

“SHOWING UP EVERY DAY”: A GROUNDED THEORY OF MILITARY  
VETERANS’ RESOLUTION OF TRAUMA

by

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## ABSTRACT

OLIVIA MAREN RIFFLE. "Showing up every day": A grounded theory of military veterans' resolution of trauma. (Under the direction of DR. RICHARD G. TEDESCHI)

The purpose of this study was to conduct an explication of the construct of resolution in the context of posttraumatic growth, or positive psychological and life changes resulting from the struggle with a highly stressful or traumatic experience. Grounded theory methodology was utilized, guided by the following research question: *How do military veterans experience resolution in the context of trauma and posttraumatic growth?* In-person and phone interviews were conducted with 22 participants (17 male and 5 female). Trained research assistants, along with this investigator, coded and categorized data per grounded theory method. A codebook was developed and a theoretical model built to describe relationships and processes among categories. The final model was comprised of seven categories: (a) gaining awareness, (b) accepting, (c) releasing control, (d) acting intentionally, (e) feeling positive, (f) sharing and supporting, and (g) viewing as process. The model described how participants became increasingly aware of the impact of the traumatic event on their functioning, accepting of these effects and the personal responsibility needed to manage them, and intentional about their thoughts, emotions, and actions as they moved forward in life. The process functioned iteratively, such that steps fed back into one another and refined over time. This explication of resolution was consistent with several concepts in the existing literature, such as resolution as acceptance, reorientation to the future, and restored self-worth. The model also overlapped and aligned with the PTG model, following naturally from deliberate rumination and clarifying the path from rumination to PTG. Importantly,

participants did not resonate with the term “resolution,” but rather alternatives like “acceptance.” Taking the full model into consideration, other possible terms might be “recalibration” or “integration.” Other implications for future research investigations and clinical treatment of trauma are discussed.

## DEDICATION

For my fiancé and best friend, Lee. You've been my side through this project and so much more. This dissertation is as much a testament to your patience and support as it is to my education and growth. For everything, thank you.

## ACKNOWLEDGMENTS

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## “Showing Up Every Day”: A Grounded Theory of Military Veterans’ Resolution of Trauma

What does it mean to feel resolved? In common verbiage, to *resolve* is to rectify tensions and conflicts, often among individuals or groups (“Resolve,” n.d.). Alternatively, one resolves to do or not do something, making a decisive determination (“Resolve,” n.d.). Finally, to resolve can be to separate an idea or problem into components (“Resolve,” n.d.). Whether solving, analyzing, understanding, or concluding, humans naturally seek resolution to that which causes imbalance or disturbance. Perhaps the most impactful form of such disturbance is trauma, defined clinically as directly experiencing actual or threatened death, serious injury, or sexual violence, or directly witnessing or learning of it in a close other (American Psychiatric Association, 2013). Trauma can seismically disrupt one’s understanding of oneself and the world, presenting a significant conflict to which resolution may be sought.

A burgeoning area within trauma research examines the potential benefits and positive changes that can paradoxically arise from tragedy. Traumatic experiences can undoubtedly result in significant emotional distress and functional impairment. However, many individuals also experience *posttraumatic growth* (PTG) as a result of their event, defined as positive psychological changes that arise from one’s struggle with a highly stressful or challenging life experience (Tedeschi & Calhoun, 1995, 1996, 2004). Much work has been conducted on the nature and process of PTG, but relatively little on another possible aspect of posttraumatic processing: achieving resolution from an event. Therefore, the purpose of this study was to understand through concept explication the nature of the resolution of trauma in the context of PTG.

## CHAPTER 1: INTRODUCTION

### **Meaning and Loss of Meaning**

To fully appreciate conceptualizations of PTG and resolution, one must first understand the search for and acquisition of meaning. Centuries of writings from philosophy, theology, and psychology have pondered the definition and purpose of meaning. Humans create meaning structures, or mental representations of connections among people, things, and events, to organize and make sense of life experiences, and to react to and function in the world (Baumeister, 1991; Williams et al., 2002). These structures have been referred to as schemas (Williams et al., 2002), personal constructs (Kelly, 1955), the assumptive world (Janoff-Bulman, 1992; Parkes & Weiss, 1983), and the personal narrative (Neimeyer, 2006, 2016a). Through these structures, individuals seek to feel that experiences fit together into an overarching pattern or framework of understanding (Baumeister, 1991; Park, 2010). This is thought to provide four important needs, including a sense of purpose (i.e., an ability to relate one's current activities to future or possible states), value or justification (i.e., a feeling that one's actions make sense and are defensible), efficacy or feelings of control over life events, and self-worth (Baumeister, 1991).

Meaning is conceptualized as active and dynamic, construed or created from life experiences (Attig, 2004; Neimeyer, 2006; O'Connor, 2003; Park, 2010). Per Park's (2010) meaning making model, individuals possess both their *global meaning* systems (i.e., overarching frameworks of beliefs and assumptions) and the *situational meaning* assigned to individual life events (i.e., the appraisal of and reaction to events regarding their personal significance; Lazarus & Folkman, 1984). Also described as one's

*assumptive world* (Janoff-Bulman, 1992; Parkes & Weiss, 1983), global meaning can include beliefs about safety, predictability, identity, and meaning, as well as about the self, others, the world, and the future (Cann et al., 2010). For instance, one may believe the world is fair and just (Janoff-Bulman, 1992; Kushner, 1981); bad things are more likely to happen to others than oneself (Kushner, 1981; Park, 2010); or there is a divine plan controlling events (Kushner, 1981). These *core beliefs* govern how individuals appraise situational meaning, such as the situation's cause or controllability (Cann et al., 2010; Park, 2010). In any life event, individuals evaluate the extent to which situational meaning is congruent with global meaning and attempt to negotiate a way to serve both (Bellet et al., 2018; Gillies et al., 2014; Neimeyer, 2006, 2016a; Park, 2010). In ordinary events, discrepancies are limited and manageable, necessitating simple assimilation, or incorporation, of the event into the larger framework without disrupting its governing themes (Park, 2010).

Suffering and trauma, however, present situational meanings that are highly contradictory to existing global meanings, creating a “seismic” disruption to and even loss of one's most deeply held meaning structures (Cann et al., 2010; Gillies & Neimeyer, 2006; Gillies et al., 2014; Janoff-Bulman, 1992, 2006; Park, 2010; Stanton et al., 2006; Tedeschi & Calhoun, 1995). Those patterns governing one's sense of the world and one's place in it are no longer viable, leading to a lack of acceptable meanings and an inability to make sense of events satisfactorily (Baumeister, 1991; Gillies et al., 2015). To the extent that a traumatic event challenges this set of assumptions, individuals must reevaluate and reconstruct global meanings to successfully accommodate and cope with the event (Cann et al., 2010; Gillies & Neimeyer, 2006; Janoff-Bulman, 1992, 2006;

Kernan & Lepore, 2009; Pals & McAdams, 2004; Parkes & Weiss, 1983; Taylor, 1983; Tedeschi & Calhoun, 2012; Thompson & Janigian, 1988). Park (2010) defined the process of *meaning making* as “the restoration of meaning in the context of highly stressful situations” (p. 257). Davis and colleagues (Davis, 2004; Davis & Morgan, 2008; Davis et al., 1998; Davis et al., 2000) more specifically conceptualized meaning making in trauma as a twofold process in which one first attempts to comprehend and find an explanation for an experience (“Why me?”), and then to find significance and value in it (“What can this event teach me?”). From this perspective, sense-making seems to be a close relative, and possible prerequisite or antecedent (Davis, 2004; Linley & Joseph, 2004; McIntosh et al., 1993), to meaning making. This progression from rudimentary comprehension to more sophisticated meaning is reflected in Antonovsky’s (1996) salutogenic model, which conceptualized wellness as a continuum with an orientation toward increasingly finding sense and meaning in life experiences. Greater health and wellness, he argued, is facilitated by higher *sense of coherence*, or ability to understand one’s experiences as meaningful, comprehensible, and manageable.

In summary, from a meaning framework, trauma can be characterized as a distressing loss of meaning that necessitates renegotiation. In turn, successfully regaining meaning may offer clues to how resolution might be conceptualized.

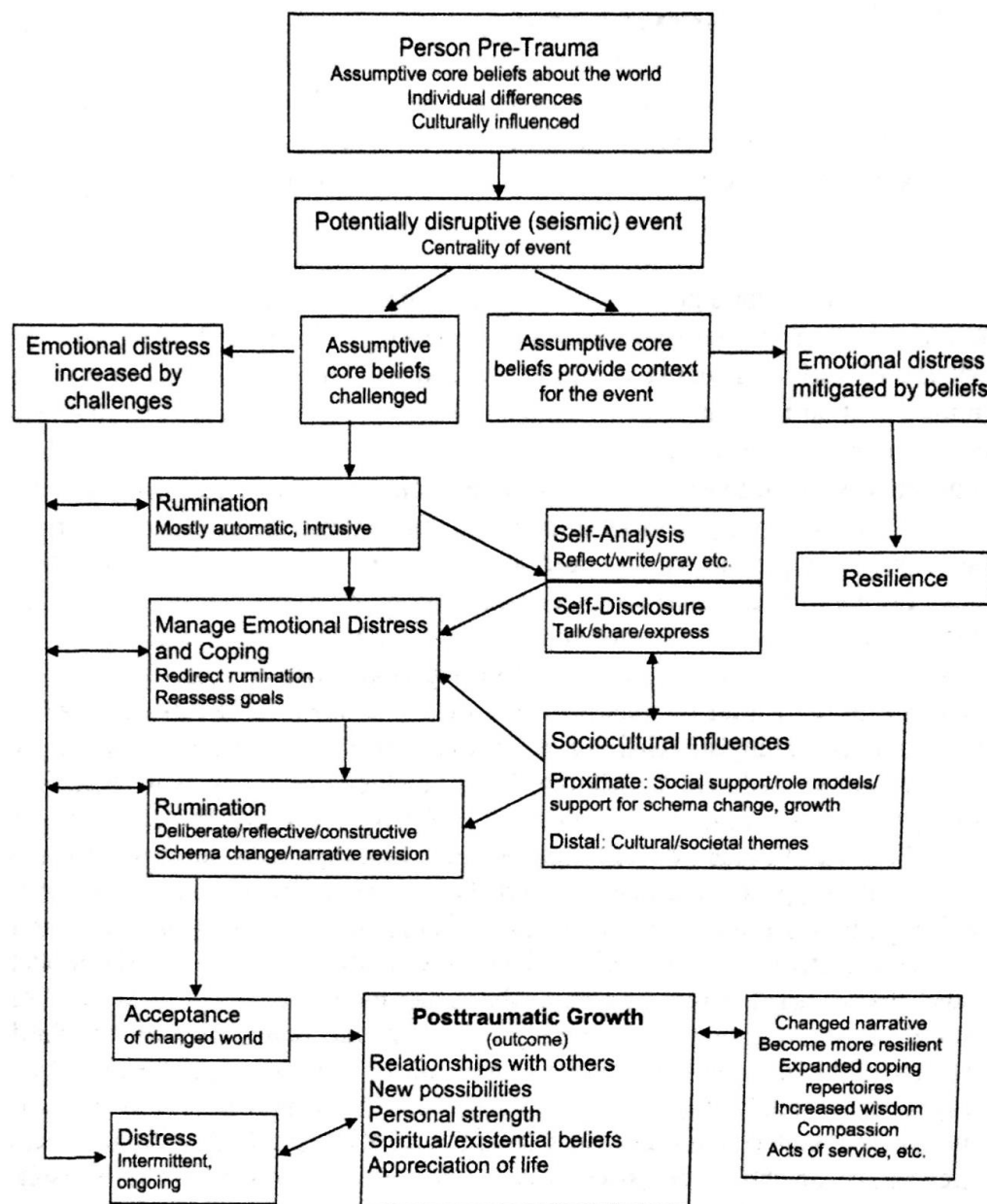
### **The Posttraumatic Growth Process**

As the construct of resolution is posited to be part of the PTG process, it is important to review the larger context of PTG. The current process model of PTG (Tedeschi, Shakespeare-Finch et al., 2018), pictured in Figure 1, begins with the traumatic event itself, which disrupts core beliefs and prompts cognitive processing (i.e.,

rumination) in attempt to negotiate this disruption. Growth is thought to emerge from this reconstruction of a more flexible worldview that accommodates the event, provides a new sense of meaning, and presents possibilities for different ways of living. A sense of

**Figure 1**

Tedeschi, Shakespeare-Finch et al.'s (2018) Model of Posttraumatic Growth



resolution from the event may emerge from cognitive processing and/or PTG, although its exact position in the sequence of PTG processes is unclear at this point. Each component of the PTG process is described next.

