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A FAMILY AFFAIR: GROWTH WITHIN INJURED VETERANS AND THEIR SUPPORT
NETWORKS

by

Shelby Rodden-Aubut

Bachelor of Arts Specialization in sport Psychology, Laurentian University 2017

THESIS

Submitted to the Department of Kinesiology and Physical Education, Faculty of Science

In partial fulfillment of the requirements for

Degree in Master of Kinesiology

Wilfrid Laurier University

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Abstract

This qualitative phenomenological study explored the potential for growth within injured or ill Canadian Armed Forces (CAF) Veterans, as well as members of their support networks. Growth is most commonly understood as perceived positive changes experienced by individuals following a stressor, which propel them to a higher level of functioning (Salim, Wadey, & Diss, 2015). Guided by the work of Roy-Davis, Wadey, and Evans (2016) and through the lens of Organismic Valuing Theory (Joseph & Linley, 2005), this study sought out a context-specific understanding of the concept of growth within CAF. An additional focus was on the impact of veterans' stress and/or trauma on support members and the potential that they may experience positive changes following indirect exposure to a loved one's trauma (Dekel, Levin, & Solomon, 2015). Organismic Valuing Theory was explored as a potential theory to understand growth within the CAF context.

This research expanded on the sport injury growth research done by Roy-Davis et al. (2016) and caregiver growth research (Leith, Jewel & Stein, 2018; Mavandadi et al., 2014; Savage & Bailey, 2004). Semi-structured interviews were conducted with 7 participants including 1 dyad, 1 triad, a single Veteran, and a single support person. Through the interviews six higher order themes emerged: 1) relationships, 2) the power of the uniform, 3) new perspectives, 4) a complex support paradox, 5) letting go and moving forward, and 6) The Caregiver Experience. As highlighted by the participants, support members, particularly in the CAF, are key resources in the recovery and growth process but are often overlooked. A timely subject, this research benefits both Veterans and their support persons struggling following stressful and traumatic situations.

Acknowledgements

I would like to acknowledge the support of Dr. Jennifer Robertson-Wilson, and Dr. Amy Gayman, and thank them for their guidance and wisdom in the development of this paper. I would like to thank my colleagues Scott Donald, and Melissa Pare for their challenging questions and opinions, and my class mates for their continued support throughout the development of this project. A special thanks goes out to my parents for putting up with my stressed phone calls and endless discussion about my research in pursuit of this paper and degree.

My greatest thanks go out to the participants of my study. Thank you for trusting me to present your experiences and for being open and honest with your interview responses. Without your participation there would be no study. Thank you for making this research possible and for providing me the opportunity to explore your experiences with you.

Finally, for her guidance and support throughout the entire process I would like to thank my supervisor, Dr. Jill Tracey. I came to the topic of my research through her direction and have found my niche in the vast area of sport and exercise psychology. Thank you for trusting me to work through this process, and for providing advice and support when I struggled.

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Glossary

Assimilation: Processing new trauma-related information within existing models of the world (Joseph & Linley, 2005).

Accommodation: Processing new trauma-related information by modifying existing models of the world, requiring a change of worldviews (Joseph & Linley, 2005).

Benefit finding: experience when patients and/or significant others experience personal growth or positive changes after being faced with challenging or stressful circumstances (Mavandadi et al., 2014).

Deductive analysis: an aimed approach, testing the applicability of theory moving from generalized known truths to a true specific conclusion. Derived from a theoretical framework (Fereday, & Muir-Cochrane, 2006).

Eudaimonic well-being: A focus on meaning and self-realization that defines well-being in terms of the degree to which a person is fully functioning. (Ryan & Deci, 2001).

Hedonic well-being: A focus on happiness that defines well-being in terms of pleasure attainment and pain avoidance (Ryan & Deci, 2001).

Inductive analysis: Concerned with the generation of new theory emerging from the data. A focus on themes as they emerge from participant's discussions (Fereday, & Muir-Cochrane, 2006).

Post-traumatic growth: An experience of positive change that occurs as a result of struggles with highly challenging life crises (Tedeschi & Calhoun, 2004).

Post-traumatic stress disorder: A pathological response to an event; a seismic psychological shattering of core beliefs and is considered an invisible wound of war (Angel, 2016).

Secondary growth: The experience of personal growth as a result of working through trauma or stress alongside an immediately affected individual.

Sport injury related growth: A concept of growth specific to sport injuries, developed to understand the unique experiences of stressors as they are related to a sport context (Roy-Davis et al., 2017).

Stress related growth: A term used to categorize the positive changes experienced by individuals following less radical life stressors and results from the individual working through and attempting to make meaning of said stressor (Galli & Reel, 2012).

Support member: An individual who provides various forms of aid to an ill or injured person; identified by their active, assistive role in the recovery processes.

A Family Affair: Growth Within Injured or Ill Soldiers and Their Support Network

The Canadian Armed Forces (CAF) are a population that has provided a unique way of life for all of those involved. Those who have joined the forces have accepted a life where they may be: relocated at any point in time as their position requires; deployed overseas on peace keeping or combat missions; and be required to complete physical and non-physical training in order to maintain and improve their skills. The forces context can be considered its own, self-sufficient entity, with jobs that would be found outside of the forces holding their own positions within the forces including military police, cooks, dental officers, and kinesiologists. The CAF is a unique environment for those living within them as they live a different lifestyle compared to civilian, or non-military personnel, with more structure and strict regimens to be followed. This environment has been experienced not only by those employed within the CAF, but also their non-forces family members and close friends (Canadian Armed Forces, n.d.).

Many diverse situations and experiences are unique to the complex military context. These include combat missions, peace-keeping tasks, a unique level of systematic organization, and levels of training comparable to those of elite athletes (Canadian Armed Forces, n.d.). One of the largest differences has been that of the injury experience. Injuries in the armed forces differ from those in a civilian, or non-military, setting “in terms of their epidemiology, mechanism of wounding, pathophysiologic trajectory after injury, and outcome” (Champion, Bellamy, Roberts, & Leppaniemi, 2003, p. S13). The traumas experienced through combat are predominantly penetrative injuries caused by fragments of explosives, as opposed to bullets from direct shootings (Champion et al., 2003). According to National Defence (2014), the peace keeping mission in Afghanistan resulted in 1436 non-battle injuries, 635 soldiers wounded in action, 20 deaths of those not killed in action, and 138 members killed in action from April 2002 until

December 31, 2011. With such extreme potentially life threatening or career altering injuries experienced in combat, there are many complex psychosocial and physical considerations for treatment and recovery. One potential ramification of combat injury or traumatic situations is post-traumatic stress disorder (PTSD). PTSD has been defined as a “pathological response to an event described as a seismic psychological ‘shattering’ of core beliefs and is considered an invisible ‘wound of war’” (Angel, 2016, p. 57). Interestingly, those who do not present with PTSD immediately following their combat or deployment experiences may present with PTSD at a later date (Grieger et al., 2006). With the potential for PTSD to be present at different times depending on the injury severity (Grieger et al., 2006) it becomes increasingly important to note the life changing nature of CAF injuries and illnesses. With the large variety and specificity of military experiences it was important for researchers to explore this context for its unique elements, and to elaborate on the potential differences this context may have within the field of growth. The present study sought to understand the complexities of injury and illness within the context of the CAF without specifically interpreting PTSD manifestations outside of trauma or stress that resulted.

In his book *Unflinching* (2015), Jody Mitic, a master corporal with the CAF, discussed the difficulties faced by the Canadian health care system when trying to handle combat injuries. In January of 2006 Jody triggered a landmine requiring the amputation of both legs below the knee and returned home to a health care system unprepared to handle such a traumatic outcome. Personnel he interacted with were caught off guard and even told him “Just so you know, we don’t have any idea what we’re doing” (Mitic, p. 203). Medical personnel at the time of Jody’s return were not properly equipped for combat injuries and did not have an in-depth understanding of the types of wounds caused by war-time explosives. Regardless of these

difficult circumstances, individuals have demonstrated their ability to recover following their injuries and learn to adapt to their newfound situations.

Individuals serving in the CAF like Jody Mitic are constantly confronted with extreme situations and stress-inducing conditions in their workplace. With the multitude of injuries and potentially dangerous situations these individuals face, the forces context has shown to be one that is unique. An additionally unique sub population within the forces' context are the support members. These individuals are relied upon to support members or Veterans who are ill or injured through their difficult times of recovery and/or adaptation. While there has been a tendency to focus on the negative ramifications of trauma, research has begun to highlight the potential for growth following trauma and injury. Many of these situations include growth following loss, illness, abuse, and injury. In their 2006 article on growth following adversity, Joseph and Linley argued for the idea that stressful and traumatic events have the ability to trigger personal growth and positive change. The process of growth has been believed to facilitate changes in three dimensions, namely: 1) enhanced relationships, 2) an alteration of self-perception, and 3) changes in life philosophy. No two persons experience the same level of change in all three growth domains as there are individual differences in the personal growth experience (Joseph & Linley, 2006).

The review by Joseph and Linley (2006) intended to highlight the previous literature on growth and identify the current gaps. Stress related growth and post-traumatic growth have been two of the most commonly used terms to describe growth following injury, or health-related illnesses, while growth amongst support providers (or caregivers) has largely been termed 'benefit-finding' or 'perceived benefits'. What has remained to be seen within the current growth literature is research on growth in the context of the CAF and more specifically, how support

members in this context are impacted by the growth process following an injury or health-related illness of a loved one in the forces.

Post-Traumatic Growth and Stress Related Growth

Within the growth literature, there have been many terms highlighted to represent the process of growing following adversity. These terms include *thriving*, *perceived benefits*, or *benefit finding* (Roy-Davis, Wadey, & Evans, 2017). Stress related growth (SRG) and post-traumatic growth (PTG) have become the most frequently adopted terms to label growth. It is important to distinguish these terms, as even though there is some overlap between them, they are distinctly different in four main areas, including: “(a) severity of the causal event, (b) the mechanism of growth, (c) the commonality of occurrence and (d) the duration of change” (Galli & Reel, 2012, p. 298).

SRG has been used to categorize the positive changes experienced by individuals following less radical life stressors, including sport injury, accidental injury, or illness, and results from the individual working through and attempting to make meaning of said stressor (Galli & Reel, 2012). SRG occurs more commonly, as there is a larger representation of life stressors such as mild injury or illness than traumatic ordeals, which are considered life altering experiences. Individuals who experience this form of growth have the potential to revert to their pre-stressor beliefs, thoughts, and behaviours. PTG demonstrates stark contrasts with SRG as it has been categorized as a radical change that stems from largely traumatic events such as natural disasters, terrorism, life threatening illness, or life altering injury. In order to work through the process of PTG individuals experience a restructuring of their life assumptions. PTG has been noted to occur less commonly than SRG and consequently, the term is reserved for extremely traumatic experiences. Further, PTG tends to be a more permanent transformation as individuals

report rebuilding their lives and altering their assumptions about life following the traumatic experience (Galli & Reel, 2012).

Post-Traumatic Growth

More specifically, PTG has been used in the literature to explain circumstances that are considered “significant challenges to the adaptive resources... that represent significant challenges to individuals’ ways of understanding the world and their place in it” (Janoff Bulman, 1992, as cited in Tedeschi & Calhoun 2004, p. 1). What is important to note is PTG is a process. This means for an individual to achieve growth, they must work through a complex phenomenon that cannot be reduced to a simple coping mechanism, cognitive distortion, or adjustment. Nor can PTG be understood as the act of achieving a simple state of well-being (McMillen, 2004).

When individuals struggle to make sense of a new reality following a catastrophic event (e.g., natural disasters, personal life-threatening illnesses, terrorist attacks or the like), the process of working through the situation has had the potential to create an experience of growth. Through this struggle, a trauma-stricken individual goes through a process of cognitive restructuring or rebuilding, producing schemas to incorporate the current trauma, as well as future negative events in hopes to avoid another shattering of beliefs (Tedeschi & Calhoun, 2004). One of the highlighted difficulties with the definition of PTG is that it accounts for the fact that individuals change through adversity, but it does not account for the variations in these changes between individuals (McMillen, 2004). This is coupled with the problem that those who have experienced growth are not free from all distress as a result, but the positive effects of growth tend to dominate over and outweigh any negative changes that occur (Wortman, 2004). With these potential issues within the definition of PTG it has been important to emphasize that this process is extremely individualistic, and individuals have the ability to grow in as many as five domains.

The five domains of PTG were developed through research that examined individuals' responses to traumatic events and interview data from those who had experienced life crises (Tedeschi & Calhoun, 2004). The five domains include: (a) a greater life appreciation with altered priorities; (b) closer interpersonal relationships; (c) greater personal strength; (d) an openness to new possibilities; and (e) spiritual development.

Life appreciation. This domain of PTG highlights that an individual who has worked through a traumatic experience no longer takes things for granted. Growth in this domain is characterized by a greater general appreciation for life, as well as a more developed appreciation for smaller aspects of daily life (Tedeschi & Calhoun, 2004). Within this domain trauma survivors learn to be more cognizant of the "little things, such as a child's smile... and the... importance of things formerly taken for granted" (Tedeschi & Calhoun, 2004, p. 6).

Relationships. Within the domain of relationships, there is an understanding of a betterment of personal relationships, including both the creation of new, stronger relationships, as well as the dismissal -or loss- of more negative relationships. This can be attributed to the practice of learning who truly belongs in your life, and who will be there for you through good times as well as during less fortunate circumstances. The process of growth creates an opportunity for individuals to evaluate their current connections and to truly appreciate the support of those around them, and to develop compassion for those who "share the same difficult fate" (Tedeschi & Calhoun, 2004, p. 6). These relationships are tied to the idea of a greater appreciation for life as they involve taking time to truly understand one's interpersonal relationships and avoid taking these for granted.

Personal strength. "Growth in this domain is experienced as a combination of the clear knowledge that bad things can and do happen" (Tedeschi & Calhoun, 2004, p. 6) and refers to

the understanding that one has the ability to handle negative situations. This type of personal strength goes beyond a sense of strong physical ability. Within the realm of personal strength lies the idea that an individual can experience a crisis and move forward or learn from mistakes made that may have resulted in this particular situation. Those who experience an increased sense of personal strength tend to also gain a better understanding of their own vulnerability (Tedeschi & Calhoun, 2004).

New possibilities. The idea that one door closing equates to the opening of another is almost synonymous with this domain. For individuals experiencing growth in this domain, there is a sense that there are new possibilities to pursue, or that a new path has opened up to be pursued (Tedeschi & Calhoun, 2004). From growth in this domain of PTG, individuals have the ability to move forward in their lives following adversity, perhaps following a new path that they would not have considered prior to their traumatic experience.

Spiritual development. Growth in the domain of spiritual development does not require a religious faith, or a belief in the presence of a God. Individuals who achieve growth in this domain experience a sense of “greater engagement with fundamental existential questions and that engagement in itself may be experienced as growth” (Tedeschi & Calhoun, 2004, p. 6). Others who experience spiritual development establish or potentially deepen their beliefs in a higher power, or in the existence of a God who guides them through their troubles and provides them with the strength they need to move forward.

The post-traumatic growth inventory (PTGI) is one tool that has been presented to help in the measurement of growth. The PTGI is a 21-item scale in which individuals indicate the degree to which their life has changed as a result of their trauma in varying areas where 0 represents the change was not a result of the trauma, and 5 represents the change occurring largely as a result of

the trauma (Tedeschi & Calhoun, 1996). One main controversy in the measurement of PTG as reported by the individual is whether or not they are reporting growth as a result of a genuine change, or simply reporting growth as a self-protective strategy in an attempt to present a strong persona during their struggle (Frazier et al., 2009).

In their study, Frazier and colleagues (2009) highlighted this issue. The authors assessed pre and post trauma measures within university students and levels of post-traumatic growth within the five domains measured by the PTGI. Students' reported levels were compared to those following a traumatic situation. This study identified perceived growth as self-reported growth as measured by the PTGI. Actual growth was explained as change in pre and post measures of traumatic events measured by the traumatic life events questionnaire, depression (depression anxiety stress scales), and coping (4 item subscale from COPE) designed to represent growth domains represented in the PTGI. They concluded that perceived growth, as measured by the PTGI, differs from actual growth as perceived growth involves an increase in distress from pre- to post-trauma where actual growth saw a decrease in distress during this time frame. However, they also noted that "perceived and actual growth may not be highly related whenever they are measured" (Frazier et al., 2009, p. 917) and this may depend on the types of measures being used to assess growth within an individual. For the sake of the current project, the focus remained on perceived growth as the interest was that of the participants' reported experiences.

