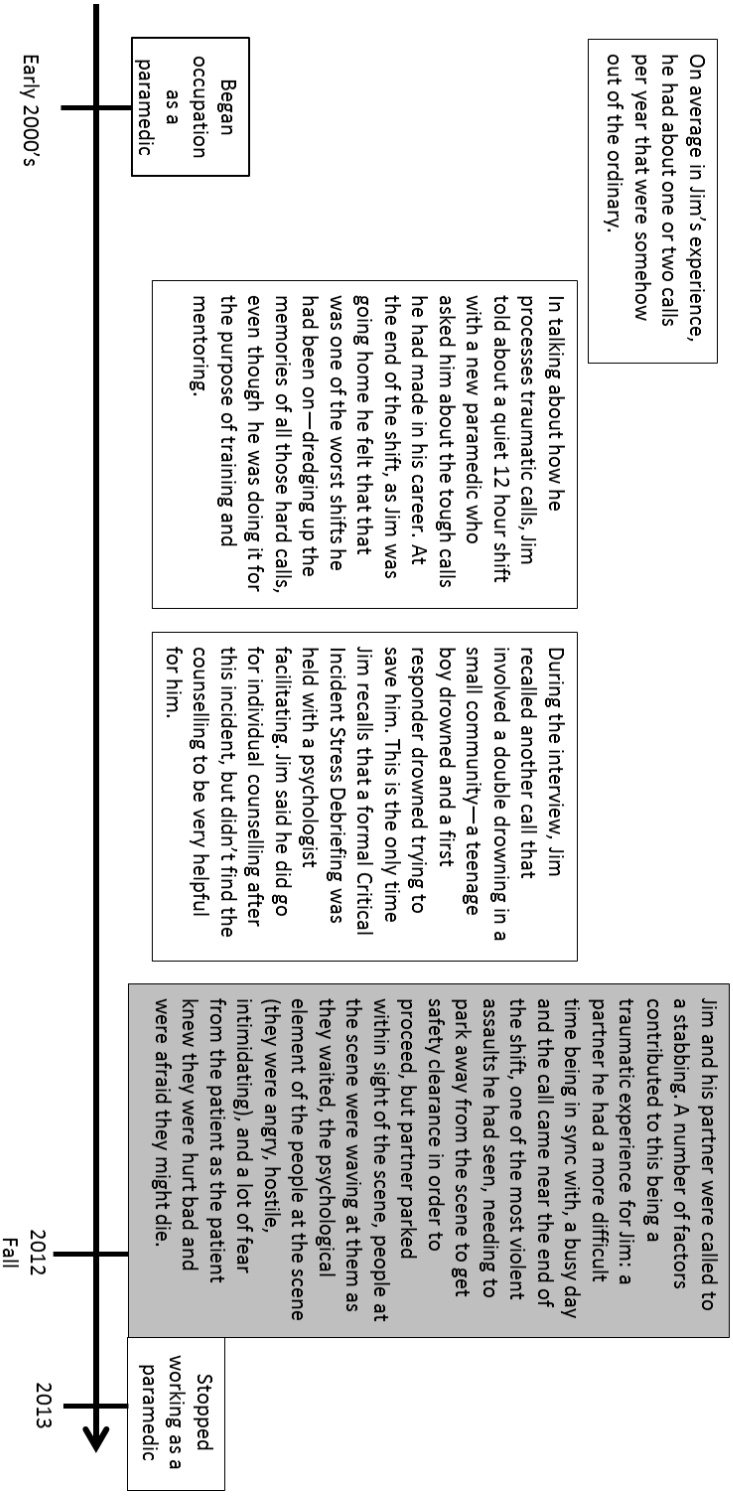
Figure 20. Jelly's trauma narrative timeline