### ***Cognitive Processing***

Events that challenge or threaten individuals' core beliefs and understanding of the world prompt the negotiation between the meaning of the event (situational meaning) versus core beliefs (global meaning). The resulting distress and vulnerability (Calhoun & Tedeschi, 2013; Janoff-Bulman, 1992; Taylor, 1983; Thompson & Janigian, 1988) motivates individuals to attempt to understand what happened and restore normal functioning. This entails *rumination*, or repeated thinking, about the event in attempt to reconcile these disruptions (Bolger, 1999; Foa et al., 2007; Kernan & Lepore, 2009; Nolen-Hoeksema & Larson, 1999; Romanoff, 2004; Tedeschi et al., 2015). Content of rumination can include memories, thoughts about why the event happened, the future, and emotional pain from the experience (Nerken, 1993; Parkes & Weiss, 1983). In contemplating such ideas, rumination enables individuals to reconstruct an assumptive world that is more adaptive, flexible, and accommodating of the reality of the trauma (Janoff-Bulman, 1992; Neimeyer, 2016a; Park, 2010), to "relearn" their world with interpretations that feel acceptable (Attig, 2004; Nerken, 1993; Parkes & Weiss, 1983).

*Intrusive rumination* (IR) is the initial response to core belief disruption and is characterized by repetitive, distressing, and unwanted thoughts and images about the event that tend to be distracting and disorienting (Cann et al., 2011; Tedeschi & Calhoun, 2004). Anecdotal (e.g., Baumeister, 1991; Frankl, 1959) and empirical (Kahneman, 2013; Scarry, 1985; van der Kolk, 2015) evidence suggests that the significant psychological

distress that accompanies trauma has the cognitive effect of shifting attention to lower-level needs like escaping present-moment pain, to the exclusion of higher-order thinking about broader meaning and implications. Core belief disruption creates very uncomfortable dissonance that leads to attempts to disregard and suppress such thoughts (Baumeister, 1991), but suppression is a very effortful cognitive activity, and thoughts and images can “leak through” in a way that feels unwanted and overwhelming (van der Kolk, 2015). Although it is expected early in trauma processing, persisting IR is not conducive to well-being and growth in the long term; unsurprisingly, it is associated with posttraumatic distress and poor coping (Cann et al., 2011; Taku et al., 2008).

With time, the individual transitions to more *deliberate rumination* (DR), which is less distressing, more intentional reflection that helps him/her better understand and bring meaning to a traumatic experience (Cann et al., 2011). In DR, one contemplates deeper ideas of understanding and meaning such as causal attributions for the event, whether one has learned from the experience, or whether there is meaning to be found (Cann et al., 2011). In turn, this may allow for the development of new schemas and belief systems that accommodate the experience (Calhoun et al., 2000; Newman et al., 1997; Williams et al., 2002). On the other side of this reconstructive process that results from DR, individuals often come out with more nuanced, complex, and useful meaning systems that facilitate adjustment, future resilience, and, as explored next, growth (Berger, 2015; Cann et al., 2010, 2011; Carver, 1998; Currier et al., 2013; Gillies & Neimeyer, 2006; Greenhoot et al., 2013; Helgeson et al., 2006; Lindstrom et al., 2011; Park, 2010; Taylor, 1983; Tedeschi & Calhoun, 2004; Triplett et al., 2012). For PTG to result, rumination must shift from predominately intrusive to more deliberate (Tedeschi & Calhoun, 2004),



which echoes the idea that only with decreased distress do more global, meaning-making cognitive processes become possible (Baumeister, 1991; Kahneman, 2013; Scarry, 1985). This is described by Barrett and Fish (2014) as a shift from “survival mindset” to “engaged mindset.”

### ***Posttraumatic Growth***

Engaging in a search for meaning and understanding through deliberate rumination then facilitates individuals’ ability to identify evidence of PTG in themselves: When contemplating “What have I learned?” or “What does this mean for my life?”, answers may emerge in the form of recognizing positive changes across one, a few, or all of five domains of functioning (Tedeschi & Calhoun, 2004). Some survivors may experience an increased sense of *personal strength*, a realization that they are capable of handling more than they ever thought possible. They may sense *new possibilities* for themselves and the future, often born of the recognition that old ways of being are no longer tenable. They may gain a newfound *appreciation of life*, especially if they were close to harm or death. *Spiritual and existential changes* may occur, including a reevaluation of concerns like the purpose of life and what it means to live well. Finally, individuals may see changes in *relationships with others*, reaching a new level of intimacy with and compassion for others. Research has indicated that core belief disruption positively predicts PTG, such that the more substantially one’s core beliefs are disrupted, the more IR and DR one engages in, and the more growth is endorsed (Groleau et al., 2012; Triplett et al., 2012). As explored next, the extent to which an individual feels resolved may affect PTG as well.

### ***When Resolution Met PTG***

The concept of resolution concretely entered the PTG arena with key studies from Davis et al. (2007) and Triplett and colleagues (2012). In their mixed-methods study, Davis et al. (2007) conducted interviews with a sample of individuals whose loved ones died in a mine disaster, then employed numerically aided phenomenology analysis to code interviews for themes and quantitatively cluster themes into groups, yielding three trajectories of post-trauma resolution. The first group consisted of individuals who had been able to make sense of and find meaning in their experience. The second group included those who had actively attempted to make sense of their trauma and searched for meaning but had not reached resolution at that time. Finally, the third group had moved past their trauma, but had not found any true meaning in their experience. This study introduced the concept of resolution as it related to growth trajectories and suggested that the need for resolution and the process of achieving it varies across individuals.

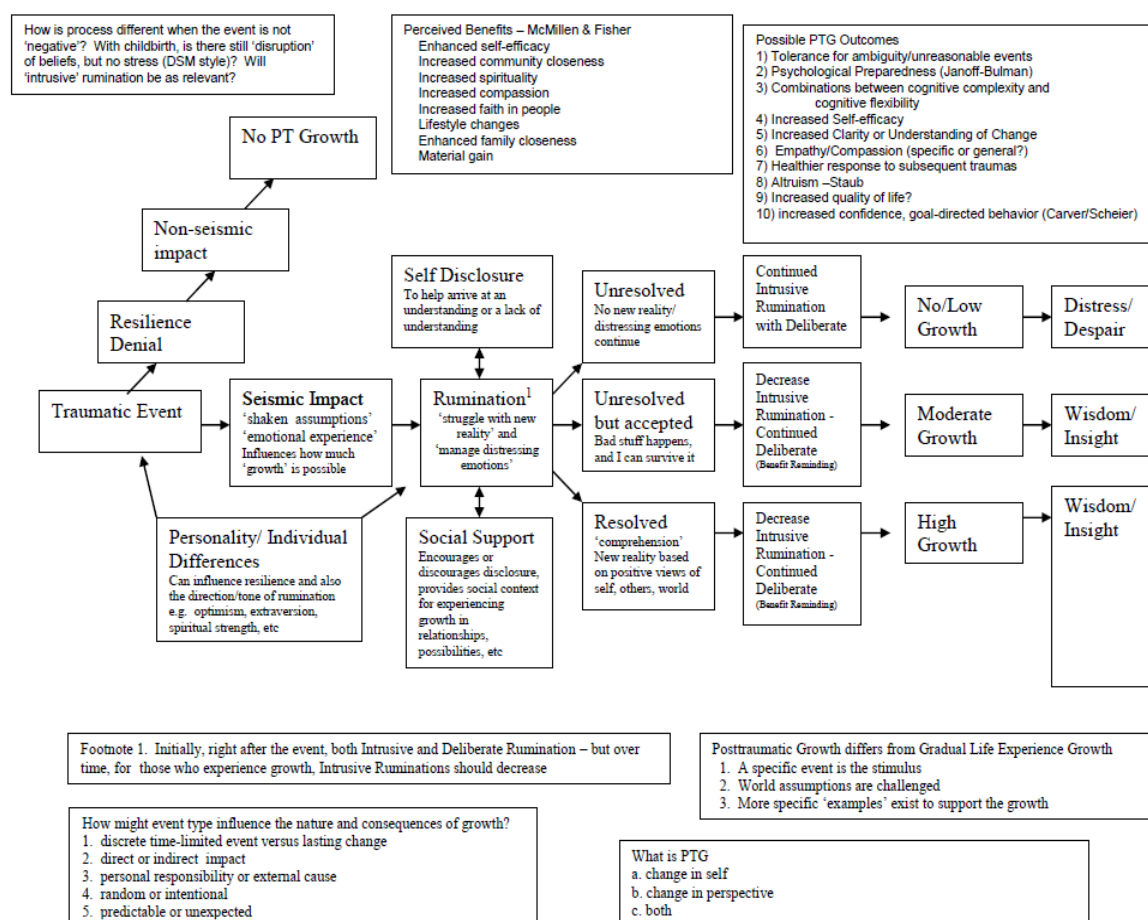
Triplett and colleagues (2012) expanded this work by proposing a fourth category of resolution representing individuals whose initial core beliefs were not challenged by the trauma, thereby resulting in no need to assimilate the event or accommodate the assumptive world to fit the event. A categorical item was then created to quantitatively assess degree of resolution in participants as it fit into a larger path model of PTG. Responses included “I feel no need to try to understand or make sense of this event” (felt no need), “I tried to understand or make sense of this event, but I could not and have given up trying” (gave up), “I am still trying to understand or make sense of this event” (still searching), and “I believe that I have been able to understand or make sense of the event” (achieved resolution; Triplett et al., 2012). These studies set the stage for

considering how individuals progress differently through trauma processing and consequently experience different posttraumatic outcomes. Resolution became a relevant component of the process insofar as it promoted or inhibited PTG.