Stress Related Growth

An important comparison can be made between high-level athletes and armed forces members in regard to fitness and environment expectations. This is a topic of debate that has been the subject of discussion forums such as *Quora* with a discussion titled *Who is physically fitter, professional sports athletes or military personnel?* (Quora, 2017). Within this thread

arguments were made as to why athletes are more fit than military personnel, and how military personnel have more on their plates strategically and in terms of their job requirements than elite athletes. Aside from physical fitness, forces personnel and elite athletes are an important comparison to consider, particularly in the context of growth. Both of these populations are considered a hyper-masculinized – monopolized by extremely exaggerated, or stereotypic masculine attributes or behaviours (Rosen, Knudson, & Fancher, 2003) - population where participation is male dominated with only 15.3 percent and 2.7 percent of the CAF members being women, and female combat members respectively (National Defence, 2018). Athletes and forces members both rely on their physical ability in order to perform their roles, and a compromise of their physical ability can lead to major complications resulting in position or status loss, or potentially termination. Participants in these contexts have come to an understanding that they need to be tough, push through the pain, and present themselves as always strong and never faltering. This has the potential to put a lot of pressure on both athletes and forces members, and these beliefs may be what separates these populations from others within the context of growth.

Within the literature, stress-related growth has been the dominant label for growth within a sporting context. SRG, being more strongly associated with daily life stressors was a good fit within sport injuries and the resultant potential for growth. SRG translates well into sport literature as sport injuries may be stressful situations for athletes, and may result in the end of a season, or even the end of a sporting career. Growth experienced as a result of working through a sport injury has similarly been linked to growth within an exercise context. Acute sport and exercise injuries have been considered a “unique stressor compared to other demands or

conditions... and considered part-and-parcel of sport... [where] every time an athlete trains or competes they put themselves at risk of getting injured” (Salim, Wadey & Diss, 2015, p. 4).

Many psychological factors influence recovery from sport injury including personality, cognitions, emotions, as well as cognitive strategies such as goal setting, various forms of imagery, arousal control, and appraisal management (Brewer, 2010). The use of these mental skills in rehabilitation may help to stimulate the presence of growth and assist individuals through this emotional and mental journey.

SRG in a sporting context has demonstrated areas of growth that are not represented in the post-traumatic growth inventory used by Galli and Reel (2012). One of the identified areas is a sense of altruism. Athletes felt an increase in compassion and took it a step further in their courses of action in the role of a peer mentor, for example. The second area can be categorized as a general sense of responsibilities. These athletes, typically in a development stage into adolescence or adulthood, believed themselves to be more responsible and effective in their daily lives than they were prior to their injury experiences (Galli & Reel, 2012).

Within SRG, three domains have been highlighted including: (a) personal growth; (b) psychologically-based performance enhancements; and (c) physical/technical development benefits where athletes report an increase in physical strength that is not present in PTG (Salim et al., 2015). It is believed that “over time, stress-related growth will be associated with changes in life philosophy and personality (broadly defined), changes in social relationships (including perhaps more appreciation of the value of close friends and family), and more adaptive coping behavior,” measured through the stress-related growth scale (SRGS) (Park, Cohen, & Murch, 1996, p. 73). With this distinction in mind, Roy-Davis and colleagues (2017) have progressed toward an understanding of sport injury related growth (SIRG) as a concept in and of itself, not

to be enveloped within the same category as other daily stressors experienced by non-athletes outside of a sport context. Through SIRG, Roy-Davis and colleagues have brought an understanding of sport injury related growth that is more theoretical and is contextually specific to the field of sport. Through this grounded theory of sport injury related growth, they have presented a theory to identify the process through which injured athletes experience sport injury related growth (Roy-Davis et al., 2017).

The research in the sport context has also begun to look at individuals surrounding the athletes and their experiences with growth, making the support system a key element to explore regarding the potential for growth. As of late, sport growth researchers have begun to investigate secondary sources, including family, friends and coaches, for information on growth within the immediately affected individuals. Wadey, Clark, Podlog, and McCullough (2013) for instance, explored the perspective of the coach as a means to understand their athlete's process of growth. However, there remains little research to date on the potential impacts of trauma on secondary sources, such as the support system, as it is linked directly to the growth of the immediately affected individual.

Secondary Growth Amongst Caregivers

In order to better understand the potential for growth amongst the support system, literature on benefit finding amongst caregivers of those with cancer, disabilities, mental disorders and other medical diseases or behavioural conditions was explored. Caregivers are defined as “a relative, friend, or neighbor who provides practical day-to-day unpaid support for a person unable to complete all of the tasks of daily living,” (Savage & Bailey, 2004, p. 111). Highlighted through the use of this definition, it was evident the responsibilities of the caregiver had the potential to become a large burden within their daily lives. Some of the negative

outcomes experienced by caregivers included internalizing negative emotions, self-isolation, less life satisfaction and positive affect, decreased esteem and parenting satisfaction, sorrow, guilt, shame, and self-censoring of behaviours (Finzi-Dottan, Triwitz, & Golubchik, 2011; Sanders & Szymanski, 2013; Savage & Bailey, 2004). The negative impacts of caregiving were largely a result of the caregiver being unable to make sense of their responsibilities and missing the opportunities to reinterpret their difficult situations as positive, meaningful experiences (Leith, Jewell, & Stein, 2018). However, as caregivers struggled to make meaning of their responsibilities, and as they worked to live through these experiences, growth as a positive outcome, became a tangible possibility. What was interesting to note, however, was that caregiver growth continues to be viewed as a separate entity to the growth of the injured individual, and links have not been drawn to the existence of a secondary personal growth in caregivers as a result of caring for a loved one who faces an adverse or traumatic event.

Similar to the experiences of PTG and SRG previously highlighted, the positive effects of personal growth and resilience have been termed ‘benefit-finding’ when referring to the caregiving population (Cassidy, 2013). Mavandadi and colleagues (2014) define the term benefit finding as the experience when “patients and/or significant others experience personal growth or positive changes after being faced with a challenging or stressful circumstance” (p. 729). The growth experienced by caregivers had been shown to manifest in similar ways to those demonstrated in PTG. Looking at cancer patient caregivers, five domains of benefit finding were highlighted: self-prioritization, daily activities, family, worldviews, and relationships (Kim, Schulz, & Carver, 2007). Within their research Kim et al. (2007) highlighted changes in self-view, life attitudes, relationships with others, and spirituality as the main subdomains of benefit finding. With the similarities between potential benefit finding of caregivers in various trying

circumstances and those living through traumas and life stressors that foster possibilities for PTG and SRG it became critical to understand the importance of how the primary and secondary (or supportive) parties could potentially influence one another through the growth process. With the current amount of research on caregiving and support network populations, there remained a gap surrounding armed forces specific care persons and their experiences with growth and caregiving.

Within the armed forces specific context, researchers have investigated the military medical personnel and their potential experiences with growth following career-ending or life altering injuries of fellow comrades (McLean et al., 2013). McLean and colleagues (2013) found that combat and health-care stress were associated with higher levels of PTG. This finding was consistent with the previous point about exposure to life altering circumstances as a significant precursor to PTG even without the presence of physical, or directly personal injury, as the medical staff in this study did not experience injury themselves but were present in combat locations and treated many injured soldiers. Within this understanding, this context had the potential to present many circumstances ranging from injury, personal or not, to bearing witness to combat brutalities or can be understood as a personal traumatic circumstance such as a heart attack. All of these traumatic circumstances have had the potential to be identified as a career-ending or life altering situation.

Research on growth in the armed forces has also been conducted with spouses of combat Veterans (Dekel, Levin & Solomon, 2015), yet the link between both spouse and injured Veteran has not distinctly been made. Dekel and colleagues (2015) make the connection to the potential for secondary growth, but only measured this objectively, looking at measurements of PTG based on the post-traumatic growth inventory (PTGI), without taking into account the different

experiences for the spouses that may have resulted from being secondarily affected by the trauma as opposed to experiencing the trauma first hand. Though there has been research completed on growth in a variety of populations, there remained a lack of information on growth within a CAF context, and little research into the role and potential growth of the support system.

Within the present study, secondary growth is defined as the experience of personal growth that results as an individual processes the trauma or stress of an immediately affected individual. Secondary growth is different from stress related growth and post-traumatic growth as it is experienced within an external party, outside of the immediately affected individual. Secondary growth results from working through the same stressors and traumas experienced by a close friend or family member, taking on additional roles, processing new information, and moving forward to prosper and flourish as a result of these secondary experiences. Where PTG and SRG are experienced from a first-hand analysis of a trauma or stressor, secondary growth can result in similar changes from a second-hand experience, working alongside an immediately affected individual.

Theoretical Perspectives

Both organismic valuing theory (OVT) and sport injury related growth theory could be used as a lens providing varied perspectives on the processes of growth. OVT provided a framework for understanding post-traumatic growth with many similar concepts that overlay the concepts of PTG. With the comparisons of forces members to elite sport athletes, the sport injury related growth theory provided a context specific lens applied for a more in depth understanding of growth within the armed forces. These two theories were used as tools to help guide the current research and to provide a lens through which armed forces specific growth can be understood.

Organismic Valuing Theory

Organismic valuing theory (OVT) has demonstrated to be a highly applicable theory when looking to understand the concept of PTG (Joseph & Linley, 2005; Wadey, Podlog, Galli & Mellalieu, 2016). OVT posits that the experience of a traumatic event can shatter an individual's assumptive world, which has been highlighted previously as one of the defining features of a traumatic experience having the potential to initiate the process of PTG. The process of growth, understood through the lens of OVT, involves a shattering of assumptions, a need to cognitively process the experience and integrate new stress-induced information, and ends with a restructuring of worldviews, which leads to growth (Wadey et al., 2016). OVT was an important theory when looking at growth in injured soldiers and their caregivers as it provided a potential explanation for the processes involved in working through life altering experiences as well as stressful situations. During life altering circumstances, soldiers or Veterans needed to find ways to cope and make sense of their current situation (Dekel et al. 2015). This process of coping and adapting to a new lifestyle also became a large part of the support members' lives as they are forced into this new situation and have to adapt in order to provide assistance and support to their loved one. Through the research done by Wadey and colleagues (2016) and Joseph and Linley (2005) OVT posits an expansive definition of growth worthy of elaborating within both veteran and support experiences without a need to force them to fit together.

Within OVT there are four considerations that are mediated by psychosocial factors such as social support, personal beliefs, and thought processes. These steps include a completion tendency, a process of assimilation and/or accommodation, an assignment of meaning, and hedonic or eudaimonic explanatory styles (Joseph & Linley, 2005).

Completion. Individuals who suffer from a traumatic experience have an innate need to integrate this information. This innate need is referred to as a completion tendency and highlights individuals' need to not only process the trauma-related information, but to understand and make sense of this information (Joseph & Linley, 2005). This tendency is satisfied in one of two ways; assimilation or accommodation, which represent the second consideration of OVT.

Assimilation and accommodation. The processes of assimilation and accommodation are contrasted with one another in terms of how information is processed within each of these practices. Assimilation involves taking the trauma-related information and making it fit into one's pre-trauma assumptions about the world. This process involves individuals making conclusions about the traumatic event, often in a form of self-blame, in order to assimilate the information into their already founded set of beliefs (Joseph & Linley, 2005). In contrast to assimilation, the process of accommodation involves the creation of new worldviews. Individuals who move through accommodation as a means of processing their traumatic experiences create new worldviews and tend to process this information as a random act or conclude that their experience is one of happenstance, in which they are not at fault (Joseph & Linley, 2005). Accommodation can either be a positive or negative process, depending on how an individual classifies their traumatic experiences. When a trauma victim accommodates their information negatively, concluding that the world is unsafe, or that traumatic experiences can happen at any time, this leads to a resultant state of distress. With a positive accommodation, trauma survivors look at their world as a place for life to be lived to the fullest, with a potential for accidents to happen, and as a result these individuals have the ability to progress toward SRG (Wadey et al., 2016).

Assignment of meaning. The third criteria of OVT is the development of meaning assigned to traumatic experiences. Within OVT individuals can learn to understand what happened and assign meaning to the experience stopping at a level of comprehension, or they can move beyond this and find significance to the trauma. These two assignments of meaning vary beyond the depth they achieve (Joseph & Linley, 2005). With meaning as comprehension, trauma victims look at their trauma and ask questions such as ‘what happened?’, ‘how could this happen?’, and ‘why do bad things happen?’. This type of meaning is associated most with post-traumatic stress disorder theories, as individuals who stop at this level of meaning tend to assimilate the trauma-related information. “Although both forms of meaning are involved in understanding growth... it is meaning as significance that is necessary for growth” (Joseph & Linley, 2005, p. 268). Meaning as significance involves questions such as ‘why did this happen to me?’, ‘how can this trauma affect me and the world around me?’, and ‘where can I go from here?’ (Joseph & Linley, 2005).

Explanatory styles. The final consideration built into OVT is how people explain their well-being. Individuals’ explanations of well-being fall into one of two categories: hedonic well-being, or eudaimonic well-being (Joseph & Linley, 2005).

Hedonic well-being. Hedonic well-being involves looking at the world through rose colored glasses. Individuals who express a hedonic well-being are classified under the broader concept of subjective well-being. Individuals experiencing hedonic well-being are those who claim that everything is going okay, whether or not they truly believe this themselves. They present the idea that everything is good for both themselves as well as others.

Eudaimonic well-being. In contrast to hedonic well-being, eudaimonic well-being is more representative of psychological well-being. This moves beyond an individual’s presentation

of their own feelings and thought processes and into the realm of a person's true psychological state (Joseph & Linley, 2005). Individuals who achieve eudaimonic well-being acknowledge that there may be something wrong at times, and that the world is not perfect, but that overall in the grand scheme of things they are well. With the current understanding and explanations of growth it is important to consider how these experiences may be different within an armed forces specific context.

Sport Injury Related Growth

Sport injury related growth is a grounded theory presented by Roy-Davis, Wadey and Evans (2017) providing insight into the process of growth following injury for 37 athletes. Through their study they established five categories which indicate sport injury is a stressful experience; sport injury, metacognition and challenge appraisal, positive emotions and facilitative responses, resources, and SIRG (Roy-Davis et al., 2017).

Sport injury. Under the sport injury category, it was identified that athletes struggle with sport injury as it threatens, reminds, and encourages athletes to reflect upon their sporting goals, beliefs and values while facing stressors throughout their recovery. They established that the responses and future demands throughout the recovery process are what could trigger the development of SIRG.

Meta-cognition and positive reappraisal. Through meta-cognition, athletes have the ability to take control over their own thoughts, which allows them to be "mindful of unproductive thought patterns," (Roy-Davis et al., 2017, p 41). With control over their thoughts, athletes gained the ability to positively reappraise their situation and identify the possible benefits and opportunities.

Positive emotions and facilitative responses. Using internal and external resources, athletes reported positive affective states, as well as taking a great deal of interest into their injury. Positive emotions reported by participants included confidence, optimism, appreciation, excitement, curiosity, and gratitude among many others (Roy-Davis et al., 2017). As they exhibited positive emotions, athletes reported a number of facilitative responses such as knowledge seeking, seeking new opportunities, establishing a routine of purposive reflection, and sustained efforts to adhere to rehabilitation processes.

Resources. The four internal resources used by all participants included personality, which refers to participants' personal qualities that enable them to understand and express their emotions, coping styles reflecting thoughts and behaviors in response to stressful situations, perceived social support, referring to their awareness and appraisal of the quality of support available to them, and finally, knowledge and prior experiences helping participants to normalize their experiences (Roy-Davis et al., 2017).

The four external resources identified by Roy-Davis and colleagues (2017) were cultural scripts referring to the cultural narratives of their sporting context; physical resources, specifically environmentally based resources such as the internet and television more for education; social support including, received social support (both emotional and tangible helping) to reappraise their injury experiences and provide uplifting sentiment; and time, which referred to personal time for participants to devote to personal pursuits (Roy-Davis et al., 2017)

Sport injury related growth. Sport injury related growth was the final category identified by Roy-Davis and colleagues (2017). This is "facilitated by the previous processes and internal and external factors" (p. 46). One of the most significant points noted within this category was that growth meant something different to each participant. The main changes noted

in participants stemmed from the psychological, social, physical and behavioural changes domains. Behavioural changes include those such as pro-social behaviours and health related behaviours such as healthy eating, and avoidance of unhealthy behaviours. Physical changes focused largely on strength and conditioning behaviours such as flexibility, range of motion, and fitness. The psychological and social changes identified included intelligence surrounding their sport and injury, social relationships, personal strength, self-acceptance, and life appreciation (Roy-Davis et al., 2017). The highlighted aspects of this theory align closely with stress related growth, but provide a distinct twist on this theory, applying it specifically to sport. The interest remains that, if growth can be altered contextually for a sport context, does growth in an armed forces context look different than or similar to current theories.