Jim

Figure 21. Jim's SEMP-R Circle diagram

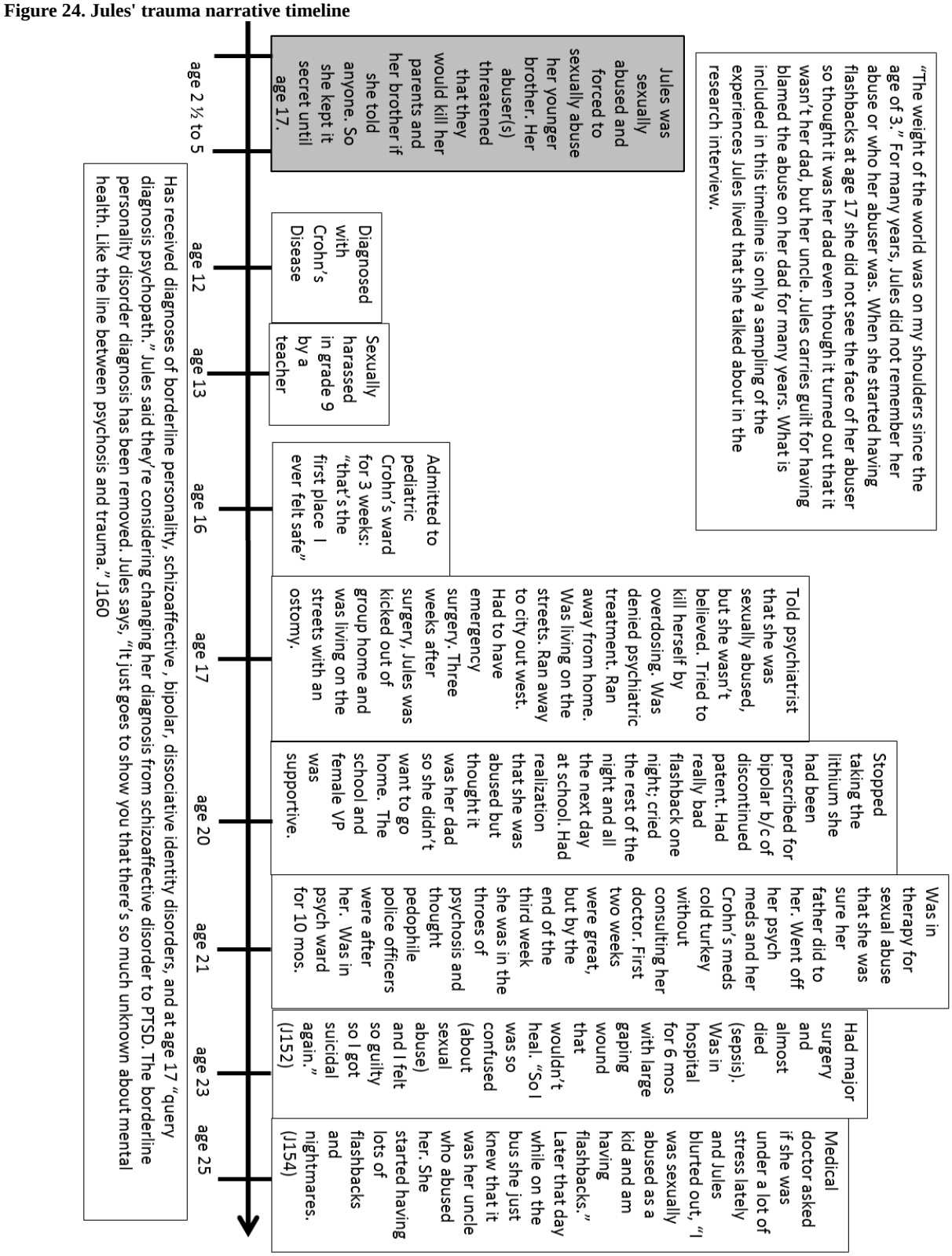
Figure 22. Jim's trauma narrative timeline