Figure 2 depicts an unpublished theoretical model developed by Tedeschi and colleagues in 2012 that in part drew upon findings from the Davis and Triplett studies (R. G. Tedeschi, personal communication, September 2014). As seen in the center of the

**Figure 2**

A Former Unpublished Model of Posttraumatic Growth Featuring the Resolution Construct



figure, resolution was posited to follow one of three possible trajectories from rumination: lack of resolution, resulting in continued IR, emotional distress, and little to no growth; acceptance without resolution (i.e., “Bad stuff happens, and I can survive it”), resulting in reduced IR and continued DR, moderate growth, and ultimate wisdom and insight; and resolved (i.e., “comprehension and a new reality based on positive views of the self, others, and world”), resulting in reduced IR and continued DR, high growth, and wisdom and insight. My interest in the resolution construct was piqued by the presence of but unclear theory behind its relationships to existing components of the model, its limited definition in the development of the measurement item in Triplett et al. (2012), and its absence from the most recent published PTG model (Figure 1). This working conceptualization had theoretical plausibility, but was not grounded in clear operationalizations of resolution, acceptance, or comprehension, nor validated means for measuring each construct or their relationships in the model. Therefore, my goal was to investigate the resolution construct to contribute to PTG theory development, specifically in the transition from rumination to growth and, possibly, downstream outcomes (e.g., wisdom, insight).

### **Conceptualizations of Resolution**

To initiate the concept explication process, it was important to first understand the current landscape of resolution in psychology and related literatures. As compared to prolific research on core belief disruption and PTG, resolution is surprisingly elusive in the trauma literature. It is used infrequently and usually implicitly, with the assumption that feeling resolved is naturally born of processing a trauma and does not necessitate definition. For instance, McLean et al. (2017) stated, “Traumatic experiences always pose

a problem for the self that must be resolved in some way” (p. 56), but do not explain what it means to resolve. Similarly, Bellet et al. (2018) noted, “Successful resolution of [challenges to core beliefs] can result in a deepened sense of meaning, greater ability to relate to others, and a more stable self-concept” (p. 799), but, again, do not define or characterize “successful resolution.” How does resolution present? What are its cognitive, emotional, and behavioral indicators? Is it a common, expected, and beneficial endpoint of trauma processing? How does resolution compare with other related ideas like closure, “moving on” or “moving past,” finding peace or acceptance, and more? The present investigation sought to address these questions.

Themes of resolution most often appear in research on grieving an important loss, whether a person, a cherished life role, or a future that is no longer possible. Both emotions and conflicts (“unfinished business”) can be unresolved in grief (Neimeyer, 2016b). The search for resolution is especially apparent in literature on *complicated grief*, a clinical syndrome associated with considerable distress and disability and typified by numbness, preoccupation with the loss, and intense yearning (Bruce, 2002; O’Connor et al., 2014; Prigerson & Maciejewski, 2008). While IR is common in normal grief (Davis et al., 2015; Shear, 2010), those with complicated grief have significant difficulty transitioning to DR and beyond (Calhoun & Tedeschi, 2013; Gillies & Neimeyer, 2006; Neimeyer, 2001). Finding resolution may thus be a central issue in this condition.

Most interestingly, resolution’s relevance in recent grief research is its invalidation as the desired and expected endpoint to grief. Earlier researchers and clinicians championed specific tasks of mourning, including “moving on” by relinquishing attachments to the deceased and “reinvesting” in new relationships (Nolen-

Hoeksema & Larson, 1999; Rando, 1988). However, the finality, feasibility, and necessity of achieving “closure” have since been called into question (Neimeyer, 2004; Steffen & Klass, 2018). Modern research and therapeutic approaches to bereavement instead normalize the “continuing bond,” an ongoing attachment or sense of connection to the deceased (Gillies et al., 2015); as Sandberg and Grant (2017) noted, “Death ends a life, not a relationship” (p. 168). How continuing bonds influence resolution is unclear, but they call into question the conceptualization of resolution as static or permanent.

Many developmental psychologists (e.g., Bailey et al., 2007; Barnett et al., 2003; Bowlby, 1980; Koren-Karie & Getzler-Yosef, 2018; Krstić et al., 2017; Lyons-Ruth et al., 2003; Main & Hesse, 1990; Milshtein et al., 2010; Oppenheim et al., 2009; Schuengel et al., 1999; Wright et al., 2007) have examined the relationship between parental trauma resolution (or lack thereof) and child attachment style. In seminal work, Bowlby (1980) and Main and Hesse (1990) determined that parents’ unresolved loss of an attachment figure was associated with insecure attachment style in their infants (though did not clearly define “unresolved”). Marvin and Pianta (1996) found that in responding to their infants’ diagnoses of a disability or chronic illness, mothers’ lack of resolution similarly predicted insecure infant attachment. In their interview protocol for this study, Pianta and Marvin (1993) conceptualized and classified “resolved” versus “unresolved” mothers using information about how they storied the child’s initial diagnosis, how their thoughts and feelings have changed since the diagnosis, and thoughts about the causal role they and others played in the diagnosis. Their indicators of resolved and unresolved individuals are woven throughout the review to follow.

What follows is a survey of concepts that seem to share the same “territory” as resolution, i.e., outcomes of emotionally and cognitively processing and growing from trauma. The below ideas were collected from decades of academic and lay publications that utilized the term “resolution” or associated terms like “closure,” “clarity,” “recovery,” and “restoration.” With the caveat that their connections to resolution are speculative, the below concepts most commonly arose across literatures when discussing resolution of a traumatic event.

### ***Meaning Made***

If trauma and suffering represent the loss of meaning, resolution of trauma may reflect the individual’s ability to reacquire or restore meaning (Baumeister, 1991), or *meaning made* (Park, 2010). Meaning made is thought to be the result of meaning making, the process of working to reconcile the discrepancy between global and situational meanings—i.e., the work of intrusive and deliberate rumination (Gillies et al., 2015; Kernan & Lepore, 2009; Park, 2010; Wortman & Silver, 1989). Neimeyer and colleagues (e.g., Gillies & Neimeyer, 2006; Holland et al., 2006; Holland & Neimeyer, 2010; Neimeyer, 2001, 2016a) have extensively investigated meaning made in the context of bereavement, and finding meaning in the loss has even been conceptualized as an “essential task” in bereavement (Davis, 2004; Gilbert, 1997; Nerken, 1993; Stroebe & Stroebe, 1987).

How is meaning made, and what does it look like? Like the similarly convoluted meaning making, there is not clear consensus. Park (2010) argued that meaning made, as the outcome of meaning making, is defined as the “perception of changes” (p. 1240), whether changes in “appraisals of a stressful event (e.g., coming to see it in a more

positive light),” in “global meaning (e.g., changing one’s global beliefs, spiritual or religious values, or overarching life goals)” or in the form of “perceived stress-related or posttraumatic growth” (p. 1236). Related to this perception of change is the idea that meaning made is the rebuilding of one’s identity, which, from a narrative perspective, is inherent to the process of reconstructing core beliefs and the personal narrative (Bellet et al., 2018; Harvey, 1996; McLean & Pratt, 2006; Neimeyer, 2006; Romanoff, 2004). Meaning made as perceiving change seems to conflate with PTG, which is itself the identification of positive changes (Tedeschi & Calhoun, 2004); this epistemological issue is outside the scope of this study, but worth noting.

Alternatively, it has been argued that meaning made represents the successful construction of “illusions,” or appraisals of events that help individuals restore a sense of comfort and adaptive functioning (Baumeister, 1991; Rothbaum et al., 1982; Taylor, 1983; Taylor & Armor, 1996). This term is not meant to connote a sense of falsehood or delusion, but rather that the absolute truth of these meanings is not of relevance so much as the restorative functions they serve (Taylor, 1983). Illusions do this by helping individuals identify a purpose for the event, even if it is a purpose beyond one’s comprehension. This can take different forms, whether identifying some overarching plan or role the event serves (Baumeister, 1991; Durà-Vilà et al., 2013; Park et al., 2012), unexpected benefits or positive implications like lessons learned (Kernan & Lepore, 2009; Taylor, 1983), or as a vehicle for personal growth or transformation (Davis, 2004; Janoff-Bulman, 1992; King et al., 2000; McAdams, 2013; Pals & McAdams, 2004). Frankl (1959) spoke to the ability to find meaning in suffering by seeing it as an “asset” (p. 82), an opportunity to welcome challenge and “achieve something” (p. 68).



Individuals who can identify “positive endings” to their trauma narratives also create stories with a higher degree of closure or resolution of central conflicts (King et al., 2000), suggesting that meaning made as positive illusions is facilitative of resolution.

Lack of clarity on its exact definition notwithstanding, meaning made is associated with positive outcomes including increased well-being (Coleman & Neimeyer, 2010; Graci et al., 2018; Greenhoot et al., 2013) and optimism (Greenhoot et al., 2013). Finding positive meanings in the experience can also mitigate negative emotions (Davis, 2004; Taylor, 1983). Of course, some meanings may be more adaptive than others, in turn impacting well-being post-trauma (Mansfield et al., 2010). For instance, the conclusion drawn that an event happened because one is a bad person is associated with significantly more distress than the conclusion that tragedy can happen to anyone, whether a good or bad person (Mansfield et al., 2010).

If resolution aligns with the successful identification of meaning and conclusion of the meaning-making process, a lack of resolution may conversely align with an inability to identify meaning and ongoing fruitless search efforts. In their study of parents’ resolution of their child’s diagnosis of a chronic medical condition, Marvin and Pianta (1996) suggested that unresolved parents engaged in a continuous struggle to find a reason for the diagnosis. Steger’s (e.g., Steger et al., 2006; Steger et al., 2008) research and measurement of meaning in life corroborates this difference, such that individuals who identify higher presence of meaning in life on the Meaning in Life Questionnaire (MLQ; Steger et al., 2006) also report higher life satisfaction and well-being, while those who report higher search for meaning on the MLQ report lower satisfaction and well-being (Park, 2010). Another study similarly found that the longer after an event that

individuals search unsuccessfully for meaning, the poorer their mental functioning, lower their positive affect, and greater their negative affect (Helgeson et al., 2006). As explored later, acceptance of a lack of meaning and a conclusion of the search may be preferable to this alternative.

### ***Comprehension or Sense Made***

Trauma often belies the comprehensibility of the world—that life events are generally predictable, structured, ordered, and explicable (Antonovsky, 1979; Berger, 2015; van der Kolk, 2015). In PTG research, resolution has been referred to as the experience of an event “making sense,” such that one’s assumptive world and core beliefs have accommodated the event, as discussed previously (Lewis et al., 2018; Janoff-Bulman, 2006; Tedeschi & Calhoun, 2008; Triplett et al., 2012). The strongest predictor of complicated grief is a struggle to make sense of a loss (Keese et al., 2008); it follows that if complicated grief is marked by a lack of resolution and comprehension, resolution might conversely reflect the presence of comprehension or sense. Across event types and populations, it seems that developing explanations to increase one’s comprehension of an event is an important step toward accommodating one’s worldview to integrate the event and restoring meaning post-trauma (Davis & Morgan, 2008; Holland et al., 2006; Pakenham, 2008).