Armed Forces-Specific Post-Traumatic Growth

PTG within the context of the armed forces has largely been directly associated with PTSD (Angel, 2016; Morgan, Desmarais, Mitchell, & Simons-Rudolph, 2017). This connection is of logical sense as many of the traumatic injuries within the forces involve an accompanying traumatic experience. However, PTSD alone can be a triggering situation for PTG. It has been highlighted that a minimum of one domain of PTG has been found in approximately 75% of United States Veterans who have been positively screened for PTSD (Angel, 2016). It has been argued that “soldiers who attribute meaning to their combat experiences may have better psychological adjustment post deployment” (Gallaway, Millikan & Bell, 2011, p. 1152). This suggests that those involved in combat deployment situations, generally overseas missions to keep peace or establish dominance, have the potential to grow from their experiences without the experience of injury. The potential for growth simply from exposure to combat situations,

coupled with a combat related injury may therefore lead to a varied type of growth as a result of the armed forces context.

Much of the current research on growth within the armed forces context has revolved around the experiences of Veterans no longer serving with the armed forces (Angel, 2016; Morgan & Desmarais, 2017; Morgan et al., 2017; Tedeschi, 2011). Morgan and colleagues (2017) looked into potential time effects of data collection following the initial occurrence of a life altering military injury experience and found that time did not have a significant effect on the likelihood of PTG occurrence. They also found that meaning making strategies, such as deliberate rumination and narrative exposure therapies may potentially increase the chances of an individual progressing toward growth. Some of the more highlighted traumatic events that relate directly to the armed forces context include amputation, traumatic brain injury, and bereavement (Tedeschi, 2011). In his research, Tedeschi (2011) refers to five components to facilitate the process of growth for combat Veterans. These components include: 1) trauma response as a precursor, 2) emotional regulation enhancement, 3) constructive self-disclosure, 4) trauma narrative creation, and 5) developing life principles for resilience. The process of growth generally involves the process of rebuilding and reconfiguring thoughts, beliefs and assumptions following a traumatic event. These components become important when trying to understand context-specific growth for individuals within the armed forces. These five components closely link to the earthquake narrative of growth provided by Tedeschi and Calhoun (2004) where the shattering of worldviews is represented by the initial earthquake, and the subsequent rebuild of communities represents the reconstruction of worldviews, eventually coming to a new living situation, or understanding of the situation and surrounding world. Specific to the armed forces context, these five components highlight different strategies and techniques that can be put into

play before and after the onset of trauma to help soldiers make sense of their trauma, and to allow them the opportunity to determine meaning from the situation (Tedeschi, 2011).

The highlighted growth literature and most importantly, work on growth in the armed forces has most prevalently represented an American population and focused largely on one specific subset of the forces population (members, medics, or spouses). Research until now has yet to explore the potential links between these subsets as they work together through a potential growth experience. Currently, the growth experiences of CAF members (currently serving or Veteran) as well as their support system members following life changing or career-threatening situations remains to be explored

Aims of The Study

Purpose

The purpose of the present study was to investigate the process of growth within an armed forces specific context. Within this context, veterans were examined for their experiences with career-threatening, life altering injuries or illnesses, exploring their potential growth processes that resulted from these experiences. An additional focus of this study was to further the knowledge surrounding the role of the support system within the process of growth, and to understand the potential benefits, or elements of growth experienced by the support network of veterans who have experienced career threatening or life altering experiences. Veterans all experienced a career-threatening life altering injury or illness that led to their retirement from the CAF. The support network for this study included, but was not limited to, family members, close friends, and caregivers who provided some form of assistance to the injured member. The present study looked to expand on the link between the forces member and the support system within the

CAF to understand the perceived growth experiences of both the immediately affected Veteran and support members.

Research Questions

The first question investigated in this study was whether or not the military context played a role in the phenomena of growth, and how growth may or may not have been manifested within this particular context. To date little to no research in the context of the CAF looks into the presence of growth following some form of injury or health affliction while serving or being involved with the CAF as Veterans or support members.

Secondly, the researcher aimed to move beyond the directly injured or health afflicted party to explore the potential for growth within a secondary individual, in this case, a support member of a CAF Veteran. Current growth research has neglected to look at the potential for secondary growth within the veteran's social network, who may provide caregiving, or assistance to help the veteran cope with the career threatening or life altering experience. It is possible that significant others may move through a similar process as the directly affected person. This study aimed to identify the potential for growth within a secondary party alongside their injured or health afflicted loved one. Additionally, this study sought to understand the potential differences in the support person's experiences as compared with their injured or health afflicted other.

Finally, the researcher explored the applicability of OVT within the context of the CAF. OVT has been used to understand growth processes amongst many populations, therefore this study looked to understand if it continued to apply in the understanding of growth within this particular population.

Methodology

The researcher used a phenomenological approach to understand the experiences of growth for participants within a CAF context. In keeping with the description by Moran (2004), “the first step [was] to seek to avoid all misconstructions and impositions placed on experience in advance” (p.4) and to understand experiences as they present themselves and for their own sake. In order to gain the deepest understanding of the growth experiences for the participants, it was important to describe them as they appeared to consciousness by approaching the experiences in such a way that took “their manner of appearance into consideration” (Moran, 2004, p. 6). Bearing this in mind, it was important for the researcher to put aside any previous understandings of the armed forces context, and to be held accountable for any prior misconceptions (i.e., positive experiences and member-first beliefs) of this context or the experiences described by the participants when interpreting and analyzing the data. At the beginning of the research process, the researcher’s experiences with the CAF context were all positive in nature and had presented little to no negative indications as they pertained to the workings of the context (i.e., support, training, or employment). Therefore, it was important for the researcher to acknowledge these prior understandings and to allow participants to elaborate on their experiences without judgement by the researcher, or misrepresentation of the data to provide a more favorable view of the CAF. This was done through the use of a reflexive journal, where the researcher kept notes on thoughts going into interviews and upon completion.

Participants

Participants were purposefully selected and contacted based on their involvement with the CAF as a Veteran, or support member, and their experience with a career threatening or life altering injury (e.g. traumatic brain injury, broken bone, amputation) or health issue (e.g. heart

attack, stroke) while involved in the forces environment. In addition to their CAF involvement and injury or health issue participants' injury or health issue must have resulted in significant time away from work (6 months), or a career ending experience, and must have been experienced within the last ten years (since 2008). Support member participants were contacted based on their selection by Veteran members. Veteran members were asked to identify, if willing, a person or persons who provided support for them in their times of recovery. Veteran members were not instructed to select support members based on a particular type of support but were asked to indicate someone they felt was there for them through the process. This led to the inclusion of various types of support provided by support members such as emotional, physical, financial, and social.

Severe or critical injury was defined as: amputation, in-patient hospitalization, loss of an eye, significant brain injury requiring cognitive intervention, paraplegia, quadriplegia, amputation of limbs, burns to more than fifty percent of the body, permanent blindness, brachial plexus injury resulting in loss of limb use, substantial blood loss, leg or arm fracture, serious crushing injuries, or places one's life in jeopardy (Serious Injury Program, 2018; Transport Accident Commission, 2013; What is critical injury, 2017).

The sample for this study comprised of seven individuals, including: three Veterans and four support persons. Demographic information for Veteran members and support members can be found in Appendix G and Appendix H, respectively. These individuals made up a triad of one Veteran and two support persons, a dyad of a Veteran and support person, an individual Veteran, and an individual support person. Injuries and health afflictions represented include a cardiac arrest with resultant coma, a double amputation of both legs and subsequent substance abuse, and

post-traumatic stress disorder. All injuries or health afflictions resulted in the eventual loss of career within the CAF as Veterans were deemed no longer fit for employment in this context.

Procedures

Following ethics approval by the Wilfrid Laurier University Research Ethics Board, the researcher began recruitment using key informants and information rich cases (selecting participants based on preset criteria). Participants recruited were known to have experienced an injury or illness as a Veteran within the CAF or were known to be a support person of a Veteran in the CAF. Initial participants were contacted directly, based on their involvement as a member or support member in the CAF context, and their experience with some form of career threatening, or life altering injury or health issue. The researcher used key informants who have held a position within the CAF and who continue to maintain contact with veterans through their current line of work. Key informants were used as a liaison and were asked to forward the information letter to potential participants, who were to then contact the research team directly.

Further participants were identified through the use of snowball sampling. Specifically, participants were asked if they were willing to identify any others who may fit the inclusion criteria and recruitment letters were also distributed via support networks for CAF members such as the Injured Soldier Network (ISN) and Soldier On for injured members, and the Military Family Resource Center (MFRC) for family and support members. The researcher contacted facilitators of these groups and asked them to forward the information letter to members who could then reach out to the research team directly. In order to recruit, both directly and indirectly, the researcher began the conversation through a potential recruitment email (Appendix A for key informants and Appendix B for participants). The letter addressed the intended purpose of the research, highlighted the risks and benefits for the participant, and offered contact information

for interested parties to contact the researcher. Another source of recruitment was through Facebook groups organized for military members, accessed by a key informant who had access to one or multiples of these groups. This recruitment process was similar to that of the support networks where the key informant was asked to post a message to the group's home page with study details, inclusion and exclusion criteria, and researcher contact information so that interested parties could reach out to the researcher directly with interest or questions.

Prior to the first meeting with the interviewer, participants were sent an electronic consent form (Appendix C for Veterans; Appendix D for support members), as well as the demographic questionnaire and a copy of the Stress Related Growth Scale (SRGS) (Appendix I). This scale has a Cronbach's alpha of .94 representing good internal consistency and an acceptable test-retest reliability measure of .81 (Park et al., 1996). The injured member demographic questionnaire (Appendix E) included questions designed to gather background information on the participant, such as time served in the CAF, mechanism of injury or health issue, and role in the forces. From the demographic questionnaire, the researcher began to develop an understanding about the participants' experiences with their injury or health issue. The support members also completed a demographic form (Appendix F), which explored their experiences as caregivers following the veteran's career threatening or life altering incident and asked questions surrounding their roles following the affliction, their relationships with the afflicted members, and the potential impacts experienced through their assistance with this career threatening, life altering circumstance. Though not officially scored, the SRGS, a 50-item questionnaire in which participants ranked their experiences of each item from 0 – not at all – to 2 – a great deal (Park et al., 1996), allowed the researcher to gain an understanding of the potential growth experiences of each participant, and later use this data as a method of

triangulation. The SRGS questions represented the three aspects of stress related growth (life philosophy, personal relationships, and coping skills) providing a brief overview of the potential presence of growth experiences for participants prior to interview sessions. Upon completion of these three pieces, the researcher set up a time to meet the participants at a public place of most convenience to them. Prior to the interview, the researcher also provided participants with a copy of interview questions, highlighting those that had the potential to evoke any strong feelings, in order to allow participants the opportunity to prepare their thoughts and answers.

In the following session with each individual participant, the researcher conducted an audio recorded, semi-structured, face-to-face interview that lasted between 45-90 minutes. For participants in circumstances that did not allow for a face-to-face interview (e.g. distance, travel, or scheduling) the use of audio recorded video chat was employed. In this meeting, the interviewer looked to gather more in-depth background information from the participants pertaining to the injury or health issue they experienced themselves or as a support member and aimed to establish an understanding about the areas of growth experienced. It was important to establish trust with the participants as some information they shared had the potential to be painful for them to recall. In order to develop trust with the participants the researcher provided them with several checkpoints throughout the interview, providing opportunity to take pause if needed or to end the interview entirely.

As they were semi structured interviews, the researcher had a question guide each for the injured or health issue afflicted members and their support members (see Appendix J for forces members and Appendix K for support members) to follow with potential probes for each question, depending on responses to the initial questions. The order of the questions and the probes selected varied between participants as it allowed the researcher the ability to elaborate on

certain questions, offering flexibility in the sequencing of questions to help the participant best tell the story of their experienced with trauma.

Data Analysis

Interviews were transcribed verbatim and read over following each interview to help the researcher highlight any potential remaining questions and to help guide the interviewer, where needed, to gather the most insightful information from the participants. Following each interview an email was sent to participants (Appendix L), with their interview transcript attached for member checking. Through the member checking process, participants had the opportunity to highlight any information they wished to have deleted, edited, or clarified. Following this opportunity, only few minor edits were returned in order to further de-identify the information.

Interviews were analyzed using thematic content analysis to identify, analyze, and report themes within the data (Braun & Clarke, 2006). As thematic analysis is not wedded to any particular theoretical framework, the researcher followed the approach used by Roy-Davis and colleagues (2017) to guide the study orientation, methodology, and data collection processes in order to explore the applicability of OVT within the CAF growth context. In line with this study, the researcher aimed to gather information in a systematic, inductive, and comparative way in order to help understand how and why the participants have experienced and responded to their injury and health affliction the way that they did. Systematically, the researcher followed one step at time, keeping participant information organized and only moving ahead to the next stage when the one before it was complete. Inductively, the researcher aimed to work with each individual's data in order to gather a deeper understanding about the context of the CAF and how this may have impacted the growth and recovery process for injury or health inflicted veterans and their support systems. The researcher also worked deductively using current growth

literature to assist in the comprehension of participant experiences and guide the development of interview questions helping establish a thorough understanding of the areas of growth presented and discussed by participants. Following suit of the comparative nature of the Roy-Davis study, the researcher compared the cases against one another in both injured and supportive groups, as well as to the existent literature on the subject of growth in order to develop an understanding that clarified current literature gaps and expanded upon the existing growth literature without overestimation or overgeneralization.

Working with the transcribed data the researcher followed the six phases outlined by Braun and Clarke (2006). These included: 1) Familiarizing yourself with your data, 2) Generating initial axial codes, created by relating categories and concepts to one another through inductive and deductive thinking, 3) Searching for themes, 4) Reviewing themes 5) Defining and naming themes, and 6) Producing the report. Following these steps, the researcher gained an understanding of the data, looking into the context of quotes and segments to ensure accurate interpretation, and also made use of member checks with those participants who consented to do so. By using member checks, the researcher was able to maintain a connection with the participants, should there have been a need for clarification. All participants were given the opportunity to review their transcripts, with two participants returning minor changes to further anonymize their identity and correct grammar. The member checks were also, if not more importantly, used to provide a true voice to the participants, delivering their experience in the most realistic and precise way, while illuminating the most prevalent themes across participants. These steps ran similarly to those used by Roy-Davis et al. (2017) where they began with open coding of their interview transcripts to create the initial building blocks, followed by axial coding

to generate categories, and finally, used selective coding to identify the emergent categories from the data and establish relationships.

In order to enhance methodological rigor, the researcher kept a journal of analytic memos to highlight initial thoughts and outstanding questions following each interview. “Memos are crucial to keeping a record of analyses ... and they force analysts to work with concepts rather than raw data,” (Corbin & Strauss, 2014, p. 122). This process helped to organize the researcher’s thoughts and assisted in the use of critical friends as it helped provide tangible work for the researcher’s supervisor and support team to question and reflect upon. Through the use of critical friends, the researcher was able to voice her interpretations of the data and was asked to defend these interpretations by the research team. Through discussion with critical friends, the emergent themes were challenged and modified to better represent the information provided by participants in a coherent way.

In order to establish trustworthiness, the researcher remained open with participants in the research process from the purpose of the study, into the interpretation of the results, and when making conclusions. Through open dialogue with participants, the researcher did not have to make assumptions when drawing conclusions from the interview data as participants were very open and vulnerable in their interview discussions and were provided the opportunity to edit (remove, add, clarify) their interview responses through a member check process. Within the research process, the researcher did not guide the participants with leading follow up questions, and did not generalize the data across participants, making sure to only make conclusions based on direct statements from each participant. To ensure that the findings represented a credible, conceptual interpretation of the participants’ original data (Lincoln & Guba, 1985), the researcher used rigorous methods such as information rich cases and triangulation. Information

rich cases were screened for using media and key informants to identify participants, as well as an initial demographic questionnaire to identify the presence of growth.

Triangulation was accomplished using two forms: data triangulation, and investigator triangulation. For data triangulation the researcher used the background questionnaires, member checks, field notes, and interviews to determine cross data validity. To satisfy investigator triangulation, the researcher had her supervisor and one other graduate student independently evaluate the data. The primary researcher met with the other three researchers to reflect upon and explore the emergent themes and experiences. By triangulating the data, the researcher helped to eliminate investigator bias and increased the credibility of the findings.