Jules

Figure 23. Jules' SEMP-R Circle diagram

Figure 24. Jules' trauma narrative timeline



Kelly

Figure 25. Kelly's SEMP-R Circle diagram

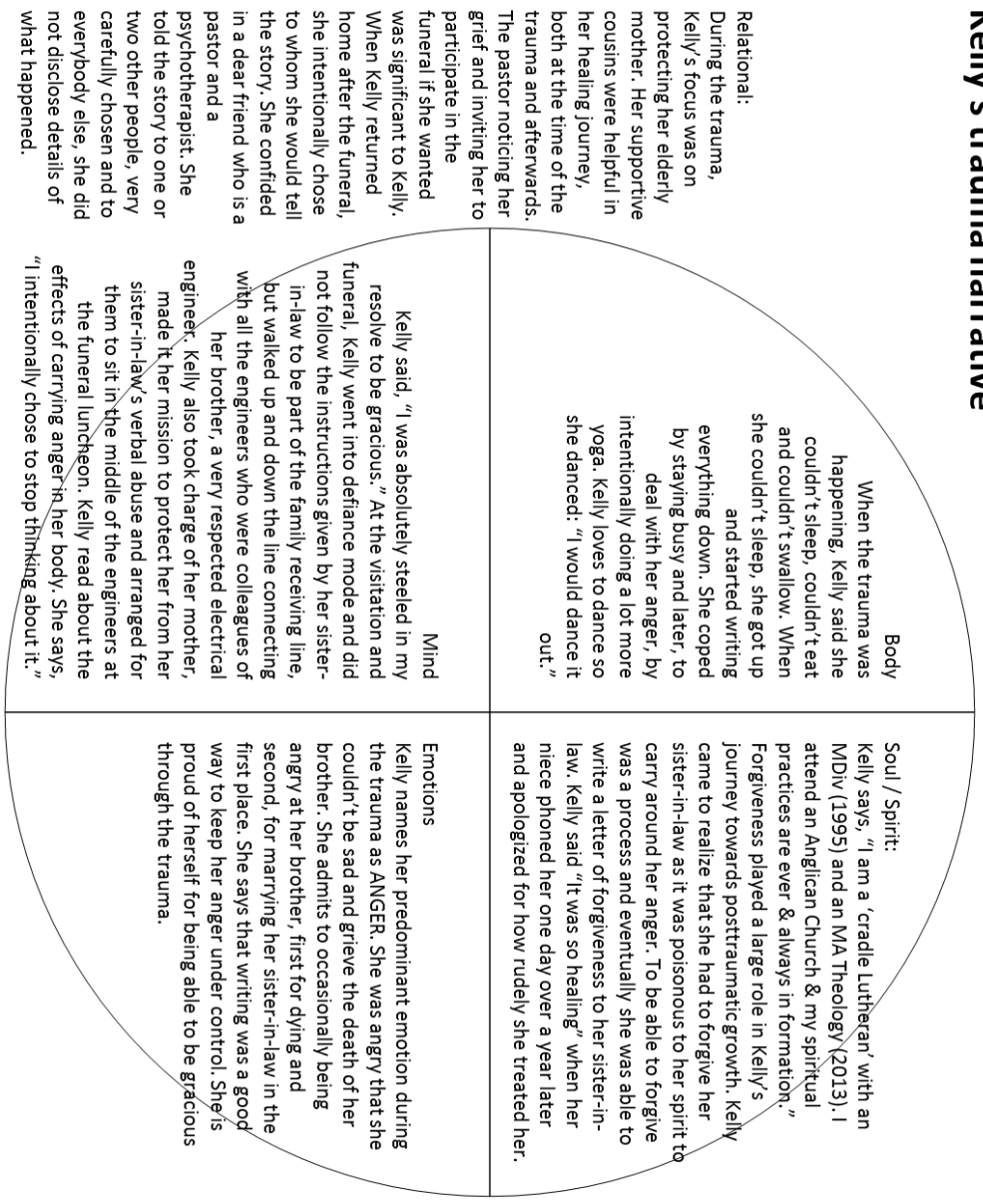
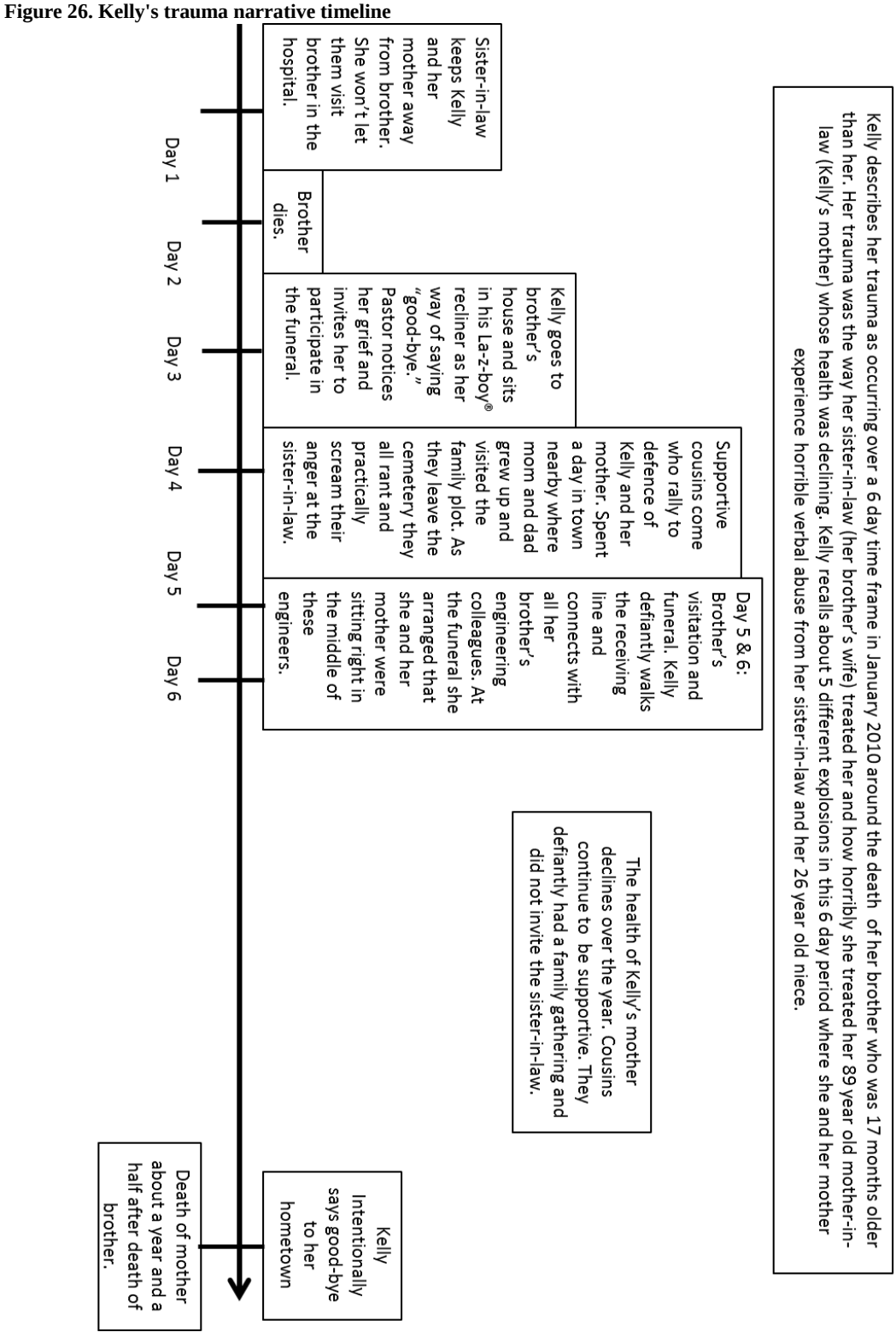