**Dialectical thinking.** Part of gaining comprehension is learning to live with and even appreciate paradoxes, which necessitates improved *dialectical thinking*, or the ability to live and work within contradictions (Daloz et al., 1996; Linehan, 1993). The paradoxes of continuing bonds, for instance, where a loved one is both present and absent, and the survived are both devastated and hopeful, seem unable to be

comprehended (Klass et al., 1996; Tedeschi, Orejuela-Davila et al., 2018). However, resolution may reflect a point at which an individual more deftly navigates paradox and does not feel as much discomfort and dissonance within it (Calhoun & Tedeschi, 2013; Rousseau & Measham, 2007). Another important paradox to embrace is the comprehension that some things are beyond comprehension—that some things are senseless and random or chaotic acts occur in spite of any cosmic “plan” (Kushner, 1981).

### ***Coherence and Organization***

Another possible aspect of resolution, and of close relation to comprehension, is a feeling that one’s event or even life narrative has become more coherent, structured, and organized. In the wake of an intense experience, memories and narratives are disorganized, inchoate, and overwhelming (Foa et al., 2019; Neimeyer, 2006; van der Kolk, 2015). Many have argued that individuals better make sense of and find meaning in difficult life experiences when they are able to story events in line with their larger life narrative (Bruner, 1987, 1991; Graci et al., 2018; McAdams & McLean, 2013; Park & Blumberg, 2002), and thus narrative construction has emerged as an important tool in helping trauma survivors navigate and organize their experience (Lilgendahl & McAdams, 2011; Mansfield et al., 2010; McLean et al., 2017). It has even been suggested that only with a coherent account can one begin to contemplate the significance of an event (Greenhoot et al., 2013; Neimeyer, 2006; Sloan et al., 2009). Therefore, resolution might reflect in part the organized narrative that results from processing. One’s ability to craft this narrative may be related to one’s sense of coherence (SOC; Antonovsky, 1993), or overall approach to understanding life events as imbued with comprehension,

meaningfulness, and manageability. Although it has not been clearly investigated, higher SOC may be associated with a greater ability to develop cohesive narratives and accommodate a variety of life challenges, including trauma.

Bereaved individuals who have processed trauma and constructed a more cohesive narrative speak to a feeling that their minds are not as “cluttered and disorganized,” and an ability to “think of each piece [of the event] and process them” (Neimeyer, 2016b, p. 76). Similarly, resolved parents in Marvin and Pianta’s (1996) study were able to express their experiences, at the time of their child’s diagnosis and at present, in a “coherent, believable, and affectively appropriate narrative” (p. 440), which they defined as without cognitive distortions or extreme negative emotion. Conversely, an unresolved parent exhibited lapses in memory or affect suggesting being “cut off” from her experience, as well as a sense of incoherence and disorientation (e.g., losing train of thought) in communicating about it (Marvin & Pianta, 1996).

### ***Reorientation from Past to Future***

Another aspect of resolution may be a shift in focus from the past and present-moment pain to a broader and more future-oriented perspective. Colloquially, individuals speak to being able to “move on” from an event, or to put it “behind” themselves. Some grief interventions are even designed expressly to help clients “envision a way forward” (Neimeyer, 2016b, p. 76). Pianta and Marvin (1993) defined resolved mothers as having “moved beyond” their child’s diagnosis, acknowledging some ongoing mourning but able to reorient to the present and future rather than dwell on the past; conversely, unresolved parents had not successfully moved through and past the crisis, remaining intensely focused on the past experience (Pianta & Marvin, 1993). Bowlby (1980) and Main and

Hesse (1990) similarly argued that parents with unresolved grief over a lost attachment figure experienced a preoccupation with past events and a lack of orientation to the present moment as evidenced by intrusive, flashback-like thoughts. These individuals expressed marked grief and anger that often interrupted and overwhelmed their ability to convey their thoughts, interpreted by the above researchers as an indication of being “stuck in the past” (Pianta & Marvin, 1993).

Trauma creates a preoccupation with present-moment pain and disorientation in time and space, which is corroborated by neurobiological evidence: van der Kolk (2015) explained that early in recovery, when reminded of the trauma, right-brain overactivation and left-brain under-activation result in a feeling that the event is happening in the present moment and a loss of recognition that one is only recalling the past. He likened this to being “stuck in fight-or-flight” (p. 45). To feel resolved from an event, individuals arguably must reestablish the ability to differentiate past from present and future and allow for renewed orientation and presence (Main & Hesse, 1990). Once an individual has been able to work through fixation on present-moment pain, they cognitively and emotionally are freed to engage in broader, more meaning- and future-oriented thinking (Baumeister, 1991; Kahneman, 2013; Ruden, 2011; Scarry, 1985). Pianta and Marvin (1993) summarized:

Fundamentally, resolution is characterized by a reorientation and refocus of attention (perceptually, cognitively, emotionally) on present reality, following a period of disorientation. [Resolution is] a focus on the present, [...] a forward looking orientation, [...] with] no effort to bring the past into the room (p. 10).

### ***Restored Self-Worth***

Trauma can devastate one's sense of self (Nerken, 1993; van der Kolk, 2015) and lead to disbelief in one's own ability to cope and perform (Berger, 2015). As Sandberg and Grant (2017) explained, "Trauma can lead to self-doubt in *all* aspects of our lives [...] We are struggling in one area and suddenly we stop believing in our capabilities in other areas" (p. 65). Especially painful is the deep shame resulting from acts one committed (or failed to commit) that violate morals and values (van der Kolk, 2015). This self-directed anger is one aspect of *moral injury*, a negative posttraumatic emotional and behavioral response that arises from events that were deemed transgressions of the survivor's morals or character (e.g., betrayal of trust, excessive violence; Litz et al., 2009). Resolution may then emerge from what Litz and colleagues (2009) called *moral repair*, a clinical intervention in which one emotionally processes the transgression, then seeks corrective experiences that undermine assumptions that one deserves only to suffer, often by appreciating one's ability to still do good and help others. Restoring self-worth seems to come from the recognition that a trauma is not a pervasive representation of the self, but rather an individual incident without universal implications for oneself, one's abilities, or the future (Sandberg & Grant, 2017).

### ***Reduced Negative Emotion***

Early post-trauma, individuals may be consumed by disorienting negative emotions such as fear, terror, anxiety, shame, guilt, anger, and depression, as well as attempts at withdrawal or numbness (Barrett & Fish, 2014). Resolution, then, may be a successful reduction in negative emotion such that trauma-related stimuli no longer trigger IR and related distress—in essence, a desensitization to distressing thoughts,

images, or memories (Neimeyer, 2016; Rachman, 2001; Williams et al., 2002). This is supported by Bowlby's (1980), Main and Hesse's (1990), and Marvin and Pianta's (1996) observations that unresolved parents exhibited dysregulated and intense negative affect in interviews, while resolved parents were not overwhelmed by negative emotion. This idea of reduced negative affect is very consistent with the PTG model's transition from IR to DR over time (Tedeschi, Shakespeare-Finch et al., 2018).

Individuals may also regain their ability to experience positive emotion in addition to reduced negative emotion. Positive affect can co-occur with posttraumatic distress (Wortman & Silver, 1989) and increase over time (Folkman, 1997; Folkman & Moskowitz, 2000). The other processes that may be involved in resolution, such as meaning made or reorientation to the future, may also restore joy, gratitude, hope, and optimism, as discussed previously (e.g., Abe, 2016; Armour, 2010; Greenhoot et al., 2013; Lee et al., 2006; Park, 2010).

### ***Forgiveness***

Whether “unfinished business” with a deceased loved one, anger toward the perpetrator(s) of an incident (or oneself), or other general interpersonal transgressions (Heintzelman et al., 2014), individuals can become consumed by powerful negative emotions regarding a wrong committed in the context of trauma (Finch, 2006; Litz et al., 2009). In addition to its ability to reduce psychological suffering post-trauma (Friedberg et al., 2005; Staub et al., 2005; Worthington, 2006), forgiving oneself, a perpetrator, or a higher power for a traumatic event may facilitate resolution of these painful emotions. Forgiveness is variously defined, but generally entails the mental, emotional, or spiritual process of releasing anger and resentment toward another or oneself for offenses (Doran

et al., 2012; Hultman, 2007). This release, rather than passive “letting go,” is thought to be an active process of remembering an event in a “new way” by increasing awareness of difficult emotions and learning to reframe, better integrate, and ultimately “transform” the memory (Enright & Fitzgibbons, 2000; Finch, 2006). In turn, this transformation of one’s relationship with the perpetrator and the event memory may bring feelings of peace and closure (Gassin, 2018).

Forgiveness may also promote resolution by offering a way for individuals to regain their sense of control over perceptions and memories of the traumatic experience (Enright & Fitzgibbons, 2000; Wusik et al., 2015) through an alternative response. Frankl (1959) argued that perpetrators steal everything from victims except their choice of how to respond to the situation. Therefore, individuals might choose forgiveness and compassion as a means for personal control amid what feels uncontrollable (Rothbaum et al., 1982; Wusik et al., 2015), helping to restore a core belief that one can control *some* things, as well as restore self-efficacy and -worth (Enright et al., 1998). Those who choose to apply empathy and compassion when and to whom it is hardest may therefore find meaning in their trauma by viewing it as a challenge or opportunity (Haas, 2015). Litz et al.’s (2009) moral repair intervention addresses self-forgiveness as a key component in part because of the benefits of regaining a sense of control.

### ***Acceptance***

Finally, resolution might indicate acceptance of a new reality, as well as the new tasks and roles that come along with it (Marvin & Pianta, 1996). Kubler-Ross (1969) argued that acceptance reflects acknowledgment that one’s new reality is permanent and daily living must accommodate this new reality rather than strive to maintain the



previous, lost reality. A relevant concept regarding this ability is Rothbaum et al.'s (1982) *primary* and *secondary control*, or one's attempts to cope with an external threat (primary) versus one's reaction to or interpretation of it (secondary). Specifically, secondary *interpretive control* reflects individuals' decisions as to how to understand challenging experiences so as to more readily derive meaning from and accept them (Rothbaum et al., 1982). To do this, individuals may try to relinquish power and control over the event to any number of external forces (e.g., poor luck). Paradoxically, this attribution restores one's sense of control (Rothbaum et al., 1982) and allows for greater acceptability of the situation.

Resolution thus could represent the decision to accept that some things do not have meaning to them, that there is not a good reason or cause. The meaning structure has been accommodated to include the acceptability of senselessness (Kushner, 1981), which can be especially important when one extensively searches for meaning to no avail; as has been argued (e.g., Davis et al., 2000; Kernan & Lepore, 2009; Silver et al., 1983), acceptance of the attribution of "meaninglessness" may be preferable to the prolonged distress that accompanies a fruitless search for meaning. In gaining acceptance, dialectical thinking again becomes essential.

***Summary: Possible Meanings of Resolution***

In summary, resolution is potentially characterized by feelings of meaning made; comprehension or sense made; a feeling of order, coherence, and organization of the trauma narrative; a redirection from rumination on past and present-moment pain, toward future-oriented thoughts; reduced negative emotion and increased positive emotion; restored self-worth and -esteem; forgiveness; and acceptance. Whether resolution

comprised one, some, all, or even none of these elements, it was important to understand the concepts that could arise in the process of explicating this construct, while simultaneously remaining open to unanticipated ideas that could arise from inductive analysis.