Within the present paper, participants will be referred to by pseudonyms. Dan, Kyle, and Colin represent the Veterans who participated in the study and Alex, Sheryl, Paul, and Mary represent the four support members. Dan represents a single Veteran with no identified support person for the purpose of this study. Kyle identified his fiancée Sheryl and brother Paul as support members in his experience forming the triad in the present study. Colin identified his wife Mary as his support member creating a dyad for the present study. Alex was a lone support member in the study whos Veteran counterpart (husband) was unable to participate due to current struggles with PTSD. Within the present study each participant was understood for their own personal experiences with growth and were not analyzed based on their relationships with their Veteran or support counterparts.

Results

From the interviews, six higher order themes were identified: (a) relationships, including subthemes of *true friends* and *changes*; (b) the power of the uniform, including subthemes of *stigma*, *duty*, and *brotherhood*; (c) new perspectives, which included *knowledge gained*,

knowledge application, and *personal benefits*; (d) a complex support paradox, broken down into *support for Veterans*, *support for support*, and *struggles with support*; (e) letting go and moving forward, including *choice*, *transition of identity* and *acceptance* and (f) the caregiver experience, which broke down into *caregiver roles*, and *secondary growth*. The themes suggest the presence of growth within the CAF context and secondary growth within their support members. Within these themes, there were differences found between support members and Veteran members. Table 1 provides a schematic representation of the identified themes and the ways they are connected within the support and Veteran participants.

Themes	Subthemes
Relationships	<i>True Friends</i>
	<i>Change & Adaptation</i>
The Power of the Uniform	<i>Stigma (F)</i>
	<i>Duty (F)</i>
	<i>Brotherhood</i>
New Perspectives	<i>Knowledge Gained (F)</i>
	<i>Knowledge Application</i>
	<i>Personal Benefits</i>
A Complex Support Paradox	<i>Support for Veterans (F)</i>
	<i>Support for Support (S)</i>
	<i>Struggles with Support</i>
Letting Go & Moving Forward	<i>Choice (S)</i>
	<i>Acceptance</i>
	<i>Transition of Identity (F)</i>
Caregiver Experience	<i>Caregiver Roles (S)</i>
	<i>Secondary Growth (S)</i>

*Table 1 Themes and Subthemes. *(F) - Forces dominated subtheme. **(S) – Support member dominated subtheme*

Relationships

The theme of relationships was present within all participant interviews. While mostly introduced as a result of questions surrounding relationships with corresponding Veterans or support persons, recurring ideas that came through were that of learning who one's true friends were and changes in relationships as a result of working through stress, trauma, and recovery. Representing one of the dimensions of post-traumatic growth, this theme provides support for the

presence of growth for Veterans, and secondary growth for support persons within the context of the CAF. Through participant responses to the SRGS, changes in relationships was an apparent outcome for most participants working through their, or their loved ones', injury or health issue. Participants all ranked the majority of their SRGS questions related to relationships as twos, indicating a strong agreement to statements that expressed a positive change in interpersonal relationships. These findings were further demonstrated through participants' interview responses.

True Friends

Many of the participants highlighted the importance of having individuals around following their traumatic or stressful situation. When reflecting on their interactions with individuals, participants noted that through times of struggle they gained an understanding of who was truly present for them. Sheryl (support member) highlighted that "when people can get something from you, you're useful. But when you need to stop and take time to heal yourself, you really find out who is truly there for you as a friend or a family member." This comment was interpreted as the negative side of this theme through the idea of a loss of friendship that was mirrored in most of the other participants. For some, the loss of friendship stemmed from "a lack of understanding of the injury," and for others the loss was a result of "cutting people out [because] if you're not there when that happens than no," referring to a lack of anticipated support from close friends.

Interactions with friends were not all understood to be negative. Some people found out that they had stronger relationships and more true friends in the people around them that they hardly knew. This was clear through Colin's (Veteran) experiences with friends and acquaintances, "you found out who your friends were. I mean, there were people that I had no

idea were my friends and they were the best kind. People were coming out of the woodwork to help.” Interactions such as this one highlights the key idea that “friends actually show themselves, who they really are,” and provides an example of interpreted positive changes in relationships experienced by some participants.

An interesting result of these interactions with friends and acquaintances was the idea of choice presented by Dan (Veteran). Through his experiences with post-traumatic stress disorder, and his experiences with the people around him, he developed an understanding of his ability to “choose who I want to have relationships with.” As a result of their traumas and stressors, participants were able to identify who was truly present in their lives, and who was “just there for... what they can get out of you.” Moreover, through their understanding of lasting and genuine relationships, participants were able to better appreciate those individuals who were present for them and were able to develop their more personal relationships more fully.

Changes and Adaptations

The second subtheme to develop in conversation about interpersonal relationships was the ways in which these relationships have changed as a result of the career-threatening, life-altering injury or illness experience. Within the subtheme of true friends, participants expressed the emergence of newfound relationships and the realization of unreliable friendships. Through the subtheme of changes and adaptations participants highlight changes in their relationships with loved ones, with the dominant focus emerging in relationships with spouses, siblings or children. For the support persons in the study, a common idea was that of a changed person in their Veteran counterpart. “He’s not the same man I married,” or “I don’t know what Kyle I’m going to get,” and “I don’t know who that person is anymore, you know?” are all pieces that represent a shift in the Veteran following their trauma. These statements did not indicate a loss of

relationship for the support members but acted as a catalyst to the realization for the need to adapt following trauma and stressful situation to be able to reconnect their relationships. For Alex (support member), learning how to adapt to the changes in her loved one involved learning what “true love is. Supporting but still allowing space for somebody to grow.”

For some of the Veterans, their health issue caused what appeared to be a more negative shift in their relationships. For Colin (Veteran), he found his “relationship with my wife and son are not the same as before my heart attack,” and that he is “not as close to Mary and my son as before.” This negative result was also experienced by Dan (Veteran) as his “health issue was a catalyst for the conclusion of my second marriage.” These relationship changes were seen in participants as a result of their coping through their heart attack and PTSD experiences, respectively. However, these changes were not entirely permanent or reflective of all relationships in their lives. Dan (Veteran) explained that he “lost my family, lost a whole bunch of things. But you know, at some points you realize that it’s the relationships in your life that matter, so you work on them.” Even with some of the apparent negative outcomes in relationships for both Veterans and participants, many were able to find positive change, both with their Veteran or support member, and in other relationships in their lives outside of the trauma or stressor. Mary (support member) highlights the way some changes altered her relationship with Colin, but not always in a negative way. She stated, “I think we’re closer in some ways, but I think we’re further apart in other ways. Which is kind of a weird thing; the dynamic changed.”

Through statements such as “we were a solid team,” and “I’m closer to my son, if that was even possible,” the depth of positive relationships is evident. Multiple participants, Veteran and support members, highlighted what were interpreted to be positive outcomes within their

relationships as a result of working through their injury or health issue. Paul (support member) claims that he and his brother are “closer now than before. We speak more freely, and we speak more often.” One participant claimed that “up to the age of 52 I didn’t know what love was. Now I do!” while another claimed trying to save someone in a relationship was a waste of time, until he met Sheryl (support member) who “saved me from myself and I saved her from herself.” These statements show the development of relationships and the depth to which the participants expanded upon their connections with others and with themselves. Through experiencing the stressful situations together and working through the difficulties that followed, participants were truly able to “learn the good, the bad, and the ugly about a person, and love someone so deeply that even when you see them at their worst... it is possible to have a love that is strong enough to surpass that.” Participants highlighted many changes in their relationships, some interpreted as positive and some as negative, but they were able to adapt to these changes and embrace the positive outcomes.

The Power of the Uniform

Power of the uniform emerged as a theme as participant responses were linked in many ways to the contextual influences of the CAF. When talking about their injury and health recovery experiences, participants referred to various aspects of their environment within the CAF (e.g. expectations, responsibilities, and perceptions) as influencing factors or overarching ideas that affected their growth experiences. Through their responses, participants highlighted the impact that the CAF context had on the way they interacted with loved ones, and the way they perceived their injury or health issue throughout their recovery. Kyle (Veteran) defined the combat side of CAF employment as “a violent, male dominated, testosterone-fueled profession.” Participants highlighted this environment as a primary influencer in their lives. Kyle (Veteran)

stated “I turned to the military and the men in there for examples on how to be a man.” Alex (support member) explained that in the military “the quality of a human being changes... there’s a brotherhood and a sisterhood.” Through these statements the impact of the uniform was evident as it impacted both Veteran and support members.

Framed in this context, injury perceptions were largely influenced by the stigma surrounding toughness and manliness, and through the understanding of a duty to serve one’s country highlighted by both Veteran and support member participants. Along with their perceptions of injury, an idea of a brotherhood emerged for many participants, highlighting a deeper sense of “comradery...hard work... and ethos,” within their military family.

Stigma

When explaining their injury or health issue, two of the three Veteran participants referred to the “suck it up buttercup type of attitude,” they faced throughout their recovery process. Dan explained how he “sucked it up for seven years,” and how “there is a stigma if you go to the mental health clinic here. You’re done, you’re weak, and they don’t know what to do with you.” When working through injury and mental health issues, this stigma can contribute to a lot of problems. When discussing coping strategies Dan explained he “initially started running cause I thought I could kill myself that way” demonstrating the influence of stigma which took him to the point where, when considering suicide, he felt that “suicide by physical therapy [would be okay] and then nobody would blame me for committing suicide or judge. There would be no stigma associated with that death.” Through this quote the power of stigma is evident, portraying that even in one of his lowest moments, Dan was considering the appearance around his death and how judgement would be placed.

The influence of stigma was evident in conversation with support members as well. Support members highlighted the presence of a stigma surrounding their loved ones' recovery. When explaining her husband's experience opening up about his struggles with PTSD, Alex highlights that "there was a lot of stigma around it, like *A LOT*." Trying to support their loved ones through their injury and health issues, support member participants developed their own understanding of what the stigma looked like within the forces, and within the community. Paul highlights his understanding of the stigma in the forces with the following:

People think that everyone in the army is a tough guy or a tough gal, and that's not the reality. There's this belief, and I think it's like a stigma, that if you're going to see a shrink as an army person, you're a pussy... there's a perception that they're all tough.

They're not all tough. [There's] hundreds of army guys, they're not all tough.

For both Veteran and support members, stigma was an evident influence in how they worked through the injuries and health issues they faced. Though they were not directly stigmatized, support members felt the presence of stigma and were aware of the impact it played for the recovery of their loved ones.

Duty

Joining the forces, for the Veteran participants, was something that may not have begun as a choice, but quickly changed into a beloved profession. Dan stated that his employment with the forces was "unlike any other job I've ever had in terms of the closeness and cohesiveness of the team, even in its dysfunction." Being a part of the forces world, all participants highlighted the idea of deployment and relocation as an inevitable aspect of the job stating, "a lot of deployment is one thing," "relocation's number one," and "military families just don't know

when their partners, parents, or siblings are going to get posted.” This idea of duty stemmed from the belief that, as a soldier, “you do what you’re told, and your life is at risk.”

For both Veteran and support member participants, duty was explained through a belief for sacrifice. Mary (support member) explained that “when they sign on the dotted line country becomes number one. Your wife, spouse, and kids are number two, because they’re putting their lives on the line for the rest of us.” This belief was mirrored through statements such as “unlimited liability,” and “contribution to society,” where participants expressed their duty to both their job and to the country. Kyle (Veteran) explained his experience as:

One hundred percent part of something much bigger than yourself. You swear an allegiance to the Queen... I would take a bullet for the prime minister, the Queen, the premier, the mayor, or any member of Canadian society because that’s the job of a soldier. You learn to sacrifice without thought.

Not only did the idea of duty affect the way participants saw their forces experience, it also impacted their beliefs around their injury. For Kyle (Veteran) his injury was “an inevitable part of what I was doing,” and was simply an anticipated risk as part of his job. The belief that this injury was simply part of the job extended to his brother who believed that “yeah he got hurt, but he got hurt in a warzone,” highlighting this belief for duty and sacrifice for members within the CAF community.

Brotherhood

Within the CAF context, participants highlighted the sense of community and family. Colin (Veteran) disclosed that “the military people I’m closest with, or the ex-military people, [are considered] as much my family as my actual family.” There was a belief amongst participants that the forces family consisted of “a brotherhood and a sisterhood,” providing a

“second family” for participants to turn to during their recovery situations. This network of individuals provided participants with an additional level of support that “not very many other professions have.”

Through this structured organization, Veteran and support participants identified a bond within the forces community with both beneficial and detrimental results. For Kyle (Veteran), he was “married to the Queen... [with] three ex-fiancées and a dozen serious girlfriends sacrificed to the Crown,” developing a forces family before a family of his own. The positive forces family experience was interpreted from Mary’s (support member) explanation as one that provided comfort and care in times of struggle. She stated, “I was friends with many, many people in uniform. They were like my second family. When this happened, I had no idea how big the family was and how solid it is, or what they can do in a crisis.” The emergence of brotherhood as a theme was a direct result of participants’ experiences through their struggles, and their comfort with those around them within the CAF context. Overall, the emergence of brotherhood identifies a very unique aspect within this context, providing a context-specific support network that participants could rely on in their challenging times.

New Perspectives

The third theme of new perspectives was accentuated through expressions of philosophy, opportunity and life appreciation. Within the interviews, participants were asked to reflect on their beliefs, elaborate on the potential new possibilities they experienced, and to highlight their feelings about their current lives. Each of the participants experienced different possibilities after their or their loved one’s injury or health issue. Five participants reflected a deep appreciation for life and four participants described a change in their beliefs or philosophical mindsets.

Knowledge Gained

Through their experiences two of the Veteran members highlighted their shift in beliefs leading them to philosophy. Dan (Veteran) said “I think I’m becoming a philosopher,” and Kyle (Veteran) said “I consider myself a bit of a scholar, and a bit of a philosopher.” These shifts in beliefs brought participants to a change in their spiritual beliefs, not toward God or a higher power but towards a “deeper understanding of going down this path [and] everything happens for a reason.” A sense of spiritual growth was expanded on by Dan (Veteran) when he explained a guided hike, he took in snow covered mountains. He highlighted that, through looking at the beauty of the sun on the snow “you are the divine right at that moment. It was a revelation of what your potential is or what you are capable of.” For Alex (support member), her spiritual beliefs fell into the idea of “trusting whatever [the] process is going to be,” and letting go.

Sheryl (support member) elaborated on how her beliefs shifted through learning how to assist Kyle (Veteran). While explaining her supportive role and responding to a question asking about how her beliefs have changed as a result of her supportive role she states “not spiritually in a God way but spiritually in a soul kind of way,” and when asked to elaborate she explained “I think you can support someone in a mental way where there’s logic, communication, and listening. But I think there’s also a deeper connection that you can help someone with their soul and their energy, their being.” For participants, their spiritual beliefs were grounded predominantly in the idea of philosophy as opposed to religion putting them “in a position to spread more love and holistic thinking, and practical thinking.”

Knowledge Application

Not all participants experienced new opportunities as a result of their injury or health issue experiences. One common theme that did emerge amongst most participants was the idea

of paying it forward. Through their recovery experiences participants “learned what love is,” felt that they “can add my compassion and sense of love to the world,” “communicate about [the] really hard times in order to help somebody else,” and were “provided the opportunity to be able to help other people.”

For some participants, more tangible opportunities were experienced as a result of their injury, health issue, or supportive undertakings. Paul (support member) had the opportunity to take part in a popular televised contest, light the flame at a high-level sporting event, raise thousands of dollars for charity, and participate in charity runs and events. Kyle (Veteran) explains his success “getting elected to politics, writing a book, and running [in a TV contest show],” that he would not have experienced had he stayed in the forces, and further highlighted his future opportunities “in talks with a radio company to get a job with them, to start my own podcast, [and] to write books.” Although not all participants experienced these tangible new opportunities, each participant highlighted a new development in their lives directly as a result of their injury or health issue experience. Those who did not reap tangible benefits gained invisible profits through life appreciation and new perspectives on life.

Personal Benefits

Working through the recovery process, participants experienced an appreciation for “a healthy life” where some found themselves “blessed by everything that’s happened.” A common theme to emerge within participants was an appreciation for the little things, and a learned ability to make choices that fulfill an enjoyment in life as opposed to an obligation. Mary (support member) explained that she no longer does things that she does not want to because “life’s too short” and that “knowing things can turn on a dime makes me appreciate any good thing. It could be the littlest thing.” This appreciation for the little things in life was more dominantly seen in

the support members as Sheryl (support member) gives the example of “how much we take for granted being able to get up in the morning and step out of bed,” and Alex (support member) explained her gratefulness to “live in Canada. I have a home, a roof over my head, and running water.”