Figure 26. Kelly's trauma narrative timeline



Matt

Figure 27. Matt's SEMP-R Circle diagram

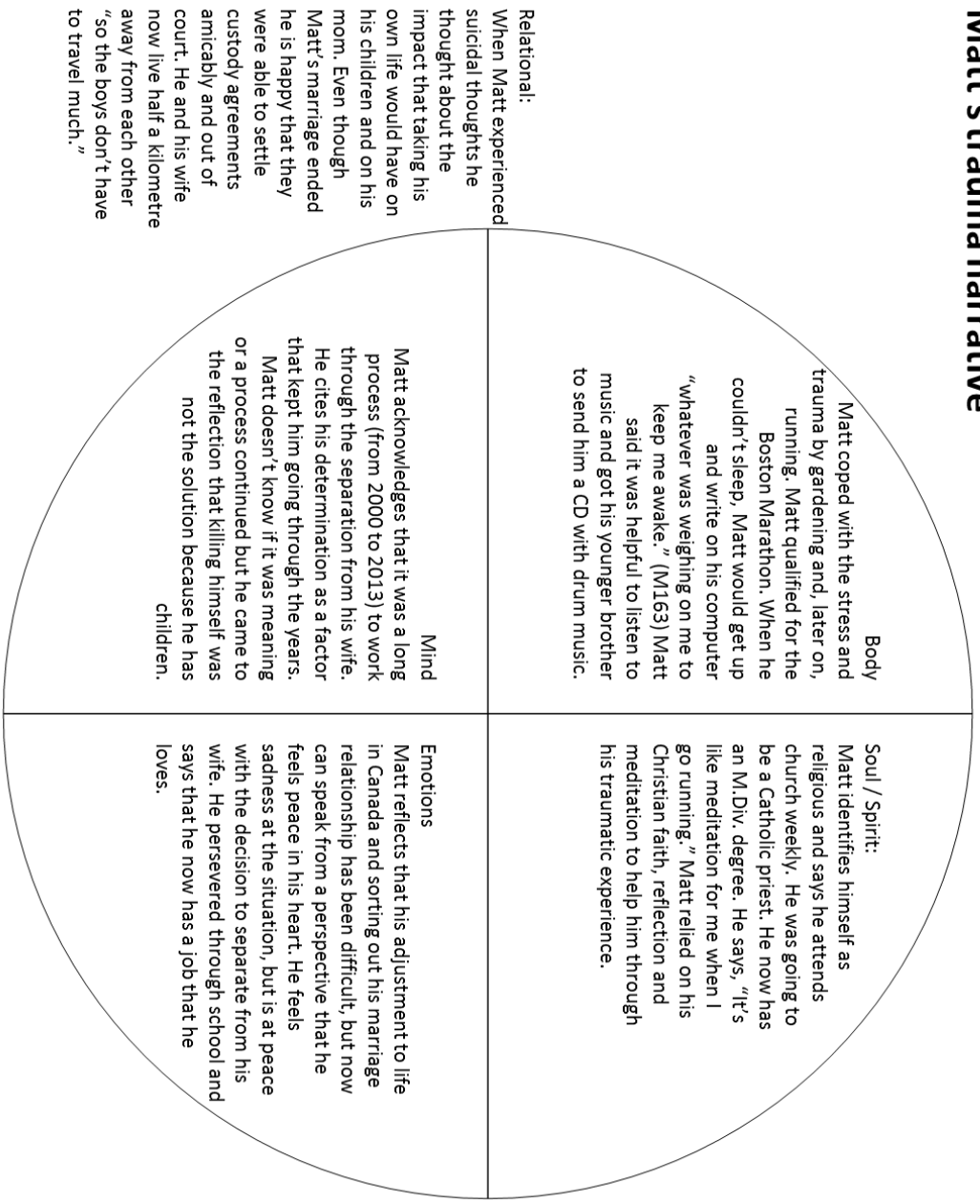
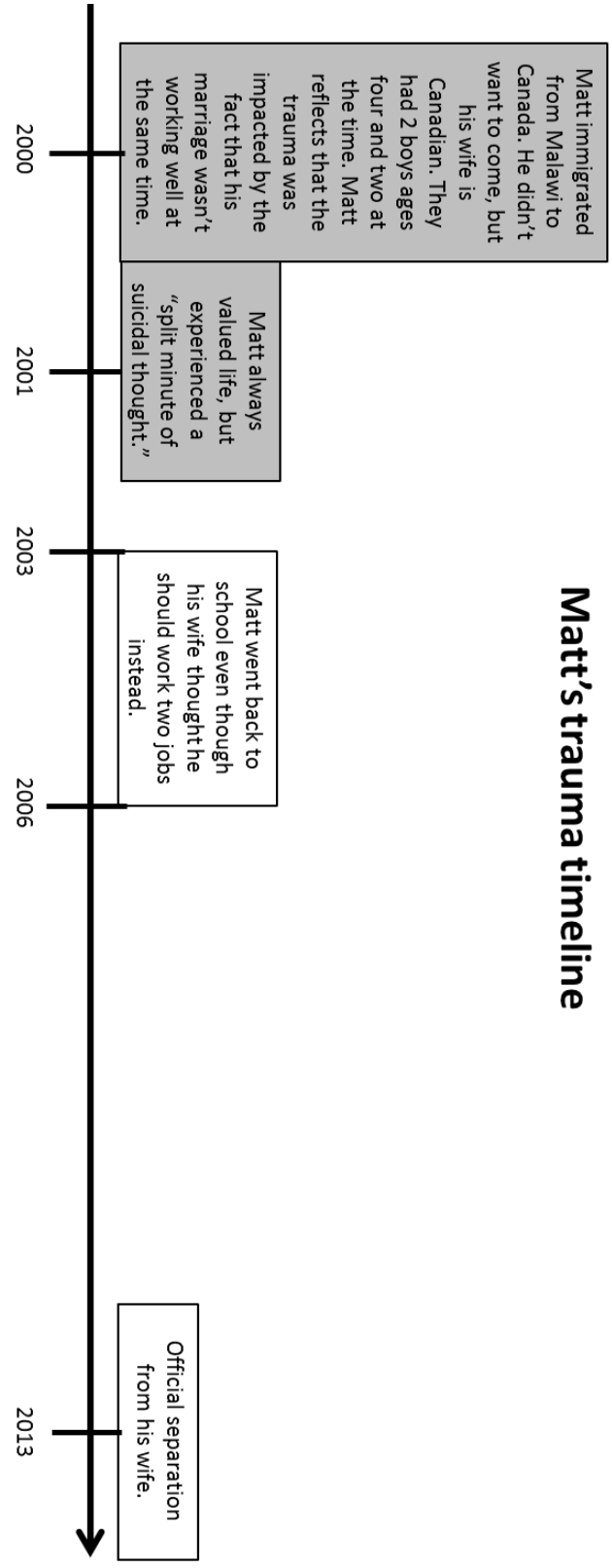