It is also worth noting the challenge in organizing this review of resolution and other constructs. As Greenhoot et al. (2013) observed, these various constructs overlap and are often used to define parts of one another; for instance, sense-making has been defined across studies as deliberate reflection/rumination, developing a coherent narrative, “finding resolution and reframing the event in a new light,” or “identifying life impact, lessons, or insights learned” (Greenhoot et al., 2013, p. 125). Park’s (2010) extensive review and the studies that have emerged since that time suggest these constructs and their relationships are far from clearly defined, and certainly not as they relate to resolution. This confusing territory lends credence to the present investigation’s goal to understand how resolution manifests.

### ***Other Considerations***

**Degrees and stages.** Some evidence suggests that rather than as a binary outcome (present or absent), resolution is experienced in degrees. As described previously, Davis et al. (2007) identified three trajectories of post-trauma resolution in individuals whose loved ones died in a mine disaster, suggesting resolution could vary among trauma survivors. Triplett et al.’s (2012) expanded upon this categorical approach and added a fourth category, resulting in the categories “felt no need,” “gave up,” “still searching,” and “achieved resolution.” These different degrees of resolution were characterized by differences in outcomes including core belief disruption, IR and DR, and PTG. Analyses

from an unpublished manuscript (Lewis et al., 2018) revealed that participants who were still searching for resolution exhibited the highest levels of PTG of all groups. The next highest PTG levels were found in those who achieved resolution, followed by those who gave up, and lastly those who felt no need (Lewis et al., 2018). This suggested that those who were still searching were also those who had the greatest disruption to core beliefs and engaged in the most rumination about the event, in turn leading to the most growth. (A caveat is that a prolonged search can lead to heightened distress; therefore, the amount of time spent searching is relevant, such that some time is adaptive and promotes PTG, while an extended time period is maladaptive and fuels distress.) However, these correlational findings did not indicate whether greater core belief disruption, rumination and growth lead an individual to continue to search for resolution and meaning, or whether it is the status of feeling resolved that leads an individual to retrospectively underestimate core belief disruption and rumination processes.

These findings indicate that there may be different statuses or stages of resolution, and that some people may be able to resolve what has happened while others struggle to do so. In addition, there may be nuance to which aspects of a traumatic experience can be resolved and which cannot. An aim of the present investigation was to explore such ideas.

**Event details or circumstances.** One possibility for understanding degrees of and variability in resolution across trauma survivors is the nature and circumstances of different traumas. Such circumstances could include whether an event was random or intentional, sudden or expected, time-limited or lasting, or direct or indirect (Tedeschi, Shakespeare-Finch et al., 2018). Unpublished analyses of degree of resolution by event type (Lewis et al., 2016) indicated that the relationship between resolution and PTG

differs for certain event types, perhaps because potential for growth and resolution is a function of associated thoughts and emotions. For example, some events may elicit guilt (e.g., causing an accident), while others evoke feelings of anger or victimization (e.g., being robbed). McLean et al. (2017) found that in analyzing trauma narratives, there was significant variability among people in degree of reported resolution, based largely on time since the event occurred; with more time elapsed came more opportunity to process and resolve the central problem. Overall, there is limited evidence for how event circumstances affect resolution, but this is a rich area for future investigation.

**Stability versus fluidity.** Rather than a static outcome, some have suggested flexibility, transition, and ambivalence in the resolution process. Pianta and Marin (1993) described resolution as a dynamic and impermanent state, noting that across their interviews, parents tended to exhibit elements of both resolution and lack of resolution. Similarly, Gillies et al. (2014) cautioned that in measuring meaning made from grief, it is important to recognize some participants' lack of finality regarding the death and the reality that meaning made is not a stable construct. In continuing bonds with the deceased, relationships are no longer seen as maladaptive and requiring resolution, but rather, grief is an ongoing dynamic process in which the relationship with the deceased continually develops (Steffen & Klass, 2018).

### **Measurement of Resolution**

In investigations of trauma processing, some researchers simply ask individuals to indicate whether and the degree to which they have felt resolved (e.g., Neimeyer, 2016a; Triplett et al., 2012; Wright et al., 2007). Although there is not a known published scale that directly measures resolution from trauma, below are existing measures and

qualitative approaches that either incorporate resolution or evaluate related ideas.

Although the purpose of this study is not measure development, it can be helpful to evaluate how others have conceptualized and measured trauma processing and related concepts.

### ***Quantitative Measures***

Williams et al.'s (2002) Cognitive Processing of Trauma Scale (CPTS) was developed to assess the degree to which an individual has engaged in cognitive processing, defined as efforts to achieve greater “organization of thoughts,” “degree of assimilation or meaning-making,” “ability to see [...] more positive perspectives,” and “acceptance and resolution” (p. 350). They did not explain or operationally define resolution or how it is distinct from meaning-making or positive reframing. The CPTS has five subscales: denial, positive cognitive restructuring, resolution/acceptance, regret, and downward comparison. Items on the resolution/acceptance subscale include: “I have figured out how to cope”; “I have moved on and left the event in the past”; “Overall, this event feels resolved for me”; and “I have come to terms with the experience.” This subscale is positively related to positive cognitive restructuring (e.g., “I am able to find positive aspects of this experience”), and downward comparison, and negatively related to avoidance and intrusive thoughts. This measure comes closest to operationalizing resolution among those reviewed, as it is the only one to use the term and factor-analyze ideas (e.g., moving on, coming to terms) that surround the term.

Stiles and Angus (2001) developed the Assimilation of Problematic Experiences Scale (APES) to help clinicians understand the relationship between therapeutic processes and outcomes as clients attempt to assimilate difficult experiences. Analyzing

therapy transcripts, they developed eight degrees of assimilation exhibited in clients, ranging from 0 (“warded off”; complete lack of awareness of disturbing topics) to 7 (“mastery”; develops solutions, embraces dialectics, and integrates various perspectives). Although APES was not developed for trauma contexts, the measure is an interesting contribution to the discussion of resolution insofar as resolution may be the endpoint of a struggle to successfully assimilate. Later stages in APES (application/working through, problem solution, and mastery) reflect improved problem-solving ability, increased positive affect, and “progressively greater clarity” (Stiles & Angus, 2001, p. 114). The scale does not explicitly mention resolution but lends credence to issues of degrees or stages of resolution, and perhaps its fluidity as well.

The Integration of Stressful Life Experiences Scale (Holland et al., 2010) was developed to evaluate “the degree to which a stressful life experience has been adaptively incorporated into a broader life story that may promote a sense of internal coherence and foster a secure and hopeful view of the future” (p. 328). It is comprised of two subscales: footing in the world (i.e., a desire to determine what comes next or where to go from this point) and comprehensibility (i.e., how this event makes sense in the larger narrative). This measure seems to focus more on processes that occur prior to achieving resolution, like the negotiation of meanings accomplished through DR. However, footing in the world might reflect reorientation to future as discussed previously, and thus may be relevant to resolution.

Finally, Gillies et al.’s (2015) Grief and Meaning Reconstruction Inventory (GMRI) evaluates the degree to which individuals have made meaning of a loss. Its five factors including continuing bonds (i.e., ongoing attachment or connection with

deceased), personal growth (akin to PTG), sense of peace (i.e., preparedness for and comfort in death), emptiness and meaninglessness (distress and loss of meaning), and valuing life (akin to PTG appreciation of life). With emptiness and meaninglessness reverse-scored, higher scores on the GMRI indicate more meaning made (Gillies et al., 2015). This measure of meaning made, however, does not incorporate resolution.

### *Narrative Analyses*

A few qualitative studies have evaluated narratives of trauma and major life events to determine if and how individuals refer to ideas of resolution. King et al. (2000) explored how individuals identify a sense of closure or resolution, coding them as “happy endings” in which participants indicated they had changed for the better or learned a lesson. Greenhoot et al. (2013) similarly coded trauma narratives for the degree to which individuals described a “specific resolution” to the main problem in their story. Finally, McLean et al. (2017) asked participants to indicate the degree to which the “main problem” in their trauma narrative was resolved, with responses coded as no resolution, a vague reference to resolution (e.g., “Things are better now”), or a specific description of the way in which the main problem was resolved (p. 59). Criteria by which these coding determinations were made were not available in any of these studies.

The Meaning of Loss Codebook (Gillies et al., 2014) was developed to guide qualitative investigations of meaning making in grief, particularly on dimensions like comprehension, benefit-finding, and sense of identity. Through content analysis of participants’ responses to the question, “Have you been able to find meaning in the death? If so, how?” Gillies et al. (2014) identified 30 theme codes such as “survivor identity” and “lack of understanding.” No codes spoke to feelings of resolution or

closure, with the closest concept being “moving on,” defined as discerning progress in oneself. Although this codebook could prove useful in analyzing grief narratives and might have applicability to other traumas, it was not developed with a variety of event types in mind, and these themes may reflect meanings unique to bereavement.

In summary, although measures have attempted to capture meaning-making processes in trauma and touched on resolution along the way, no published measures, to my knowledge, have defined resolution and made it the focus of evaluation. In addition, resolution does not relate consistently with other constructs, sometimes appearing to be part of a larger process (e.g., cognitive processing) and sometimes existing under different terms entirely (e.g., under the umbrella of meaning made). With an aim to thoroughly conceptualize and describe the process of resolution, this study sought to lay the foundation for better measurement efforts.

### **Resolution in a Military Veteran Population**

Although trauma exposure is common among the general adult population, military veterans are especially vulnerable, with 87% reporting at least one traumatic event during their lifetime (Wisco et al., 2014). Consequently, posttraumatic stress disorder (PTSD) in military veterans has received heightened attention in recent years in both research and lay arenas. A recent meta-analysis using the National Health and Resilience in Veterans Study (NHRVS) indicated an 8% lifetime prevalence of PTSD in veterans (Wisco et al., 2014). Veterans’ ability to cope with trauma is potentially thwarted by numerous risk factors unique to this population, including but not limited to a military culture of hypermasculinity and emotional stoicism (e.g., Fox & Pease, 2012), the strain on psychosocial resources and relationships posed by deployment and



reintegration (e.g., Freytes et al., 2017), and cultural normalization of substance use as a coping mechanism (e.g., McFarling et al., 2011). Several systemic aspects of the military have created a pressure to do and not feel, to move on and move forward, thus hindering rather than facilitating resolution.

One consideration is the type and number of traumatic experiences to which veterans are exposed; by virtue of their military occupations, veterans are more likely to have experienced traumas of a violent nature, such as assault and witnessing and/or perpetrating killings (Larner & Blow, 2011). In combination with frequent, cumulative exposures across deployments, servicemembers are naturally exposed to events with weighty interpersonal and moral implications that may stymie resolution. In addition, the fast-paced and present-focused nature of combat deployments and military missions historically have not been conducive to processing service-related traumas at the time or upon returning home. As Marlowe (2001) discussed regarding post-combat debriefings in the Gulf War, military leadership was encouraged to provide small-group processing to cope with any events and emotional sequelae, but such decisions were ultimately left to unit commanders, who “apparently did not attend to it” (p. 149). He added that, in fact, many “senior personnel had actively discouraged their mental health staffs from setting up outreach or intervention programs” (Marlowe, 2001, p. 149) due to logistical inconveniences. Along with servicemembers’ strong desire for “freedom and mobility after return” (Marlowe, 2001, p. 149) and thus tendency to scatter quickly, this all but ensured debriefing did not happen. In close relation to the lack of support post-deployment is the military’s “informal but powerful culture of always being ready to go to war” (Marlowe, 2001, p. 150), which fosters a sense of instability and unease as well

as a pressure to quickly dismiss past service-related experiences in preparation for more to come.