Moving through this idea of appreciating life and learning to take less for granted, participants also highlighted the importance of living in the moment. “There’s nothing to do other than right now,” and “I don’t worry about the past, I don’t worry about the future.” These two quotes highlight the importance of living a thankful life following injury that was brought forward by participants. Dan (Veteran) after going through a difficult time where he “did close reconnaissance into suicide,” talks about his future now stating, “I’ll live it right to the very last day, and I’ll fight like the devil to stay alive.” This shift came through working through his PTSD for a decade and coming out reflecting on “so much more positives than the negatives.”

A Complex Support Paradox

Support experiences were elaborated on by all participants developing the complex support paradox theme. Within their experiences, each participant highlighted what was understood as positive and negative instances of support. Support was understood through participant responses as “phenomenal” in some cases, or as “a total disaster” in others. The perception of support varied amongst participants with a very evident focus on support for the Veteran participants. Most support member participants highlighted a lack of support for themselves, but ignored it, as the situation was not theirs to be supported in at the time. Unfortunately, through discussion around support it quickly became evident that there were more negative experiences and struggles than there were times of adequate support both for Veterans and support members.

Support for Veterans

Both Veteran and support members referred to the use of programs as a large source of support for Veterans following their injury or health issue experience. Dan (Veteran) highlights his involvement in “a lot of programming. Outward Bound for Veterans, Project Healing Waters for fly fishing for Veterans, Project Trauma Support, Veteran’s Transitional. If it’s out there I’ve done it,” while Alex (support member) highlights her husband’s involvement in equine therapy, and in organized bike rides raising money for Veteran support. Through their experiences, the Veterans received a majority of the available support both from the side of the armed forces, as well as through interpersonal support from social networks. For Dan (Veteran), his sister acted as a “peer support” while Alex (support member) highlights the support for her husband delivered both “financially, as well as emotionally” through Veteran’s Affairs. Through her experience supporting her husband, Mary (support member) noted that working through an emergency situation within the forces, “they take care of you. You need a coffee, there’s a coffee in their hand in front of you. They get you to the airport, the hospital; they take care of all the military side of it.” Though Colin (Veteran) explains “the amount of support I had was phenomenal,” this was unfortunately not the case for the other two Veteran members and was reflected further in responses from their support member counterparts. Through their explanations of the additional hurdles faced (e.g. proving disability, lengthy timelines for admittance to rehabilitation programs, or being forced out of their employment due to mental illness), Veterans’ support experiences from their institution was perceived to be largely negative. Outside of the offered programming, and some perceived support from Veteran’s Affairs, Veteran participants did not reflect positively on their support experiences.

Support for Support

Support provided for the support members of the injured and ill Veterans was also largely varied. For Mary (support member) she felt support through her family doctor who “didn’t want me going down the road that Colin had,” and through her forces family where it was “good to have that support – which I knew I had their (forces personnel) support too.” Alex (support member) also highlights that Veteran’s Affairs provided support and that they were “amazing,” and notes how the organization has changed over the years and “they are [now] well on route to providing programs and support.” The other two support members in the study did not highlight a positive experience with regards to receiving support. Through their explanations, and those from Alex (support member), a common hinderance to the support for support members was the belief that “it wasn’t about me,” and that the supports offered were only for the Veteran.

The belief that the support was only intended for the Veteran members is one of the factors that led to Paul’s (support member) response: “it’s not a welcoming process to have the family involved... they could have talked to us, reached out to us and included us in the process.” Alex (support member) highlights this same idea when she explains that she felt as if she “was on the sidelines... when the Operational Stress Injuries Clinic through Veteran’s Affairs was surrounded around the member that had served.” So, although there was support available, it was “not always in the fashion we would want,” but “it taught me to be vulnerable, and [that] with vulnerability comes support.” This came through for some participants as a learning and growing experience, teaching them that there was the opportunity to receive support, and to put themselves first knowing that they “are on the field just as much as anyone else,” and that “there’s support out there even though they’re not in uniform.”

Struggles with Support

Though there were elements of support for both Veteran and support participants, there was a common element brought forward in interviews that the support received was not always appropriate, or that the struggle to receive it was of more worth than the support itself. The largest struggle highlighted by participants was the constant need to “fight for everything.” Dan (Veteran) explains that when making a claim for support or assistance “Veteran’s Affairs would continually come back and say to prove this, or prove that,” and Sheryl (support member) explains that “everything is just a delay.” Moving through the system participants highlighted a constant struggle from a lack of “preparation made for what to do with... soldiers that are coming home missing parts or injured bad enough that they will need a long recovery time.”

Colin (Veteran) highlighted his difficulties submitting a claim about his heart attack at work stating that “they said it was a pre-existing condition. So they denied the claim.” Kyle (Veteran) explained that he “barely qualifies [for a medical pension] because I’m too active and capable of performing post injury.” These two examples show the difficulty faced for participants to receive support following their injury and through their recovery process. In addition to the difficulties faced to receive support, once support was received it was not always kept to the same standard. Alex (support member) explained she and her husband’s experiences stating:

Since I’ve been in Ontario that’s been really hard, and I haven’t had support that understands the [CAF] world to talk to. I’ve noticed the support isn’t as dialed in, in the sense that it’s really just filling ticks in a box to keep the file open. Everyone has their own style. As opposed to [asking] how are you doing, what do you need right now?

A third difficulty participants highlighted was a lack of support when trying to make a transition out of the forces. Alex (support member) brought forward the question of “what skills are transferrable?”, while Sheryl (support member) explains “there’s no transitional housing, a lack of support in transitional skills... how do you translate what their work skills were in the military into civilian terms?” These challenges have significantly impacted both veteran and support members in numerous ways. Within the process of growth, the struggles faced by participants provided additional challenges in their recovery. With the additional stressors compiled into their experiences, participants had to work through the initial impacts of their trauma as well as each additional hurdle faced along the way.

Letting Go and Moving Forward

The theme of letting go and moving forward was represented differently by Veteran and support participants. Working through their injuries and health issues, Veteran participants highlighted a change in themselves, centered around a loss of their forces identity, and found an inner strength that allowed them to let go of their more difficult times and move forward. Support person participants also noted these changes in their Veteran counterparts, and some acknowledged a change in themselves also revolving around their ability to let go and move forward. The personal strength portion was supported through the selections made by participants on their SRGS forms, with the loss of identity emerging as participants explained their experiences in interview sessions.

Choice

Different from altered life perspectives, the idea of choice emerged through participants realization that their successes in their recovery was something they had the power to control. For both support persons and Veteran participants there came a time in their experiences where

they realized their ability to choose. Through choosing to let go of struggle and expectation, they could find happiness and move forward with their lives. Kyle (Veteran) highlighted this theme as he explained:

I do have a lot of internal struggle; despite my outward attitude and the things I've said to you today. Do I believe it? Sometimes I don't... I call myself a student of the human condition. Negative is always there. Pick your poison... I decided very early on in my recovery that it was up to me to get out of bed. It was up to me to decide to smile... And I went from there.

By understanding the struggles he was facing and letting go of the desire to change things and wishing that things were different, Kyle (Veteran) was able to accept what happened to him and use it as motivation for how to move through the rest of his life.

The power of choice was highlighted when Alex (support member) explained that “he (her husband) has to walk his own path and I need to be okay with that. So I’m recently taking a new approach to it.” Through her choice to let her husband work through pieces on his own, as opposed to always trying to deliver a solution, Alex (support member) was able to find a place of peace, where she helps where she is needed but also takes the time to care for herself. From this position of choice Alex (support member) has been able to “see that armor come off of him. It’s changed from when we first met [because] he had body armor all around, everywhere.” Through embracing this ability to choose Dan (Veteran) feels that “he could do anything in life, and I feel that I will choose, whereas before I would not.”

Through their health and injury experiences, participants have rediscovered themselves for who they are now. Believing that they “have the inner strength,” have “changed significantly,” and “are stronger than we could have ever been fully able bodied or healthy,”

participants have grown to move forward with their lives and to take their new experiences in stride along their “marvelous journey.” There were times when participants such as Colin (Veteran) felt they were “a shadow of the person that [they] were,” or where they “don’t know which Kyle [they’re] going to get,” that lead to a moment of choice. Through working together and making a difficult choice to let go, participants such as Colin (Veteran) and Sheryl (support member) have moved into a place of comfort and personal strength where they “see [their] ability to be a better person overall.”

Transition of Identity

Participants began to identify themselves as soldiers first within the CAF context they have become a part of. As Dan (Veteran) explained his career he “became good at it. It became a career. It became a profession. It became me and I evolved into this identity of me as a leader at various stages of my career.” Dan, along with other participants highlighted the loss of employment in the military as a major consequence of the injury or health experience. With statements such as “I’m no longer in the military, that’s the biggest thing,” “trying to figure out where he fits into society,” and “my entire life was ended as I knew it,” in response to questions asking about the greatest struggles and negative results of their experiences.

Through this loss of identity, participants highlighted their difficulties with transition. Alex (support member) explained that her husband has had a difficult experience leaving the forces. For him “being out of the military [has] been very challenging in terms of not having a direction and a purpose.” For her husband, the forces have always been there as a source of employment, and since leaving he has been “going through that awkward transition of not wearing a uniform.” The biggest difficulty for members losing this forces identity has been the

struggles of transitioning their forces-specific skills into something more applicable in civilian life.

For some participants, transition out of the forces has led to greater exploration of themselves and the world around them. Moving from a point where he “didn’t have an interest in doing anything else as a soldier,” to “the positive is that I’m a father, a citizen, a well-rounded human, and not just a sniper or soldier. I’m a lot of things now,” Kyle (Veteran) found himself to grow as an individual through his injury and resultant end of his forces career. Dan (Veteran) also found growth in his experience explaining how he “evolved from a pretty driven soldier to a more contemplative, virtue driven, compassionate human.” Though the initial loss of a forces identity struck some participants as difficult and impactful in their day-to-day lives, the majority found themselves to be able to move past this initial loss and to embrace the world outside of the CAF context.

Acceptance

Participants also found the ability to let go and move forward through specific choices, and their transitions through identity, but this change was made possible through acceptance. Participants learned to accept their circumstances, both limitations and future pathways, and were able to find further successes as a result. Colin (Veteran) highlighted how his relationships have changed since before his heart attack, but stated “that’s on me, that’s all on me.” He explains how his personality changed as a result of his heart attack, playing a role in his changed relationships and other areas of his life, but accepts the responsibility that these are a result of his own process. Kyle (Veteran) takes responsibility for his actions as well when referring to his substance abuse. He explained how he “owned it. I never denied any of it,” and further explained how his acceptance of his substance issues and of his injury has allowed him to move forward.

Accepting the limitations of themselves and their loved ones allowed participants to expand on other areas of their lives, and to develop solutions to their day-to-day problems. Mary (support member) stated “you have to pick up all that (household work) and do it,” as she took on these roles due to her husband’s limitations. She understood these limitations were something he needed to work through, and her acceptance provided her the strength to take on new roles to help her husband move forward.

Kyle (Veteran) presented the idea that “life sucks, get a helmet,” and that “it’s all about self-reliance and realizing that it’s nobody else’s job in the world to look after you but yourself.” He accepts that his struggles are his own but understands that through his acceptance of his limitations he comes to a deeper acceptance of himself. This self-acceptance is most strongly represented in Alex (support member). She explained the strength she gained in dealing with her own traumas as she learned that “everything happens for a reason.” She went on to explain that she has accepted herself through her assistive role highlighting that she “understands that you don’t have to be in the military to have PTSD,” and that she’s “not alone, and it’s okay.” This strength from self-acceptance fostered goals in participants. “It’s kind of pushed me,” and “to be a better human, that is my singular goal,” are two keys represented in some of the statements from participants. Nearly all participants highlighted this level of self-acceptance as a key piece of personal strength, which came about through their recovery or support experiences.

Caregiver Experience

Caregiver experience developed into its own theme representing the unique experiences of support members by accentuating the additional roles they were required to take on and their development through their own growth processes. For the support members in this study, the struggles they faced resulting from their loved one’s injury or illness were experienced for an

extended period of time following the initial onset, through the recovery period and into their current lives. For two members, their journey began ten years ago, and for the other 2 support members their journey has been progressing for the last seven to eight years. Working for such a lengthy period of time alongside their Veteran counterparts, the support members in this study have highlighted their experience in terms of the roles and jobs they have taken on, and the ways through which they have experienced a sense of growth as a result.

Caregiver Roles

Support member participants highlighted a multitude of roles and jobs they had to take on in order to facilitate the recovery of their Veteran counterpart. These roles were impressed upon support members distinguishing their experiences and applying an additional layer of intricacy. Mary (support member) highlighted her experience from the onset as “a pure caregiver.” She explained how “right from brain injury into hospital for six and a half weeks. Right from wiping his ass to wiping his mouth,” she was involved in her husband’s recovery process “twenty-four seven.” The three spousal support members all highlight the duties they had to fulfill around the house and additionally to support their loved one. One highlighted her roles as:

Psychiatrist, psychologist, nurse, doctor, secretary because that’s the iPad piece. When I say iPad I mean taking down all the notes, writing down every date. All the people you meet, you have to keep a notepad. Cook, bottle washer, taxi cab. Oh God there’s so many things that once they could do all on their own [and] now they can’t. I’m doing all the laundry and doing all the household chores, and scraping snow off the [driveway], ’cause he just can’t do it.

Alex (support member) got emotional when explaining her supportive experiences. She summarized her experience as “a lot” and elaborated on this stating her experience was a range of “everything from physical, emotional, spiritual, whatever you want to call it. It’s a lot.”

Though there was a common idea of physical assistance amongst all support persons, an aspect of emotional and spiritual support was also present. Paul (support member) highlighted his role as a “mental aid [where] I would talk about things and... what he (Kyle) was going to do in his future. We’d talk about potential limitations... kind of like a sounding board.” These various roles took a toll on participants, leading them into a position where they found themselves “stressed out to the max for a long time,” or “a bottle of worry.” One participant felt his support role to be almost one of obligation as his “family looked to me because I was the brother and was probably closer to him (Kyle) than anyone in the family.” Paul (support member) also referred to the stress in his experience, seeing his support as “kind of a burden to carry” causing stress on top of “time, effort, and frustration.”

The presence of stress in addition to the other roles taken on by participants led some to a deeper understanding of their own needs. Though light-hearted, when Mary (support member) stated “if anything I needed that whole time was a wife,” she was highlighting a need for additional support, much like a wife of her own, to assist her through her caregiving experience. Though surrounded by family and friends, participants still highlighted their need for support through their supportive role. By assisting their loved ones through their own experiences, participants learned the importance of “worry[ing] about myself too,” and how to give their “heart and soul” while “figure[ing] out how to still navigate myself as well as being supportive.”

Secondary Growth

Through their supportive role participants all identified “a wonderful experience, a growing experience” where they were able to “grow even more as a person.” When asked about the positive outcomes of her supportive experience Alex (support member) stated, “would I want to avoid some of the heartache, absolutely! But without those dark days I wouldn’t have grown so much as a human being... It’s brought out colors in me that I didn’t know that I had. For the support members of the study, assisting their loved ones may have been difficult at times, but none would take the time back. This holds true for all support members even Paul (support member), who noted that his experience was “kind of a burden to carry,” and that it was “time away from things that I probably would have wanted to do,” though he persevered and through “most of the heavy lifting... raised one hundred thousand dollars altogether” for charity. On top of his charity efforts in support of his brother, Paul experienced other new opportunities including the chance to be a contestant on a popular television show, a role in recent high-level sporting events, and the opportunity to spend more time with his brother that he otherwise may not have, developing their relationship and bringing them closer.

Though Paul’s (support member) experience stems a lot from his time committed experience, and the opportunities that resulted, the other support member participants found a level of personal growth that developed their inner strength, their appreciation for the world around them, and their ability to adapt and overcome. Highlighting her adaptability, Alex (support member) explained her need for time management. She stated “because there’s days when he doesn’t leave the house. There’s been weeks and sometimes months where having a shower is a victory.” Through her role supporting her husband, Alex has learned time

management and has developed and adapted her ability to “see things through a different lens” in order to best facilitate her husband’s recovery.

Sheryl highlighted her deepened appreciation when she explained the importance of understanding the depth of the effects deployment and injury has on those beyond the Veteran. She explained that “until you truly have someone that is actively in your life, that you love and care for go somewhere like that, I don’t think we can truly appreciate the impact that it has on family members.” Through their assistive experiences support member participants professed a deepened empathy. Paul and Sheryl both expressed a deeper understanding of the experiences of disabled persons, and how they feel more empathetic toward such populations in their daily lives. Alex expressed her changes from sympathetic to empathetic caring when she said, “I was always sympathetic like yeah I understand that really sucks, but the empathy piece is like when you’re in the trench with them.” Support participants all explained that, although they considered themselves empathetic prior to their loved ones’ injuries or illnesses, they found themselves more empathetic having worked through these experiences.