Figure 28. Matt's trauma narrative timeline



Nancy

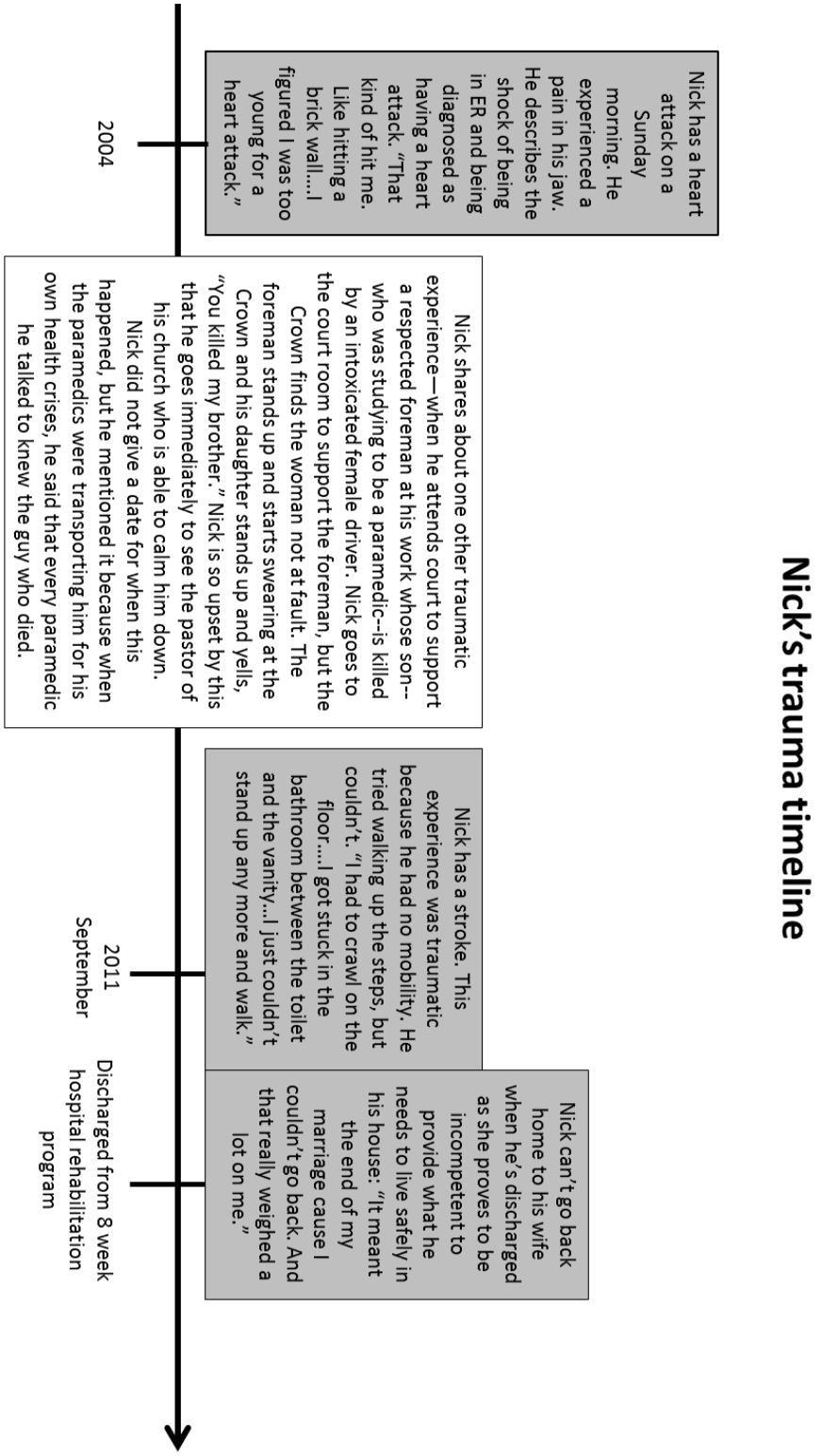
Figure 29. Nancy's SEMP-R Circle diagram