Finally, mental health stigma and self-stigma pervade military culture, leading servicemembers to fear retaliation for voicing psychiatric concerns by being met with a lack of peer or leadership support or even seeing their career trajectories in jeopardy (Harding, 2017; Nash et al., 2009; Pietrzak et al., 2009). An unwillingness to acknowledge and respond to mental health concerns at an organizational level has also resulted in a dearth of preventative measures to build resilience in servicemembers at the outset of missions (Meichenbaum, 2012), which could in turn prevent the need for subsequent posttraumatic symptom management and resolution. Because of these cultural phenomena, military veterans may be especially vulnerable to the challenges of finding resolution.

Despite these obstacles, U.S. veterans have also reported and offered accounts of growth from their experiences, and PTG has been demonstrated in veterans in both research and clinical settings (Tedeschi, 2011). Recent analyses of NHRVS data indicated that at least moderate PTG was reported among veterans who also endorsed PTSD symptoms (Tsai et al., 2015). In the decades since the establishment of PTG as a research construct, hundreds of peer-reviewed research studies have been published examining PTG in veterans and other populations. Recent studies of PTG in veterans, for instance, have included investigations of moral injury (Evans et al., 2018), service-related spinal cord injury (Goldberg et al., 2019), and longitudinal evidence suggesting baseline gratitude and purpose in life promoted a trajectory of increased PTG over time (Tsai & Pietrzak, 2017). However, none has examined the concept of resolution in veterans from

either a quantitative or qualitative perspective. Given the high prevalence of trauma exposure and PTG in veterans, as well as their unique challenges in pursuing and finding resolution, the veteran population posed a rich, nuanced, and clinically and societally relevant context within which to study the construct of resolution.

### **The Present Study**

Resolution is an elusive term often implicitly assumed to be a natural endpoint of posttraumatic cognitive processing. Although frequently a component of trauma theories (including PTG), little research has been conducted on resolution, and those more explicit investigations of resolution have been limited to specific contexts (e.g., Main & Hesse, 1990; Marvin & Pianta, 1996). From the evidence available, it is difficult to discern whether resolution is distinct from meaning made and related concepts; whether it is static or in flux; and even whether it is a natural part of trauma survivors' processing. In addition, though some suggest resolution might be more of a fluctuating or iterative process than an outcome (e.g., Pianta & Marvin, 1993), the only existing measurement of resolution in a PTG context is a single item (Triplett et al., 2012) that frames resolution as something either achieved or not achieved. Psychometrically, it is inappropriate to measure a latent construct with a single item except when said construct is known to be unidimensional (Gardner et al., 1998; Loo, 2002). Although resolution may ultimately be unidimensional, this can be determined only through explication; thus, the single item is not yet appropriate.

To address these shortcomings, the goal of the present study was to conduct a concept explication of resolution. *Explication* refers to the process by which a theoretical concept is expounded upon with the central goals of more thorough conceptualization

and, in turn, operationalization that better represents the abstract concept and ultimately yields more valid and comprehensive measurement (Chaffee, 1991). Data are only as useful as the concepts about which they are collected and the instruments with which they are measured. Therefore, rather than relying on deductive assumptions, explication seeks to understand constructs using an inductive empirical approach, building upon participants' told experiences (Chaffee, 1991). The purpose of this analysis was to examine the construct of resolution itself to understand how it is conceptualized and experienced by those who do or do not endorse it. Even more fundamentally, explication can determine whether resolution is a true, lived phenomenon and, if so, the conditions under which this is the case (Chaffee, 1991).

Explicating resolution has multiple empirical benefits for the areas of PTG, trauma, and even general psychology. Firstly, as accomplished in the above literature review, explications offer an organized catalogue of conceptualizations of the construct, both in how it is used to define different ideas and how it might be identified using other terms (Chaffee, 1991). Such concepts include meaning made, comprehension or sense made, acceptance, closure, and coherence, among others. Although comparing and delineating these definitions was outside the scope of this study, explication can offer clarity in resolution's place among these interwoven concepts, perhaps providing insight into their relationships along the way and ultimately offering more incisive terminology in future empirical and clinical efforts. Secondly, clarifying current understandings of resolution can indicate whether its operational definition as it is measured presently in PTG research (i.e., being able to "understand" or "make sense of" an event) represents the latent construct in an accurate and thorough manner and, if not, what other ideas

should be in consideration. In turn, detailing the resolution construct can provide clearer associations in the PTG theoretical model between predictor and outcome variables, paving the way for a stronger understanding of how DR informs PTG.

From a clinical perspective, a better understanding of resolution can inform trauma work in important ways. Most basically, this study can help determine whether resolution is a necessary and desired aspect of trauma recovery and PTG. Do individuals wish to “move on” unequivocally, or is ongoing engagement with DR and PTG beneficial (e.g., one who is motivated to pursue a long-term mission or calling)? Alternatively, perhaps resolution will be revealed as a more fluid and dynamic experience, mitigating the stigmatizing and damaging belief that trauma survivors should be able to simply “move on” (Davis et al., 2000). In addition, should it emerge as an important aspect of trauma processing, clinicians can better understand what resolution entails to more effectively facilitate it.

In line with its objective of understanding what it means for individuals to find resolution from a traumatic event in the context of PTG, this study was guided by the following question:

**RQ:** How do trauma survivors experience resolution from a traumatic event in the context of PTG?

## CHAPTER 2: METHODS

### Participants

Participants were U.S. military veterans ( $N = 22$ ) recruited from the Veterans Bridge Home (VBH) and the University of North Carolina at Charlotte (UNCC), both in Charlotte, NC. VBH is a nonprofit organization designed to support veterans as they transition to civilian life by connecting them with local and national resources (VBH, 2018). Veterans were recruited via in-person presentations at VBH networking events and flyers on the UNCC campus. In addition, recruitment was aided by snowball sampling (i.e., participants were asked to pass along study information to other interested veterans). Eligible participants were at least 18 years old, were veterans of any U.S. military branch, and reported a traumatic event that they perceived as highly stressful (i.e., at least a 5 on a 7-point scale where 1 = “mild” and 7 = “extremely stressful”) at the time it happened.

Participants' mean age was 42.95 years ( $SD = 13.23$ ), ranging from age 25 to 73. Seventeen (77.3%) identified as men and five (22.7%) as women. Eighteen (81.8%) identified as White and four (18.2%) as African American, and 20 (90.9%) participants identified as non-Hispanic/Latino/a and two (9.1%) as Hispanic/Latino/a. The sample was comprised of veterans of the Army ( $n = 8$ , 36%), Navy ( $n = 7$ , 32%), Air Force ( $n = 5$ , 23%), and Marine Corps ( $n = 2$ , 9%). Eleven participants (50%) identified their military status as discharged, seven (32%) retired, two (9%) active, one (5%) reserves, and one (5%) inactive ready reserves. Nineteen participants (86%) resided in the Charlotte area, and three participants (14%) resided outside Charlotte (i.e., Chicago, Seattle, and Miami) as they were recruited through snowball sampling. It is worth noting

this sample was demographically representative of the national veteran population in breakdown of White versus non-White veterans, according to current Department of Veterans Affairs data (National Center for Veterans Analysis and Statistics [NCVAS], 2019). However, this sample was younger than the national average of 62 years (NCVAS, 2019), and there were proportionally significantly more females in this sample than the 9% of female veterans nationally ( $\chi^2 = 7.29, p = .007$ ).

Both military- and non-military-related traumatic events, of any length of time in the past, were eligible. Sixteen participants (73%) identified their trauma as being service-related, and six (27%) as non-service-related. On average, participants reported that their traumatic event had occurred 13.70 years ago ( $SD = 13.33$ ). Average perceived stressfulness at the time of the event was 6.64 ( $SD = 0.66$ ) out of 7, and 2.68 ( $SD = 1.39$ ) in the past week. Reported traumatic events included the unexpected death of a loved one ( $n = 5$ ), a serious medical problem ( $n = 4$ ), threat of serious harm or death while serving ( $n = 3$ ), fighting in an active combat zone ( $n = 3$ ), witnessing a comrade wounded or killed while serving ( $n = 2$ ), facing incoming hostile fire while serving ( $n = 2$ ), witnessing disfigured civilians ( $n = 1$ ), physical assault ( $n = 1$ ), and being in the crossfire of a drive-by shooting ( $n = 1$ ).

Inclusion criteria for military branch, status, and trauma type and relatedness to service provided a heterogeneous sample that allowed for developing a maximally comprehensive conceptualization of resolution. Although one might argue that trauma processing and perceptions of resolution could differ across military branch or trauma type, the literature review did not suggest this possibility such that the sample required stratification according to these variables. In addition, it is common practice to sample

from all military branches and trauma types in studies of military veterans using grounded theory methodology and related qualitative approaches (e.g., Buckhart & Hogan, 2015; Firmin et al., 2016; Reyes et al., 2017; Walker et al., 2017), except when the research question specifically pertained to one trauma type (e.g., Kehle-Forbes et al., 2017; Winter et al., 2018). Finally, one might question whether the sole focus should be military-related traumas in a veteran population. Selecting a military population in this study was of interest not because of the nature of service-related traumas, but because of the high rate of exposure to both service- and non-service-related trauma in veterans, the unique challenges veterans face in trauma resolution, the natural variability in demographic characteristics and trauma experiences in a veteran population that would help in more broadly explicating resolution, and my personal clinical interest in the needs of veterans. Overall, military and trauma variables were considered a priori as they might impact recruitment, and post hoc analyses included comparing resolution processes by military branch and relatedness to service (see Results).

## **Measures**

The following measures were used for the prescreening and in-person interview procedures. See Appendix A for all measures.

### ***Online Eligibility Screening***

Participants completed two measures to screen for their eligibility in the study. First, they completed a trauma checklist questionnaire in which they indicated whether they have experienced one or more traumatic events from a list of 28 events comprising both service- and non-service-related options. This event list was compiled based on items from Triplett et al.'s (2012) checklist and the Deployment Risk and Resilience



Inventory-2 developed by the Department of Veterans Affairs (Vogt et al., 2012). If they endorsed more than one event, they were asked to focus on the event they felt had impacted them the most. They reported time elapsed since the event, their perceived stressfulness of the event at the time on a 7-point scale (1 = “mild”; 7 = “extremely stressful”), and their perceived stressfulness of the event within the past week. The stressfulness criterion is adopted from recent PTG research and was imposed to ensure the event in question was sufficiently subjectively traumatic to the participant.

Second, participants completed the Posttraumatic Growth Inventory-Expanded (PTGI-X; Tedeschi et al., 2017) to assess PTG. The 25-item PTGI-X assesses PTG across five factors: Relating to Others, New Possibilities, Personal Strength, Appreciation of Life, and Spiritual and Existential Change. The PTGI-X was adapted from the original PTGI (Tedeschi & Calhoun, 1996) to incorporate more culturally inclusive ideas regarding spiritual change by adding four items to the Spiritual and Existential Change factor. For each item on the PTGI-X, individuals endorsed degree of change on a six-point scale (0 = “not at all”; 5 = “to a very great degree”). Items were summed for a total score ranging from 0 to 125, with higher scores representing greater PTG. Subscale scores were averaged, such that each score was between 0 and 5. PTGI-X total scores and mean subscale scores for this sample are reported in Table 1. The PTGI-X has shown high internal consistency (Cronbach’s  $\alpha = .97$ ) in a U.S. sample (Tedeschi et al., 2017), and the internal consistency for this sample was very similar at  $\alpha = .95$ .