Strength was a largely reflected point of conversation for support member participants. The idea of inner strength emerged in conversation about the struggles faced, as well as when discussing positive outcomes of the support experience. “I wouldn’t be where I am today,” and “I’m stronger” provide examples of the personal strength professed by participants. For Alex (support member), her experience was explained as “a two-way street,” where she was “given strength to know that I’m not alone and it’s okay.” Mary (support member) noted that “even though I was strong willed to begin with, [this experience] made me a capable person,” and that coming through this experience “there’s nothing I can’t handle.”

Discussion

The purpose of the present study was to understand the experiences of growth amongst Veterans and support members within the context of the CAF. To explore this concept, the researcher interviewed three Veterans and four support members who experienced career-threatening life altering injury or illness while serving in the CAF. Through these interviews, participants elaborated on their challenges and perceived positive outcomes that surfaced as they worked through their or their loved ones' injury or health experiences. Through analysis of the interviews six themes emerged: (a) relationships; (b) the power of the uniform; (c) new perspectives; (d) a complex support paradox; (e) letting go and moving forward; and (f) the caregiver experience. Overall these themes developed support for the three research questions of the study surrounding the context specific implications of growth in the CAF, the potential for secondary growth amongst caregivers in this context, and the applicability of OVT to understand this process.

Manifestation of growth within the context of the Canadian Armed forces

From the interview discussions and Stress-Related Growth scale responses, it was clear that growth was experienced by participants within the context of the CAF. All participants were subjected to life altering circumstances, either experiencing the injury or illness themselves, or assisting a loved one to recover. As support members were not directly subjected to the injury or illness, their experiences were considered less traumatic, indicating changes more comparable to those of SRG. Veteran participants were the first-hand victims of their injuries or illnesses, working to recover from highly traumatic circumstances which indicated the potential for changes that better approximated PTG. As a result of these differences when approaching this study the researcher intended to look for evidence of growth, both stress related, and post-

traumatic, as the injuries and health issues experienced varied in their severity and mechanism (Galli & Reel, 2012). When looking further into participants' experiences of growth, it became apparent some of their responses could indicate a change in multiple factors included in stress related and post-traumatic growth. For instance, discussion around relationships with loved ones uncovered responses that reflected changes in relationships (a theme in PTG), as well as an altered philosophical belief (a theme in SRG). This lack of distinctiveness was supported by a study highlighting that post-traumatic growth may have fewer than five factors (Silverstein, Witte, Lee, Kramer, & Weathers, 2018). With the overlapping factors experienced by participants it becomes increasingly important to thoroughly understand the individualized, context-specific growth experiences highlighted by participants in the present study. Their experiences demonstrate the applicability of PTG (Tedeschi & Calhoun, 2004) and SRG (Galli & Reel, 2012), and accentuate the need to explore the differences in experiences that may arise within different contexts.

Expanding on the work done by Tedeschi (2011) the present study looked at the experiences of growth within the CAF, moving beyond the experiences of combat Veterans and including a broader population to also include injuries and health issues that occurred outside of combat. This expansion adds to the current literature as it provides an enhanced understanding of the contextual influences of the CAF context on growth experiences developing a fuller understanding of all aspects of this context without isolating experiences into specific factors included in PTG or SRG. Growth within the CAF context represented the five factors highlighted in post-traumatic growth (life appreciation, relationships, personal strength, new possibilities, and spiritual development) (Tedeschi & Calhoun, 2004) as well as an overlap with the three factors of stress related growth (personal relationships, life philosophy, and coping

skills) (Park et al., 1996). Life appreciation is characterized by a noted appreciation for the small things in life and an overall appreciation for life (Tedeschi & Calhoun, 2004). Both Veteran and support members acknowledged an increased appreciation for the lives they have lived, while expressing a gratitude for their healthy lives moving forward. Similar to the typical characterized experiences of growth in relationships by Tedeschi and Calhoun (2004), participants acknowledged shifts in relationships where, in the subtheme of true friends, they developed stronger bonds with current friends and identified who was there for them, dismissing those who were not perceived to be supportive.

Participants in the present study expressed beliefs in their ability to take on new challenges and acknowledged their vulnerability. This aligned with the domain of personal strength represented in post-traumatic growth (Tedeschi & Calhoun, 2004) which is best characterized by individuals' ability to acknowledge the existence of good times and difficult situations in life, and to be able to overcome these challenges in the face of adversity. Through new possibilities and spiritual development, individuals see openings and potential new avenues as a result of their traumatic experiences and consider more existential questions about life leading to growth in itself as a practice (Tedeschi & Calhoun, 2004). In the new perspectives theme, participants explain their experiences as ones that led them through philosophical journeys, and on a path that has provided them with opportunities they could not have imagined prior to their injuries or illnesses.

Within the forces members in this study, the dominant areas of growth expressed were life philosophy or spiritual development, life appreciation, and a change in personal relationships. In addition to these changes in relationships, life appreciation, and philosophical development, Veterans in this study highlighted a gap in the support they received, particularly

surrounding their experiences with Veteran's Affairs. These gaps led participants to rely more on the support of those around them, which indicated a key role of support persons. Support became a crucial factor to consider when understanding the growth experiences within the context of the CAF. As participants explained their struggles with support, they expanded on the ways in which this lack of institutional support affected their recovery processes. By exploring the influences of support within this CAF-specific context a more thorough understanding of growth processes was developed. This understanding included the ways in which growth is manifested in this context, as well as the influential factors that differentiate CAF growth experiences from those in other contexts.

For the forces members in the study, their identity as a CAF member was one of the greatest losses following their injury or health issue. This topic surrounding the loss of identity was mentioned by all Veteran participants and was supported through their support member counterparts. Identity is not represented within the five post-traumatic growth factors, or the three factors measured by the stress related growth scale (Park et al., 1996; Tedeschi & Calhoun, 2004), however it was identified by Veteran participants as an area in which they experienced the most personal growth. The present study provided novel information, exploring the CAF context and investigating the potential for growth. Military identity is believed to be similar to ethnic identity due to the shared unique experiences and focus on group mentality of military members (Lancaster & Hart, 2015). Within this identity, military members are ascribed certain characteristics by a society that constantly fluctuates between building and supporting the military, and chastising it for the money spent (Daley, 1999). With this information, the identity of Veteran members becomes a critical influence on the potential perceptions of injury and illness within the processes of growth. Within the present study all Veteran participants

highlighted a strong sense of military identity. As a result, the unique experiences of the CAF members had the potential to play a strong role in the experiences of growth, making the growth manifestations within this context significantly unique.

Secondary growth presence in CAF and differences from Veteran growth

Support member participants highlighted their experiences with growth as a result of working through their loved ones' injuries and health issues on top of the additional roles they had to fill. Expanding on the current caregiver research by Kim and colleagues (2007), participants identified changes in their relationships, increased life appreciation, increased personal strength, and experienced new possibilities. Similar to the findings by Kim and colleagues (2007), support member participants in the present study identified changes in empathy, appreciation, family, and had to find a level of acceptance to move forward with their own lives. What stood out in the present study was the support received by support members in the CAF context and the impacts of context specific struggles on their own experiences moving through the injury or illness process with their loved ones. For the present study, growth within a caregiver was investigated alongside the experiences of Veteran counterparts as well as on their own, expanding on current research that looks solely at one party or another to understand caregiver growth (Leith et al., 2018; Savage & Bailey, 2004). The present study is important as it was the first to explore the potential for secondary growth alongside an immediately affected individual. It highlighted the experiences of support persons as they attempted to provide support for their loved ones while also managing their own struggles and experiences.

Support member participant's experiences varied from those of the Veteran participants. Support members found growth out of the support they provided their loved ones. In developing their personal strength, the support member participants uncovered this within themselves as

they made an effort to assist their loved one, sometimes causing them to make difficult choices, without guidance or their own support system. Support participants highlighted their ability for choice, both in relationships and in beliefs. This differed from Veteran participants who were largely forced into their circumstances by their injury or illness and made to adapt accordingly. Support members gained a deeper understanding of their personal strength, which influenced their choices in relationships, further highlighting the difficulties in distinguishing between growth factors (Silverstein et al., 2018).

A large difference in the support members' experiences unfolded through the idea of empathy. Support members all highlighted an increased sense of empathy, which does not fall under the traditional areas of growth. This increase in empathy extended into their daily lives, increasing their concern and compassion for those around them. Tedeschi and Calhoun (2004) highlighted the presence of compassion for others in conjunction with growth, yet there is no current evidence to explain an increase in empathy amongst individuals who experience growth. Current literature has acknowledged the potential for empathy as a positive outcome resulting from support roles, yet most of this work has looked at the impacts of mental illness on family members (Marsh, Lefley, Evans-Rhodes, Ansell, & Doerzbacher, 1996). Sanders and Szymanski (2013) acknowledge the potential experiences of empathy amongst caregivers. However, by measuring growth quantitatively using the PTGI they were not able to account for and discuss changes in empathy as this is not assessed for through the inventory.

In addition to the differences between Veteran and support member experiences it was interesting to note the differences in experiences amongst the caregivers in the present study. Support member participants all identified areas where they found themselves to have grown or prospered through their experiences. However, as they were all dealing with unique

circumstances, each participant's growth process varied in the ways they experienced growth. In accordance with Savage and Bailey (2004), the participant who supported a spouse with PTSD (a predominantly mental illness) experienced more distress and discussed more ongoing issues through her journey with growth than did support member participants who supported their spouses with physical injury or illness. Though these differences emerged within the present study, it was not uncommon as cancer caregiver literature has demonstrated differences in growth based on an individual's role, patient or partner (Zwahlen, Hagenbuch, Carley, Jenewein, & Buchi, 2009). With each support member experiencing and taking on several new challenges, their unique roles may help to explain the differences they explained in their experiences.

Applicability of OVT to understand growth within the CAF

OVT was purposefully examined as a potential theory to understand growth within the CAF context through the results and through discussion with participants. OVT is a commonly used theory to understand PTG and is centered around the idea of *shattered assumptions*, *cognitive processing*, and a *restructuring of worldviews* (Wadey et al., 2016). Shattered assumptions refer to the breakdown of individuals' foundational beliefs and worldviews as a result of trauma or stress. In order to cognitively process the new information individuals need to either assimilate new information by forcing it to fit into their existing schemas or accommodate the information by making new schemas to understand the trauma. An individual's worldviews are consequently restructured in order to move forward following trauma (Wadey et al., 2016). These processes were demonstrated amongst participants in the present study as they all identified a need to work through their traumas and process their experiences before they could move forward.

From the information gathered in interviews, participant responses aligned with the information expressed in OVT. Through deductive analysis of OVT participants in this study appeared to positively accommodate the information surrounding their injury and health issue over the years following initial onset, which was represented through their ability to gain a deeper appreciation for life. Participants in this study developed positive attitudes toward their current lives through positive accommodation and sought meaning from their experiences. Participants explained their experiences for the meanings they held and the impact their injuries or health issues played in their current lives. Furthermore, participants demonstrated a challenging frame of mind where they questioned the reasoning behind their experiences, moving beyond a need for understanding and looking toward the significance of their experience. Following a deductive approach, OVT factors were applied to the experiences of participants to explore their applicability. Each factor of OVT was present in the responses of participants and demonstrated applicability to explain participant experiences with growth.

With the final considerations of OVT in mind, participants had a tendency to highlight the presence of negatives in their lives, but also acknowledged all of the positives they experienced despite these negatives. With this belief, participants demonstrated a more eudaimonic well-being, accepting the existence of negatives and hardships within their lives, but persevering through these difficult times aware of the positive outcomes and possibilities that exist at the other end. The present study is the first to look at the applicability of OVT to understand growth within this context. OVT clearly applied to the process of growth for both Veteran and support person participants and, as a theory, OVT was useful and applicable to understand the participants' results.

Limitations

The current research provided valuable insight about the process of growth within the context of the CAF. The information gathered highlighted the perceived positives and negatives within the context and emphasized the need for further research in this area. Despite the insights provided by this study into the presence of growth and secondary growth within the context of the CAF, there were a few limitations to note. The first limitation of this study was the retrospective nature of the design. Participants all experienced their injuries or health issues within the last ten years, with the most recent experience occurring in 2014. It would have been preferable to follow participants through the process of growth using multiple data collection points. This study employs a single snapshot, limiting the ability to fully understand the growth process. A second limitation of the present study was the lack of participation in member checks. Only two of seven participants completed their member checks, with minor edits made to remove identifying information. Due to the idea that researchers and participants and participants are unable to separate themselves from the research, Smith and McGannon (2017) explain the inaccuracies of member checking as a process of enhancing rigor. Instead, Smith and McGannon (2017) suggest the use of member reflections in order to reframe the collected data to “help create a meticulous, robust, and intellectually enriched understanding through generating additional insights and dialogue” (p.117). Though member checks were used in the present study the information gathered is no less valuable as it still provides an honest exploration of personal experiences by the participants involved through their original interview responses.

Though an exploratory study, a third limitation was the small number of participants. Within this population recruitment of participants was difficult. Though the goal of the study was to recruit ten participants, only seven were recruited and analyzed due to complications with

additional ethics for active soldiers, and difficulty reaching out to additional Veteran and support members. With only three Veteran participants and four support members, generalization cannot be made to the entire CAF population, however the snapshot of these members' experiences illustrates a need for further research in the area. This snapshot provides valuable information about the potential contextual influences of the CAF on growth processes. With only seven participants it is clear that saturation was not reached, however the information gathered still adds to growth literature providing a starting point from which researchers can further explore the context specific facets of growth. A fourth limitation of this study was the focus on a single event. Understanding that there are many different events that influence one's life, and the potential for these events to occur simultaneously, it may be difficult to attribute the growth found to a single timepoint.

Finally, the use of the SRGS may have led to the possible priming of participants, or the creation of self-serving bias by participants hoping to respond favorably to the researchers interview questions. Having read the SRGS, participants would have had an understanding of growth prior to their interview, which may have shaped their responses. However, participants received and responded to the SRGS well ahead of their interview time (in some cases up to three weeks prior) and were vulnerable, candid, and open in their interview responses. The researcher feels responses were not altered by participants as they demonstrated a highly detailed account of their experiences, elaborating on both positive and negative experiences.

Future Directions and Implications

Future studies in this area should consider a temporal design to more fully understand the process of growth. With little exploration within the CAF context, a future avenue of research should look to understand the limitations in provided support for both forces and support

populations, looking to implement strategies to mitigate these limitations and facilitate growth. Taking the processes of growth in other areas into account, future research should look to explore the potential connections between this population and other high functioning, and duty-driven populations (firefighting, police, & paramedics.), seeking to understand the applicability of how the current findings fit into different subsets of the population.

Future studies should also look to qualitatively explore the longitudinal progressions of the growth trajectory within this population with recognition of potential for depreciation as both processes have the potential to coexist following trauma (Zieba, Wiechec, Bieganska-Banas, & Mielejszczenko-Kowszewicz, 2019). Working qualitatively, future studies should work to gather more longitudinal information, interacting with participants throughout their growth experiences as opposed to a one-time snapshot that considers their past experiences. This will allow for a fuller understanding of the potential growth and depreciation processes present in growth. Taking this approach, future studies can aim to get a better understanding of growth and can work to understand the types of interventions and programs that could facilitate the process of growth. Interventions and programs can be used to implement mental skills and to incorporate a skill-based plan to help veterans and support persons achieve growth more effectively.

Future research should consider the implementation of mixed methods to gain a deeper understanding of the fluidity of growth. With the variability of experiences inventories and scales such as the PTGI or SRGS should be used alongside qualitative interviews or surveys to allow participants the opportunity to develop their responses and expand on any differences or concerns they may have when responding to a straight-forward scale or inventory. By using a mixed methods approach, researchers can better understand the full processes of growth and can

develop a greater understanding around the applicability of particular measures in specific cases and contexts.

Many of the participants referred to sport or a sport environment when trying to explain their growth experiences. These references indicate that it is important to consider the potential similarities of the CAF context and that of elite sport. Future research should further pursue this potential connection and should investigate the complexities of growth within the CAF. As growth within sport has been understood in its own capacity as sport injury-related growth, a potential future direction is to consider a CAF context specific understanding of growth, guided by the creation and implementation of sport injury-related growth. Through the theme of *power of the uniform* the uniqueness of the CAF context became very apparent. Though similar in some ways to elite sport, the uniqueness of the CAF context warrants a need for further exploration to expand on current growth literature.