Figure 30. Nancy's trauma narrative timeline

Nick

Figure 31. Nick's SEMP-R Circle diagram

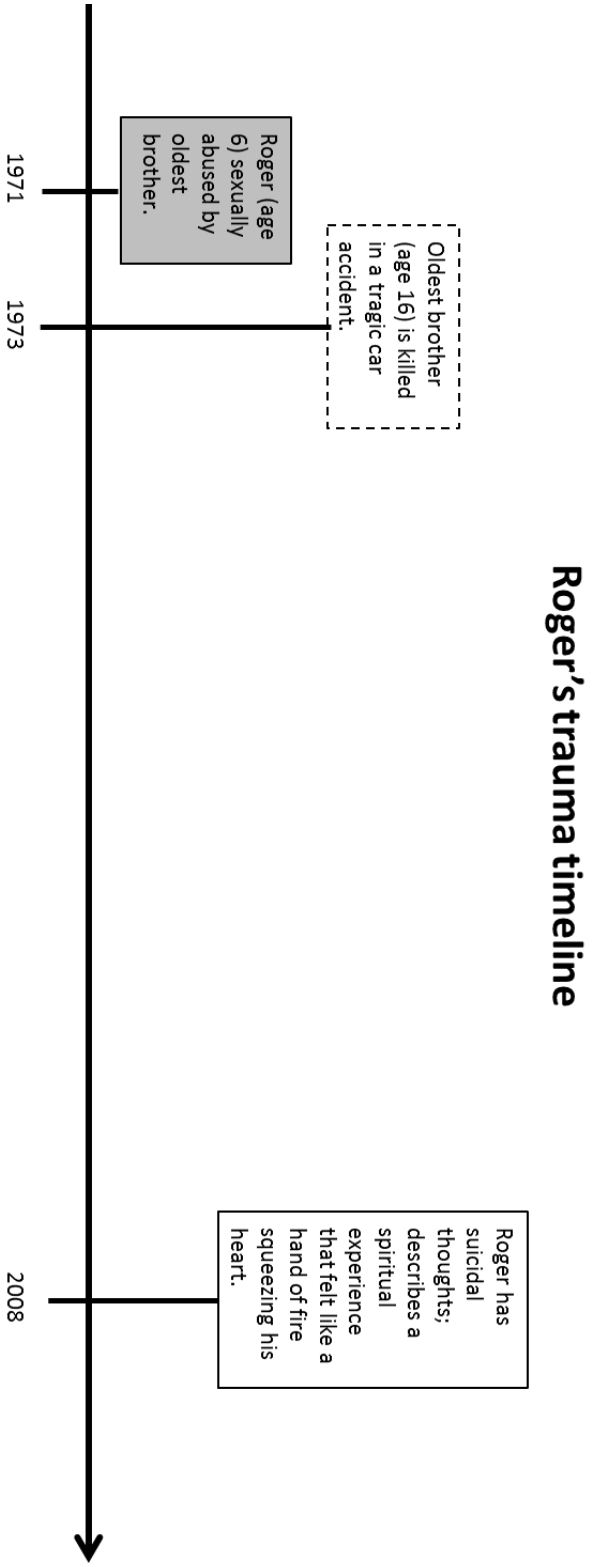
Figure 32. Nick's trauma narrative timeline