### ***Interview***

Prior to completing an in-person interview, participants completed a pen-and-paper survey of demographic characteristics and military background as well as the

trauma checklist to confirm the traumatic event remained consistent from pre-screening to interview. (This was the case for all participants.) Phone interview participants completed an online version of this survey.

## **Procedure**

This protocol was approved by the UNC Charlotte Institutional Review Board.

### ***Eligibility Screening***

Potential participants completed an online pre-screening survey including the Trauma Checklist and PTGI-X. Eligible participants endorsed a traumatic event that was perceived as highly stressful (i.e., at least a 5 on a 7-point scale where 1 = *mild* and 7 = *extremely stressful*) at the time it happened, as well as demonstrated PTG through a mean score of three or higher on at least one domain of the PTGI-X. Two potential participants did not meet the eligibility criterion for stressfulness of event and were exited from the pre-screening survey. All eligible participants met the PTGI-X threshold criterion for inclusion. Eight participants (36%) met this criterion in one PTGI-X domain, two (9%) in two domains, three (14%) in three domains, five (23%) in four domains, and four (18%) in all five domains of PTG.

### ***Interviews***

Participants elected to complete either a phone or an in-person interview based on their geographical location and preference. Interviews were conducted in a semi-structured format in which questions were prepared but flexibility was afforded to change wording, skip questions, or create questions in the moment to elaborate upon an interviewee's response and gain new insights (Babbie, 1990; Rubin & Rubin, 2012). The interview began with participants briefly recounting their traumatic experience, any

thoughts or emotions they could recall experiencing at the time it happened, and how their thoughts and emotions about their trauma have changed over time. Subsequent questions focused on eliciting participants' definitions of resolution, whether it felt relevant to processing their trauma, and what achieving resolution looks like. Interviews concluded with a discussion of participants' perceptions of growth they have experienced across different PTG domains, as well as an opportunity for participants to voice additional ideas related to resolution. See Appendix B for the complete interview guide. Interviews lasted 54 minutes on average ( $SD = 12.72$ ). Sixty-eight percent of interviews were conducted by phone and 32% in person, and in-person interviews did not significantly differ from phone interviews in length or most demographic or trauma characteristics. However, interview type groups did significantly differ in composition of branches ( $\chi^2 = 8.48, p = .04$ ), such that the phone group had proportionally more Army and Navy veterans, and the in-person group had more Marines. In addition, in-person participants reported significantly higher on the Appreciation of Life subscale on the PTGI-X ( $t = 2.45, p = .03$ ). See Table 2 for statistics for all group comparisons. Theoretically, there was no indication that these group differences in branch and PTG Appreciation of Life score would impact resolution data and thus did not warrant separate comparative analyses.

**In-person interviews.** Participants who completed in-person interviews met with me in a public location, typically a private study room at a local library branch. Prior to the interview, participants completed informed consent, which explained the purpose, risks, and benefits of the study. They then completed the demographic questionnaire and the audio-recorded interview. At the conclusion of the interview, participants were

provided a debriefing handout with my contact information and local resources for psychological support, as well as compensation in the form of a \$10 gift card to a national retailer.

**Phone interviews.** Phone interview participants completed the demographics questionnaire and trauma checklist electronically the day of or day before the interview. In lieu of written consent, participants were provided a consent document via email ahead of time and were asked to review it and provide verbal consent on the phone after having an opportunity to ask questions. Upon providing consent, the phone call was recorded via a smartphone app, and the recording was uploaded to a secure computer and transcribed. All recordings were permanently deleted immediately after transcription.

### **Data Analysis**

The purpose of this explication was to explore the full purview of resolution, better understand the nuances of the phenomenon, and maximize the integrity of future measures. To serve this goal, data were analyzed with grounded theory methodology (GTM), an inductive approach of identifying emerging categories and patterns among data (Strauss & Corbin, 1998). More specifically, GTM is a stepwise analytical process in which researchers first closely represent the data through codes, then gradually become more inferential through categorizing codes and observing relationships among categories, with the goal of arriving at a theoretical explanation for the data (Strauss & Corbin, 1998; Tracy, 2013). For the purposes of explication, GTM can be utilized to develop an “inventory” of processes or ideas most salient across participants’ data and a theoretical model that explains processes and relationships among these ideas to comprehensively explain the construct in question (Chaffee, 1991; Charmaz, 2006).

Analysis unfolded in four steps. First, each full interview transcript was culled for data pertinent to resolution, a process that consisted of parsing out sections of transcripts that directly referred to resolution or related concepts. This resulted in a data subset used in subsequent steps of analysis to explicate resolution. Rather than following a rigid set of rules for inclusion, this process was guided by *sensitizing concepts* (Blumer, 1954; Bowen, 2006). As opposed to *definitive concepts*, which specify clear attributes a piece of data must contain to be included, sensitizing concepts are ideas, systematically drawn from research literature, that provide general guidance for where to find relevant data (Blumer, 1954; Bowen, 2006). In this study, sensitizing concepts were informed by responses to questions that directly asked participants' definitions of or perspectives on resolution; concepts from the literature review (e.g., forgiveness, sense made); and prior knowledge of constructs in PTG theory and how they were posited to relate to resolution. Together, these guided the search for data relevant to resolution. In addition to these markers, using sensitizing concepts also allowed for previously unconsidered concepts to emerge by proximity (i.e., participants brought up novel concepts alongside the above). Of 261 pages of full interview transcripts, 81 pages of data (31%) were retained for the resolution subset.

The second step in the analysis was open coding. The purpose of open coding is to allow participants' actions to emerge from the data by assigning a one- to five-word gerund phrase to each line of data (e.g., "talking to family"), facilitating the emergence of processes in the data versus descriptive topics (Charmaz, 2006). I engaged in this step with another graduate student from a different subject area who had prior formal training in GTM. To complete this step, the data were first organized into "batches" of five

interviews and continually compared to monitor emerging concepts and gauge theoretical saturation as data collection progressed. We independently coded a randomly selected 20% of each batch (i.e., about four pages) upon completion of the batch. We compared each batch's codes to those in previous batches to determine the point at which new insights ceased to emerge from interviews (i.e., a high degree of theoretical saturation achieved; Charmaz, 2006; Tracy, 2013). This point was reached after four batches (i.e., 20 interviews). Two more interviews were completed that had already been scheduled, bringing the total sample size to 22, after which point data collection concluded.

We met to compare codes, discuss impressions, and resolve any major discrepancies in interpretation. Next, we organized, synthesized, and categorized gerunds into more explanatory and analytical categories that represented the most salient experiences of participants (Charmaz, 2006; Tracy, 2013). We developed a codebook in which categories were defined and examples provided. The eight initial categories included (a) gaining awareness, (b) accepting, (c) releasing control, (d) acting intentionally, (e) sharing and supporting, (f) feeling positive, (g) viewing as process, and (h) moving forward.

The third step of analysis was focused coding. The purpose of this step is to utilize the categories determined through open coding to understand the full dataset and refine categories as needed, with the goal of fully organizing data into the categories (Charmaz, 2006). A different coder, an undergraduate student from another university, engaged in focused coding with me. To minimize bias, I chose a coder who was blind to the purpose of the study and had no training in psychology or knowledge of the study constructs. First, we independently categorized the first half of the full dataset (i.e., 35

pages) using the initial codebook. Guided by the definitions and examples in the codebook, we each sorted the data into categories. Per guidelines of focused coding (Charmaz, 2006), we had flexibility in determining both the size of the piece of data to be categorized, whether a few words, a few sentences, a paragraph, or more; and whether a piece of data belonged to none of the categories (i.e., did not fit any category definitions and was irrelevant to explicating resolution), one category, or multiple categories (e.g., a phrase elicited both ideas of acting intentionally and accepting).

After completing the first half of the dataset, we met to compare and discuss our coding efforts. In so doing, I was able to discern how frequently and consistently categories were being coded, as well as note any discrepancies in how codebook definitions were being interpreted and applied. Most categories were utilized consistently throughout the data, and we generally agreed on how to apply definitions. However, some discussion was needed to clarify definitions and parse out overlapping categories as described below.

We made three major changes to the codebook during this step in the analysis. First, we clarified the definition of sharing and supporting to reflect its focus on only those data describing conversations and support regarding the participant's trauma (or how they support others going through challenges), thereby eliminating data that involved conversation but were not relevant to the explication. Second, we eliminated the category moving forward, as its definition comprised solely components of accepting and acting intentionally (i.e., participants moved forward by accepting that the event was in the past and by choosing to approach their present and future differently) and did not carry unique explanatory power itself. This was evidenced by the low utilization of this

category overall, as well as its tendency to only be categorized with *accepting* or *acting intentionally*. In addition to eliminating *moving forward*, the definition of *accepting* was expanded to include acceptance that the event was in the past, and the definition of *acting intentionally* was expanded to include participants' choosing to approach the future differently.

Finally, we debated the relationship between *releasing control* and *accepting*. One viewpoint was that *releasing control* was a form of acceptance and should thus be subsumed under *accepting*. However, upon revisiting data that were coded with only *releasing control*, we found that not all could be recoded as *accepting*, as acceptance was not clearly referenced. Example statements included, "I've done everything I can do for now" and "I realized that this was another thing I simply didn't have control over." While acceptance might be implied in these statements, we sought to minimize assumptions and remain as inductive and close to the data as possible. Therefore, we decided to keep *releasing control* to represent these data, recognizing it may overlap with *accepting*. The codebook was refined and clarified according to these three changes, and all categories were spot-checked with new data to ensure it led to higher consistency and agreement. I used the finalized codebook to recode the full dataset.

Next, I created a separate document for each category of resolution and divided the coded data into these documents. At this point, data were divided by coded category and not by interview participant. I then completed axial coding, the final step of analysis in which analyses were taken from description to more abstract explanation (Strauss & Corbin, 1998). To do this, I first reviewed each category independently and documented observations about category characteristics. I examined these observations to discern



relationships among categories, consistently engaging in *constant comparison* (i.e., returning to the data to ensure I did not make a deductive assumption but rather that my hypotheses were supported by the data; Charmaz, 2006) and attempting various theoretical models to represent these relationships and how they address the research question (Tracy, 2013). An example of this process was discerning *accepting* from *releasing control* and theorizing how they interacted within the model, which is explored in Results.

I completed axial coding under the advisement of Dr. Basinger to minimize bias in multiple ways. First, this consultation required me to explain my thinking process and to justify my decisions, a reflexive practice that can highlight gaps in reasoning and areas necessitating clarification (Tracy, 2013). Second, and relatedly, Dr. Basinger's consultation reduced potential biases emerging from my psychology training and relative expertise in trauma and PTG, as she is from a different field and possesses different training and expertise. For example, she queried the extent to which model categories were unique to resolution versus existing components of PTG, increasing my awareness of assumptions I was making and the need to articulate this aspect of my results more thoroughly. Ultimately, this resulted in a final model that was more theoretically sound and balanced than if I had completed this stage of analysis alone.