Due to the representation of only male Veterans, and predominantly female support members, further research avenues should look to explore the potential for gender differences within the CAF context as they may pertain to growth. This type of gender-based research may be developed in a larger analysis of identity and role investment. It would be of potential interest to explore the differences in growth experiences for different genders, as well as within different levels of role investment among members. The inclusion of role investment and identity measures can be explored in future studies to further understand the complexities of context and the potential implications on growth processes. PTG has been shown to affect women more greatly than men following earthquake trauma (Jin, Xu, & Liu, 2014) and within cancer caregivers when looked at alongside their ill counterpart (Zwahlen et al., 2009).

The findings of this study suggest potential for positive outcomes following stress and trauma. CAF practitioners should use these insights to help develop strategies to assist injured and ill soldiers and Veterans to grow and learn from their stressors. Within the support person community, mental health professionals, as well as general practitioners, should consider the potential implications of the support role, and should seek to facilitate growth through effective coping strategies and through the development of appropriate support networks. The present study highlights the need for support programs for both Veterans and support persons. Particularly there is a need for dedicated support for support persons assisting their loved ones following career-threatening, life-altering injury or illness. The importance of support persons emerged in the present study, demonstrating the potential for secondary growth alongside the growth of the immediately affected party.

In conclusion, the purpose of this study was to gather an understanding of the phenomena of growth as it presents itself within the specific context of the CAF. Through interviews with seven participants, the study shows the presence of growth both within Veteran members of the forces as well as sibling, spouse, and fiancée support members. The study is one of the first to look at growth within an immediately affected party and a supportive party at the same time and one of the only studies to consider the support population in this specific context. The implications for the study highlight the need for implementation of strategies to help facilitate the growth process and demonstrate a need for support both for members and support persons within the context of the CAF. The information provided from the present study is greatly significant within the context of the CAF and provided new information and implications for future research.

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Appendix A: Key informant recruitment letter

Invitation to Participate

Wilfrid Laurier University

REB #5829

We are contacting you to request your assistance in our participant recruitment. The study we are recruiting for entitled “A family affair: Growth within injured soldiers and their support network,” is being conducted by Shelby Rodden-Aubut, and Dr. Jill Tracey out of Wilfrid Laurier University. Shelby Rodden-Aubut is a Master’s graduate student, and Dr. Jill Tracey is an associate professor in the Department of Kinesiology and Physical Education. Through this study we are seeking to gain a better understanding of the experiences of soldiers/Veterans, and support members who have experience with career-threatening, life-altering injuries or physical health issues.

Though these experiences have largely been classified as negative events, positive outcomes have been demonstrated following a period of time after their occurrence. We are looking to study Canadian Armed Forces individuals (active or Veteran) who experienced a career threatening, life altering injury or health issue while serving, along with a support person for such members (spouse, sibling, parent, or close friend). The support person may be family, friend, or close colleague. Specifically, we are looking to see if individuals who have experienced a career-threatening, life-altering injury or health issue, or members of their support system, experienced some form of personal growth from their efforts to work through the injury/health issue.

We are seeking your assistance in recruiting injured or health issue experienced soldiers or Veterans, or support members of such forces personnel, based on your position within a

support network of the Canadian armed forces. Participation in the study is strictly voluntary and identified participants will complete two questionnaires and an interview with the primary researcher. If you are aware of any potential participants for this study, please forward the attached document (letter of invitation) via email with the subject line “Invitation to participate in a research study”. You may also include my email address should they wish to inquire further into the details of the study.

If you have any questions regarding this study you may contact the researchers, or Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519)884-1970, extension 3131 or REBChair@wlu.ca..

Shelby Rodden-Aubut
MSc. Student Kinesiology
Wilfrid Laurier University
Kinesiology and Physical Education
Rodd6950@mylaurier.ca

Dr. Jill Tracey
Associate Professor
Wilfrid Laurier University
Kinesiology and Physical Education
jtracey@wlu.ca
519-884-0710 ext. (4216)

Appendix B: Participant recruitment letter

Invitation to Participate

Wilfrid Laurier University, Faculty of Science

REB #5829

You are invited to participate in a research study entitled “A family affair: Growth within injured soldiers and their support networks”. This project is being conducted by Shelby Rodden-Aubut, under the supervision of Dr. Jill Tracey, and is a requirement of the master’s degree program in the Department of Kinesiology and Physical Education at Wilfrid Laurier University. Through your participation in this study, the researcher is hoping to gain a better understanding of your personal experiences with injury and health issues within an armed forces context. You have been identified as a potential participant due to your demonstration of continued perseverance throughout your or your loved one’s injury or health issue, and your involvement in the Canadian Armed Forces environment.

Your participation in this study is strictly voluntary and you may choose not to participate, or to withdraw at any time without any penalty. Participation in this study will involve the completion of two questionnaires to gather background information and baseline growth levels, and an interview to explore your injury/ health issue experiences and your potential personal growth as a result of working through this ordeal. The questionnaires are designed to provide you with the opportunity to think about your experiences and to gain an understanding of the questions to come from the researcher in the interview session. If you are interested in participating in the study, please contact Shelby Rodden-Aubut at the email address below to proceed with consent and the background questionnaire.

If you have any questions regarding this study you may contact the researchers, or Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 3131 or REBChair@wlu.ca. Thank you for your time and consideration of this study.

Sincerely,

Shelby Rodden-Aubut
MSc. Student Kinesiology
Wilfrid Laurier University
Kinesiology and Physical Education
Rodd6950@mylaurier.ca

Dr. Jill Tracey
Associate Professor
Wilfrid Laurier University
Kinesiology and Physical Education
jtracey@wlu.ca
519-884-0710 ext. (4216)

Appendix C: Veteran Consent

Wilfrid Laurier University Informed Consent Statement

A Family Affair: Growth within injured soldiers and their support networks.

Shelby Rodden-Aubut (MKin)

Dr. Jill Tracey (Faculty Supervisor)

You are invited to participate in a research study. The purpose of this study is to explore the experiences of personal growth (the experience of prospering following a highly stressful or traumatic event) within a military context and to highlight the potential for growth within injured or health issue experienced soldiers and their support system. The researcher is Shelby Rodden-Aubut, a Laurier graduate student in the Kinesiology department working under the supervision of Dr. Jill Tracey.

Information

Participants will be asked to complete an initial demographics questionnaire meant to gain insight into their injury or physical health experience and to provide the researcher with background information about the incident, current health, and beliefs of the participant. Participants will also be asked to complete a growth survey in order to establish a baseline understanding of the participants growth experiences. These forms are meant to help prepare the participant and as a means of further understanding interview responses on the part of the researcher. Following these questionnaires, participants will be asked to participate in an interview to discuss their injury or physical health issue experiences in the Canadian armed forces. The study will take about up to a total of two hours to complete including the initial questionnaires and interview. Data from approximately ten research participants (a Canadian forces member, or an identified support member) will be collected for this study.

- As a part of this study you will be audio recorded for research and accuracy purposes. You have the right to refuse being recorded. Only Shelby Rodden-Aubut, and Dr. Jill Tracey will have access to these recordings and information will be kept confidential. You will be able to preview these recordings once they have been transcribed. The recordings will be transcribed by February 1, 2019.
- The recordings will be deleted following transcription and the transcribed information will be kept locked in the researcher's office.
- In order to participate in this study, you will need to pay for your own transportation to and from a location of convenience to you (local coffee shop, outdoor venue) These costs will not be reimbursed by the research team.

Risks

As a result of your participation in this study you may experience discomfort in reliving and/or explaining your experiences. You may feel bored answering simple questions or find it difficult to answer some questions in depth without initiating feelings of unease. By answering questions, you may be putting information out that will cause you to feel exposed, or that you are lacking in the expected strong and put-together status you have come to live by. The following safeguards will be used to minimize any discomforts: the opportunity to stop at any time

You are free to discontinue the study at any time and to choose not to respond to any question should you feel uncomfortable moving forward.

Should you require assistance that cannot be provided by the research team, the Ontario Psychological Association can be reached at 416-961-5552 for counseling services. A forces specific contact you can reach out to is the Member Assistance Program at 1-800-268-7708.

Benefits

A hopeful benefit from this study is that participants share and relive positive growth experiences. The research will contribute to the body of literature/knowledge on growth as it is manifested in a military context and will highlight growth in the support system of health inflicted forces personnel as it differs from growth experienced by caregivers.

Confidentiality

The confidentiality/anonymity of your data will be ensured by assigning an identification number to each participant for data coding. Only the research team and supervisor will know which participant corresponds with each number. The data will be stored in a locked office/on a password-protected computer/on a password-protected recording device located in the researcher's office at Wilfrid Laurier University.

- The de-identified data will be kept for a minimum of five years and will be destroyed by the principal investigator.
- Identifying information will be stored separately from the data and will be kept for 2 years and will then be destroyed by the principal investigator.
- While in transmission on the internet, via email, the confidentiality of data cannot be guaranteed.
- If you consent, quotations will be used in write-ups/presentations and will/will not contain information that allows you to be identified. You will be able to vet your quotations Following transcription of the interviews where you will be able to look over the typed document, emailed to you by the researcher, and add, remove, or clarify any information.

Contact

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, Shelby Rodden-Aubut, at rodd6950@mylaurier.ca or Dr. Jill Tracey at jtracey@wlu.ca or 519-884-0710 ext. 4216.

This project has been reviewed and approved by the University Research Ethics Board (REB# 5829), which receives funding from the Research Support Fund. 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 Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 3131 or REBChair@wlu.ca.

Participation

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. You have the right to refuse to answer any question or participate in any activity you choose.

If you withdraw from the study you can request to have your data removed/destroyed by contacting the primary researcher by email and identifying your wish to have your data removed until February 10, 2019.

- If the participant does not demonstrate growth based on established criteria the researcher reserves the right to remove the participant's data from the study.

Feedback and Publication

The results of this research will be published/presented in a thesis, course project report, book, journal article, and conference presentations.

- The results of this research may be made available through Open Access resources.
- If you choose to provide your email address for this purpose at the end of the study, the executive summary will be emailed to you.

Consent

I have read and understand the above information. I have received a copy of this form.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Check all that apply:

- ☐ I have read and understand the above information. I agree to participate in this study.
- ☐ I have read and understand the above information. I do not want to participate in this study.
- ☐ I consent to the audio recording of the interview
- ☐ I do not consent to the audio recording of the interview
- ☐ I consent to the use of direct quotations to be used in the written document.
- ☐ I do not consent to the use of direct quotations to be used in the written document
- ☐ I wish to receive the executive summary of the results. Email address:
- ☐ I do not wish to receive the executive summary of the results

To be completed at interview:

I understand the included information and have addressed any uncertainties or questions I may have.

- ☐ I agree to continue with this study.

☐ I do not agree to continue with this study

Participant's signature: _____ Date: _____

Researcher's signature: _____ Date: _____

Appendix D: Support Member Consent

Wilfrid Laurier University Informed Consent Statement

A Family Affair: Growth within injured soldiers and their support networks.

Shelby Rodden-Aubut (MKin)

Dr. Jill Tracey (Faculty Supervisor)

You are invited to participate in a research study. The purpose of this study is to explore the experiences of personal growth (the experience of prospering following a highly stressful or traumatic event) within a military context and to highlight the potential for growth within injured or health issue experienced soldiers and their support system. The researcher is Shelby Rodden-Aubut, a Laurier graduate student in the Kinesiology department working under the supervision of Dr. Jill Tracey.

Information

Participants will be asked to complete an initial demographics questionnaire meant to gain insight into their injury or physical health experience and to provide the researcher with background information about the incident, current health, and beliefs of the participant. Participants will also be asked to complete a growth survey in order to establish a baseline understanding of the participants growth experiences. These forms are meant to help prepare the participant and as a means of further understanding interview responses on the part of the researcher. Following these questionnaires, participants will be asked to participate in an interview to discuss their injury or health issue experiences in the Canadian armed forces. The study will take about up to a total of two hours to complete including the initial questionnaires and interview. Data from approximately ten research participants (a Canadian forces member, or an identified support member) will be collected for this study.

- As a part of this study you will be audio recorded for research and accuracy purposes. You have the right to refuse being recorded. Only Shelby Rodden-Aubut, and Dr. Jill Tracey will have access to these recordings and information will be kept confidential. You will be able to preview these recordings once they have been transcribed. The recordings will be transcribed by February 1, 2019.
- The recordings will be deleted following transcription and the transcribed information will be kept locked in the researcher's office.
- In order to participate in this study, you will need to pay for your own transportation to and from a location of convenience to you (local coffee shop, outdoor venue) These costs will not be reimbursed by the research team.

Risks

As a result of your participation in this study you may experience discomfort in reliving and/or explaining your experiences. You may feel bored answering simple questions or find it difficult to answer some questions in depth without initiating feelings of unease. By participating in the study, you may be exposing yourself in your experiences as well as your loved one through your explanation of their injury or health issue. The following safeguards will be used to minimize any discomforts: the opportunity to stop at any time

You are free to discontinue the study at any time and to choose not to respond to any question should you feel uncomfortable moving forward.

Should you require assistance that cannot be provided by the research team, the Ontario Psychological Association can be reached at 416-961-5552 for counseling services. A service offered to you through the forces is the Family Information Line and can be reached at 1-800-866-4546.

Benefits

A hopeful benefit from this study is that participants share and relive positive growth experiences. The research will contribute to the body of literature/knowledge on growth as it is manifested in a military context and will highlight growth in the support system of health inflicted forces personnel as it differs from growth experienced by caregivers.

Confidentiality

The confidentiality/anonymity of your data will be ensured by assigning an identification number to each participant for data coding. Only the research team and supervisor will know which participant corresponds with each number. The data will be stored in a locked office/on a password-protected computer/on a password-protected recording device located in the researcher's office at Wilfrid Laurier University.

- The de-identified data will be kept for a minimum of five years and will be destroyed by the principal investigator.
- Identifying information will be stored separately from the data and will be kept for 2 years and will then be destroyed by the principal investigator.
- While in transmission on the internet, via email, the confidentiality of data cannot be guaranteed.
- If you consent, quotations will be used in write-ups/presentations and will/will not contain information that allows you to be identified. You will be able to vet your quotations Following transcription of the interviews where you will be able to look over the typed document, emailed to you by the researcher, and add, remove, or clarify any information.

Contact

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, Shelby Rodden-Aubut, at rodd6950@mylaurier.ca or Dr. Jill Tracey at jtracey@wlu.ca or 519-884-0710 ext. 4216.

This project has been reviewed and approved by the University Research Ethics Board (REB# 5829), which receives funding from the Research Support Fund. 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 Jayne Kalmar, PhD, Chair,

University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 3131 or REBChair@wlu.ca.

Participation

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. You have the right to refuse to answer any question or participate in any activity you choose.

If you withdraw from the study you can request to have your data removed/destroyed by contacting the primary researcher by email and identifying your wish to have your data removed until February 10, 2019.

- If the participant does not demonstrate growth based on established criteria the researcher reserves the right to remove the participant's data from the study.

Feedback and Publication

The results of this research will be published/presented in a thesis, course project report, book, journal article, and conference presentations.

- The results of this research may be made available through Open Access resources.
- If you choose to provide your email address for this purpose at the end of the study, the executive summary will be emailed to you.

Consent

I have read and understand the above information. I have received a copy of this form.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Check all that apply:

- ☐ I have read and understand the above information. I agree to participate in this study.
- ☐ I have read and understand the above information. I do not want to participate in this study.
- ☐ I consent to the audio recording of the interview
- ☐ I do not consent to the audio recording of the interview
- ☐ I consent to the use of direct quotations to be used in the written document.
- ☐ I do not consent to the use of direct quotations to be used in the written document
- ☐ I wish to receive the executive summary of the results. Email address:
- ☐ I do not wish to receive the executive summary of the results

To be completed at interview:

I understand the included information and have addressed any uncertainties or questions I may have.

- ☐ I agree to continue with this study.
- ☐ I do not agree to continue with this study

Participant's signature: _____ Date : _____

Researcher's signature: _____ Date: _____

Appendix E: Participation Information

ID # _____.

Thank you for taking the time to participate in this study. The following questionnaire is designed to identify and explore your background, information related to your injury or physical health issue, and your general health status and lifestyle. All provided information will be kept confidential and you will not be personally identified in the research reports. Please answer as accurately as possible.