Roger

Figure 33. Roger's SEMP-R Circle diagram

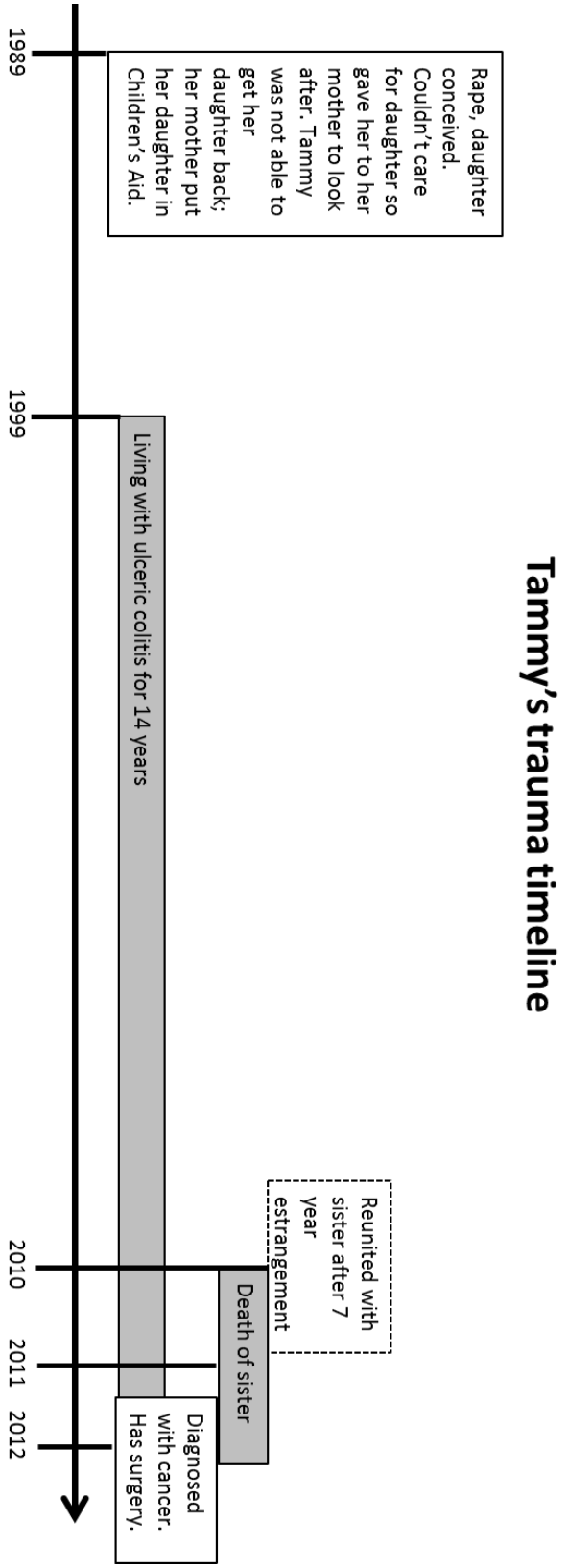
Figure 34. Roger's trauma narrative timeline



Tammy

Figure 35. Tammy's SEMP-R Circle diagram

Figure 36. Tammy's trauma narrative timeline



Thumper

Figure 37. Thumper's SEMP-R Circle diagram

Figure 38. Thumper's trauma narrative timeline