Age: _____) Sex (circle): Male Female Non-Disclosed

Level of education (Check all that apply):

Some high school ☐

High School ☐

Some College ☐

College Diploma ☐

Some University ☐

University Degree ☐

Post-Graduate Degree ☐

Other (Please list): _____

Current employment status (check all that apply)

Employed full-time ☐

Employed part-time ☐

Volunteer full-time ☐

Volunteer part-time ☐

Student full-time ☐

Student part-time ☐

Retired ☐

Unemployed ☐

Other: _____

Rank in the Canadian armed forces: _____

Time in the forces (years and months): _____

Describe your injury/ health issue:

How did this occur?

When did this occur? _____

What is the injury/issue? _____

How would you categorize your injury/health issue experience?

Traumatic ☐

Stressful ☐

Manageable ☐

Other ☐: _____

Highlight the ways you have changed (if at all) following your injury/ health issue.

Have you experienced any major life changes following your injury/ health issue? Yes No

If yes, describe: _____

What strategies (if any) did you use to cope following your injury/ health issue?

Highlight your biggest endeavors following your injury/ health issue (jobs, active pursuits, future plans).

Since your injury/ health issue, or through the recovery process:

Have your spiritual beliefs changed?	Y	N
Have you gained life appreciation?	Y	N
Do you feel personally stronger?	Y	N
Do you feel your relationships have changed?	Y	N
Have you recognized any new possibilities? (opened doors, job opportunities)	Y	N

Do you have anyone you would identify as key support(ers) through your recovery?

Yes No

Appendix F: Support Member Demographic Questionnaire

ID # _____.

Thank you for taking the time to participate in this study. The following questionnaire is designed to identify and explore your background, issues and positions surrounding your loved one's injury or physical health issue, and your general health status and lifestyle. All provided information will be kept confidential and you will not be personally identified in the research reports. Please answer as accurately as possible.

Age: _____ Sex (circle): Male Female Non-disclosed

Level of education (Check all that apply):

Some high school ☐High School ☐Some College ☐College Diploma ☐Some University ☐University Degree ☐Post Graduate Degree ☐

Other (Please list): _____

Current employment status (check all that apply)

Employed full-time ☐Employed part-time ☐Volunteer full-time ☐Volunteer part-time ☐Student full-time ☐

Student part-time ☐

Retired ☐

Unemployed ☐

Other: _____

What is your relationship with the injured/ ill individual (e.g., spouse/partner, friend, pastor, sibling)? _____

In what ways, other than relation with the injured/ ill member, have you been involved in the armed forces? _____

Do you and the individual talk about their injury/ health issue? Y N

How often? _____

Do you believe your loved one's experience has impacted your daily living in any way?

Y N

If yes, explain: _____

Do you feel you provide or have provided support for your loved one through their injury/ health issue? Y N

If yes, how? _____

What type of support do you feel you have provided? (Check all that apply.)

Physical support ☐

Emotional support ☐

Informational support ☐

Financial support ☐

Social support ☐

Do you believe you have changed as a person as a result of assisting your loved one? Y N

In what ways? _____

Since the injury/ health issue, and in your role providing assistance:

Have your spiritual beliefs changed?	Y	N
--------------------------------------	---	---

Have you gained life appreciation?	Y	N
------------------------------------	---	---

Do you feel personally stronger?	Y	N
----------------------------------	---	---

Do you feel your relationships have changed?	Y	N
----------------------------------------------	---	---

Have you recognized any new possibilities?	Y	N
--------------------------------------------	---	---

Appendix G: Member Demographics

	Colin	Dan	Kyle
Age:	47	60	42
Sex:	Male	Male	Male
Education:	University Degree	University Degree	Some High-School
Employment Status:	Employed Full-Time Retired from CAF	Student Part-Time Retired from CAF	Employed Full-Time Retired from CAF
Rank in CAF:	Major	Lieutenant-Colonel	Master Corporal
Time Served:	23 Years +2 Reserves	34 Years 2 Months	20 Years
Injury/Illness:	Cardiac Arrest Subsequent Brain Injury	War-Related Post- Traumatic Stress Disorder	Double Below-Knee Amputation Cocaine and Opioid Addiction
2's on SRGS:	11	32	18

Appendix H: Support Member Demographics

	Mary	Paul	Alex	Sheryl
Age:	48	37	32	43
Sex:	Female	Male	Female	Female
Education:	Post-Graduate Degree	Some University	Post-Graduate Degree	Some College
Employment Status:	Employed Full-Time	Volunteer Full-Time	Employed Full-Time	On Leave – Medical Reasons
Relationship with CAF Member:	Wife	Brother	Spouse	Fiancée
Other Forces Involvement:	Parent of Single Member	N/A	Contract Work for CAF Organization	Volunteer Friends Who Serve
2's on SRGS:	24	5	48	33

Appendix I: Stress-Related Growth Scale – 50 Items

Because of this event...	0	1	2
1. I developed new relationships with helpful others			
2. I gained new knowledge about the world			
3. I learned I was stronger than I thought I was			
4. I became more accepting of others			
5. I realized I have a lot to offer other people			
6. I learned to respect others' feelings and beliefs			
7. I learned to be nicer to others			
8. I rethought how I want to live my life			
9. I learned that I want to accomplish more in life			
10. My life now has more meaning and satisfaction			
11. I learned to look at things in a more positive way			
12. I learned better ways to express my feelings			
13. I learned that there is a reason for everything			
14. I developed/ increased my faith in God			
15. I learned not to let hassles bother me the way they used to			
16. I learned to take more responsibility for what I do			
17. I learned to live for today, because you never know what will happen tomorrow			
18. I don't take most things for granted anymore			
19. I developed/increased my trust in God			
20. I feel freer to make my own decisions			
21. I learned that I have something of value to teach others about life			
22. I understand better how God allows things to happen			
23. I learned to appreciate the strength of others who have had a difficult life			
24. I learned not to "freak out" when a bad thing happens			

25. I learned to think more about the consequences of my actions			
26. I learned to get angry less about things			
27. I learned to be a more optimistic person			
28. I learned to approach life more calmly			
29. I learned to be myself and not try to be what others want me to be			
30. I learned to accept myself as less than perfect			
31. I learned to take life more seriously			
32. I learned to work through problems and not just give up			
33. I learned to find more meaning in life			
34. I changed my life goals for the better			
35. I learned how to reach out and help others			
36. I learned to be a more confident person			
37. I learned not to take my physical health for granted			
38. I learned to listen more carefully when others talk to me			
39. I learned to be more open to new information and ideas			
40. I now better understand why, years ago, my parents said/did certain things			
41. I learned to communicate more honestly with others			
42. I learned to deal better with uncertainty			
43. I learned that I want to have some impact on the world			
44. I learned that it's okay to ask others for help			
45. I learned that most of what used to upset me were little things that aren't worth getting upset about			
46. I learned to stand up for my personal rights			
47. A prior relationship with another person became more meaningful			
48. I became better able to view my parents as people, and not just parents			
49. I learned that there are more people who care about me than I thought			
50. I developed a stronger sense of community, of belonging, that I am part of a larger group			

For the above 50 questions consider how your (or someone close to you) injury or illness has potentially impacted you in the following ways. Please answer honestly, and if you have any questions speak to the primary investigator. You are responding to the question “because of this event...” with scaled responses from 0-2, where 0 means “not at all”, and 2 means “a great deal”

Appendix J: Member Semi-Structured Interview Guide.

Thank you for agreeing to meet with me and for participating in this research. The purpose of this interview is to understand your thoughts, feelings, and experiences related to your injury or health affliction acquired while on duty with the Canadian armed forces. Through this study I am hoping to better understand how armed forces personnel and their families or support members may have changed throughout the recovery process in an armed forces context. I want to highlight that your participation is entirely voluntary, and you may refuse to answer any questions or to stop the interview should you feel the need to do so. I am interested in your thoughts, opinions and experiences so there are no right or wrong answers to the interview questions. Feel free to make any comments or ask me questions at any time throughout the interview.

The interview will be audio taped so I can go over the data again at a later time for clarification, and today's interview should last approximately 60-90 minutes. Before we get started, do you have any questions for me? (pause). May I turn on the recorder? (wait for affirmative and then proceed).

1. Tell me about yourself: background?
 - a. Age
 - b. Hobbies/interests
 - c. Employment
2. What prompted you to join the forces?
 - a. Family
 - b. Friends
3. How would you describe your employment with the Canadian armed forces?

- a. The personnel
 - b. Responsibilities, duties.
 - c. Expectations
 - d. Lifestyle
4. What, if anything, makes the forces different from a civilian experience?
 - a. Workplace
 - b. Home life
5. How, if at all, does your involvement in the forces impact the way you handle different situations?
 - a. Stress
 - b. Injury
6. Tell me about yourself prior to your injury or health issue
 - a. What types of activities did you participate in?
 - b. What was your work life like?
 - c. How would you describe your family life?
7. Please fill me in as to the details of your injury or health issue
 - a. What happened?
 - b. When did it happen?
 - c. How did it happen?
 - d. What was the context surrounding the injury or health issue, the environment?
8. How, if at all, has your life has changed as a result of your injury/ health affliction?
 - a. In what ways has your daily living been affected?
 - b. How, if at all, have your beliefs changed?

- c. What kinds of differences, if any, in your relationships with others?
 - d. In what ways, if at all, do you see yourself differently?
9. How, if at all, do you believe your involvement in the forces had any sort of impact on how you perceived your injury/health affliction?
- a. How you presented yourself?
 - b. The type of social support you received?
 - c. The resources you were provided/offered?
10. What, if any, personal costs or negative outcomes have you experienced from your injury/ health affliction (aside from the direct physical trauma)?
- a. Any financial costs?
 - b. Any negative lifestyle changes?
 - c. Any negative employment outcomes?
 - d. Any relationship issues?
11. What, if any, personal benefits or positive outcomes have you experienced from your injury/health afflictions?
- a. Any financial benefits?
 - b. Any positive lifestyle changes?
 - c. Any positive employment outcomes?
 - d. Any relationship improvements?
12. How did you cope throughout the process of your injury?
13. Please elaborate on any coping strategies you use(d)
- a. Journaling
 - b. Exercise/sport

- c. Talking
- d. Treatment/counseling
- e. Others

14. In what ways, if at all, did you feel supported as you worked through your injury?

- a. By who?
- b. How?
 - i. Physical
 - ii. Psychological
 - iii. Social
 - iv. Tangible
 - v. Financial

15. In what ways, if any, did the forces environment provide you with additional support during your recovery process?

- a. Job security
- b. Family support
- c. Financial support

16. Explain any similarities and differences in your relationships from before and after your injury.

- a. With family
- b. With friends
- c. Old friends
- d. Acquaintances
- e. other

17. In what ways, if any, are you more appreciative of what have since your injury/affliction?
- a. Do you better appreciate the little things?
 - b. Do you find yourself taking things for granted?
18. What types of new possibilities, if any, have you encountered that you did not expect as a result of your injury/health affliction?
- a. New opportunities
 - b. Greater access to things
 - c. Any closed doors?
19. Is there anything you would like to add, or do you feel that I have missed any important information about your injury and/or health experience(s)?
20. Do you have any questions for me?

Appendix K: Support Member Semi-Structured Interview Guide

Thank you for agreeing to meet with me and for participating in this research. The purpose of this interview is to understand your thoughts and feelings surrounding your loved one's injury/health affliction acquired while working with the Canadian armed forces. Through this study I am aiming to collect your personal experiences and hoping to better understand how the armed forces context can play a role in the recovery process for injured soldiers and their support system. I want to highlight that your participation is entirely voluntary, and you may refuse to answer any questions or to stop the interview should you feel the need to do so. I am interested in your thoughts, opinions and experiences so there are no right or wrong answers to the interview questions. Feel free to make any comments or ask me any questions at any time throughout the interview.

The interview will be audio taped so I can go over the data again at a later time for clarification, and today's interview should last approximately 60-90 minutes. Before we get started, do you have any questions for me? (pause). May I turn on the recorder? (wait for affirmative and then proceed).

1. Let's start off with you telling me about yourself
 - a. Age
 - b. Hobbies/ interests
 - c. Employment
2. What is your relationship with the injured/health inflicted member?
 - a. How long have you known them?
 - b. Was this relationship the same when they were initially injured?
3. What, if at all, has your experience been like with the Canadian armed forces?

- a. Types of experiences
 - b. Specific struggles
 - c. Specific benefits
4. How, if at all, has a forces lifestyle been different than what you would consider a civilian lifestyle?
 - a. Expectations
 - b. Responsibilities
 - c. Perceptions
5. What role did you/do you play for the inflicted person within their recovery process?
 - a. Listener
 - b. Physical supporter
6. In what ways, if at all did your loved one's affliction affect you directly?
 - a. How did it affect your time management?
 - b. How did it affect you emotionally?
7. In what ways, if any, do you feel you have changed as a result of your supportive role?
 - a. How (if at all) has your compassion changed?
 - b. In what ways has your experiences with empathy changed (if at all)?
 - c. How, if at all, were your beliefs affected?
8. In what ways, if any, has the military environment played a role in how you handled the situation?
 - a. Support/ lack there of
 - b. Lifestyle
 - c. Expectations

9. In what ways, if any, do you feel that the forces environment affected your perceptions and experiences with your loved one's injury/health affliction?
 - a. Appearances
 - b. External reactions
 - c. expectations
10. How, if at all, has your support role caused you any personal cost or negative outcomes?
 - a. Any financial costs?
 - b. Any negative lifestyle changes?
 - c. Any negative employment outcomes?
 - d. Any relationship issues?
11. Explain any personal benefits or positive outcomes as a result of your supportive role?
 - a. Any financial benefits?
 - b. Any positive lifestyle changes?
 - c. Any positive employment outcomes?
 - d. Any relationship improvements?
12. Elaborate on the types of coping strategies (if any) that you use(d) to help deal with the stress
 - a. Journaling
 - b. Talking
 - c. Exercise/sport
13. Explain the changes (if any) in your relationships with your loved one as well as others following the injury.
 - a. Personal

- b. Social
 - c. Occupational
 - d. Romantic
14. How, if at all, has the injury led you to become more appreciative of life?
- a. Do you take things for granted?
 - b. Appreciate the little things?
15. What sort of new possibilities, if any, has your loved one's injury provided you with?
- a. Directions you would not have considered
 - b. New opportunities
 - c. Altered access
 - d. Closed any doors
16. Do you feel that you were adequately supported through your loved one's affliction?
- a. By the forces
 - b. By friends
 - c. Other sources
17. In what ways, if any, did the forces provide you with assistance geared toward your own health experiences while assisting you loved one?
- a. Mental health care
 - b. Family assistance
 - c. Financial support
18. In what areas, if any, do you feel that you were lacking support through your loved one's experience?
- a. Physical supports

- b. Medically
- c. Financially

19. Is there anything you would like to add, or do you feel that I have missed any important information about your supportive experiences through your loved one's affliction.
20. Do you have any questions for me?

Appendix L: Member Check Follow-Up Email

Dear ABC,

Thank you again for your participation in an interview. Please find attached a transcript copy of the interview. We have typed the interview verbatim. We did not edit out the ‘ums’ or ‘ahs’ since we typically want to remain true to the interview and data. When we present the data, the ums, ahs and pauses may or may not be removed. Typically, when presenting quotes, they are edited for grammatical errors as well.

Please review the transcript. If you have any corrections, additions, or information you would like removed, please use the comment function or track changes in the document to do so.

If we do not hear from you within 2 weeks, we will assume the transcript is fine and proceed with our project.

Thank you again for your time.

Shelby Rodden-Aubut
Student- MSc. Kinesiology
Wilfrid Laurier University
Kinesiology and Physical Education
Rodd6950@mylaurier.ca

Dr. Jill Tracey
Associate Professor
Wilfrid Laurier University
Kinesiology and Physical Education
jtracey@wlu.ca
519-884-0710 ext. (4216)

Appendix M: Social Media Recruitment Post Outline

Seeking those who have experienced injury or health issues while serving with the Canadian Armed Forces. This post is on behalf of Shelby Rodden-Aubut, a master's student at Wilfrid Laurier University. She is seeking participants for a research project as part of her program requirements. To be eligible you must:

- Have been injured or experienced a health issue in the last ten years, while still considered a serving member.
- **OR** Be considered a support person for the above described individuals including spouse, family, close friend or the like.
- The experience must be something you have considered a potentially career-threatening, life-altering injury or health issue.

Your participation in this study is strictly voluntary and you may withdraw your consent at any point without penalty. Participation involves the completion of two questionnaires and an interview. For further information or if you have any questions you can contact Shelby via email at rodd6950@mylaurier.ca. Please forward this contact information to those outside of the group who meet the inclusion criteria or who you feel may be interested in participating.

Thank you for your time and consideration,

Shelby Rodden-Aubut