Another consideration with comprehensiveness of data analysis in GTM is theoretical saturation. It is impossible to reach "complete" theoretical saturation, as scientific inquiry can only more and more closely approximate truths (Strauss & Corbin, 1998). In addition, there reaches a point of diminishing returns for theoretical saturation regarding sample size and interview length; at a given point, new data cease to add novel

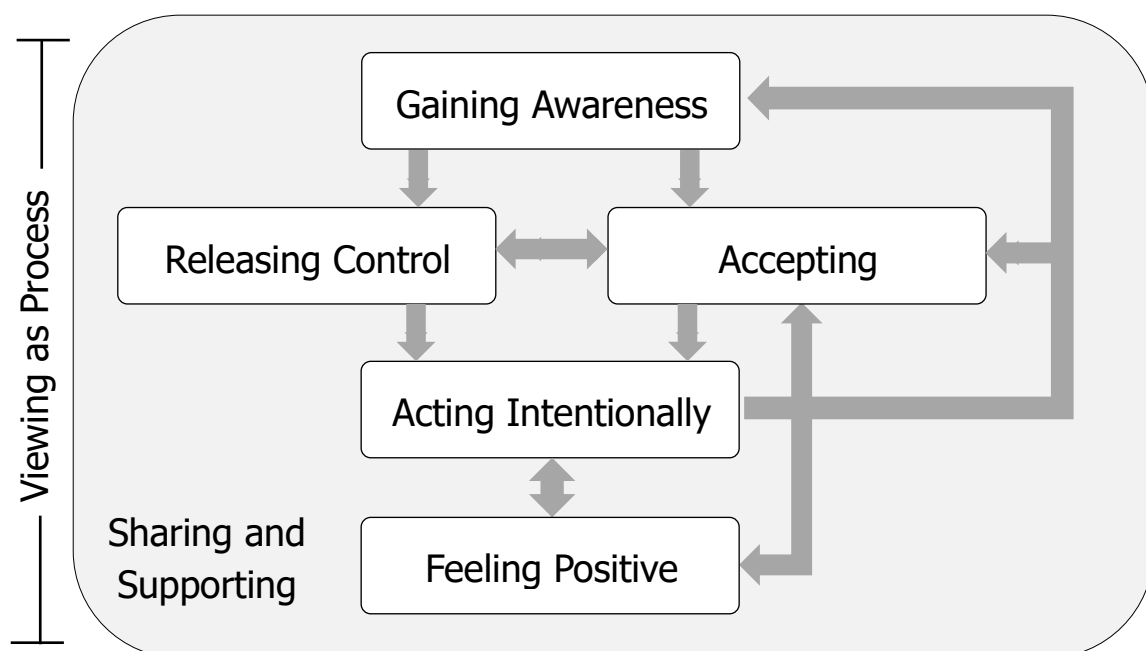
properties or dimensions to a category. To ensure that high theoretical saturation was achieved in this study, reflexive engagement with the data was utilized throughout (Charmaz, 2006). This was especially important during interview data collection and initial coding, when batches of interview transcripts were compared to one another to determine when unique codes ceased to emerge from data, and thus when data collection concluded. In focused coding, constant comparative method was used to hone categories and ensure coding reflected complex, representative category definitions. In these ways, this model reflected as comprehensive and nuanced a picture of resolution as possible.

### CHAPTER 3: RESULTS

This analysis resulted in seven categories describing the process of resolution in the context of PTG. Five categories focused on the content and substance of resolution, answering the question of what comprised resolution. These included “gaining awareness,” “accepting,” “releasing control,” “acting intentionally,” and “feeling positive.” Figure 3 illustrates how these categories interacted to describe resolution. In this figure, content categories are depicted by white boxes, connected by mostly unidirectional and some bidirectional relationships. Per this model, participants initiated resolution by first gaining awareness of the impact of the traumatic event on their functioning. Next, they worked to increasingly release control of the unexpectedness of the trauma and its effects and to accept what happened to them, how it has become part of

**Figure 3**

Process Model Describing How Participants Experience Resolution from Trauma



their life narrative, the changes they have noticed in themselves, and the personal responsibility to reckon with and grow through these changes. Through releasing and accepting, participants were able to act intentionally as they move forward in life. In turn, they increasingly felt positive about who they were, how they had changed, and how their trauma fit into their larger identity. In addition to this sequence, some categories fed back into others, creating cycles. For instance, through acting intentionally, participants continued to gain awareness and accept their experiences. Additionally, participants' feeling positive promoted increased acceptance of their experiences. A sixth category, "sharing and supporting," was woven throughout each content category, facilitating the overall process. In Figure 3, this category is represented by the larger shaded box encompassing all content categories, representing its facilitative function and presence throughout the model. Finally, the seventh category, "viewing as process," reflected participants' view of resolution as iterative, growthful, and ongoing. This latter category captured a more "meta" perspective of the resolution process and was intrinsic to the model rather than a component of it; it is therefore depicted on the left side of Figure 3.

Each category as well as its relationship to other categories and place in the overall model are described below. Content categories are reviewed first, and then sharing and supporting and viewing as process are examined as they affected the resolution process. Figure 3 is referenced throughout this discussion to illustrate these described categories, relationships, and processes.

## **The Content of Resolution**

### ***Gaining Awareness***

In describing their experiences of resolution, participants explained that they first acknowledged what happened in their trauma and how it impacted them. This starting point is reflected in the topmost white box in Figure 3. Gaining awareness was essential to participants in determining whether and what to resolve from their experiences, as explained by a 73-year-old male Air Force fighter pilot: “Part of this was to understand that I had issues that needed to be resolved.” Similarly, a male Army medevac pilot, 33, stated, “The first step is admitting you have a problem.” Participants began this process by observing and understanding themselves as they were affected by their traumatic event and discerning areas of functioning that needed attention. They identified problems in their thoughts, emotions, or behavior, then attempted to understand the relationship between these problems and their trauma. As described by a 38-year-old male Army combat engineer, “You wonder, what was the genesis of this? You trace it back to places you haven’t shone a light on. It’s figuring it out and seeing how it has all presented itself.” To participants, this was a phase marked by open, curious investigation.

Negative emotions were also an aspect of gaining awareness. Participants recognized negative emotional reactions they had or were continuing to have toward themselves and/or the event, and they owned the need to contend with them instead of avoid them, as a male Army motor officer, 39, described: “I think you need to have understanding, to be able to identify thoughts, feelings, behaviors, any triggers or warning signs. And just be cognizant or aware, rather than trying to put a lid on it and put it away.” In addition, participants acknowledged the understandable distress and

resistance inherent to gaining awareness, but ultimately its important role in processing. As a male Army helicopter crew chief, 25, explained, “You have to look at yourself and say, how do I actually feel? It’s hard. It’s humbling. But sometimes you have to do it in order to move on.” This contemplation of how one has been affected was foundational to following steps in resolution.

### ***Releasing Control***

Following directly from gaining awareness was releasing control, as seen on the left side of Figure 3. After reflecting upon and increasingly understanding their actions and how they influenced the outcome of their trauma, participants found it easier to recognize what could be let go of cognitively and emotionally. An important first step was to recognize those aspects of the event they were not aware of at the time or able to prevent. Of not being able to say goodbye to her grandfather, a female Navy intelligence specialist, 28, stated, “It was out of my control. There was nothing I could do,” and of his chronic medical condition, a male Navy yeoman, 45, stated, “It is what it is. We don't know what caused the problem.” Some participants spoke specifically to the nature of military service in that they were following orders given by command and had no control or say in what they did. With this could come progress toward self-forgiveness for what happened and what they chose to do, as described by the male Army helicopter crew chief, 25: “I can forgive myself because that's the role I was in, that's the position I was in.” With this recognition, participants then released the struggle to understand alternatives or how they could have changed the event. As explained by the male Army motor officer, 39, “You can’t try to go back and play devil's advocate or ‘what if.’ You just drive yourself insane.” Overall, participants released control by first recognizing the

limits of their actions in the event, then by releasing attempts to question alternatives and shame or guilt about their role, opting to move toward self-forgiveness.

Releasing control also referred to releasing an attempt to understand exactly why or how the traumatic event happened. More spiritually or religiously inclined participants spoke to a recognition that they could not have foreseen their trauma as it was part of a larger unknown plan or beyond comprehension. As a 32-year-old male Air Force security officer described:

I continue to rely on my belief that God is in control of our lives, that His plan is perfect, even if I don't understand it at times. Now I remember that time not with joy, but without guilt or any lingering question that I feel I still need answers for.

This participant's release of attempting to know God's plan also relieved some of the negative emotions and ruminations, allowing him to move forward. A 33-year-old male Marine assaultman similarly stated that believing in God "frees you from the burden of thinking you are in control of everything in your life," which again spoke to letting go of attempts to determine how he could have changed the event.

Finally, participants described releasing control of the continued impact the trauma may have on their present life. A 58-year-old female Army administrative specialist explained, "You're going to go back a lot, because these changes in your brain, whether you want them to or not, they'll take you back to what happened. You have no control over that. There's always going to be triggers." This comment alluded to the ongoing nature of resolution, suggesting that in this process, releasing control may need to occur multiple times. In addition, this spoke to the overall function of this step in helping participants discern where their attention was best directed and what could be

released. This act of “mentally letting go of things” (50, male, Navy SEAL) facilitated the later step of acting intentionally by freeing mental and physical energy to focus on what *can* be controlled: how one acts in the present and future.

### ***Accepting***

As seen on the right side of Figure 3, accepting emerged from gaining awareness, and also releasing control (addressed below), in the resolution process. Once participants had gained awareness of the reality of their traumatic event and resulting emotions they were currently feeling or had felt in the past, they worked to accept their experience and their autonomy in being able to approach their futures differently. One way this manifested was in acceptance that their trauma happened in the past and was an isolated incident that did not dictate their present or future. For instance, the female Army administrative specialist, 58, explained that to her, resolution is “acceptance of who you are and what you’ve experienced and where you’re at. Okay, something did happen to me, okay, I may not be the same, but I’m okay with the way I am now.” This was closely tied to taking responsibility for their present and future lives, another important component of accepting.

Not only did individuals accept that the trauma was a past event, but also that they needed to assume responsibility for their past decisions. As the male Army motor officer, 39, stated, “Take some ownership and responsibility over your actions. You knew what the expectations were of you going into a situation.” In accepting responsibility for their past decisions and actions, participants also learned to assume greater responsibility for present-moment and future decisions, as articulated by a 56-year-old male Army radio operator: “For me, it’s about being able to take responsibility for your own decisions



[and] actions now.” This shift to a sense of responsibility for the future set the stage for intentional action, as explored next. Finally, participants accepted responsibility for their well-being and for the reality that they will likely continue to struggle and need to put forth ongoing efforts to function well. A male Navy supply officer, 47, stated, “There’s some things that you’re going to have to work through,” referring to continued reminders and challenges life presented moving forward.

One may recognize the close relationship and overlap between the releasing control and accepting categories. A key distinction to highlight is the role of taking responsibility for the future in accepting, a decision that positioned participants to act intentionally moving forward. This did not present in releasing control, which was more past-oriented and aimed at recognizing the futility in wrestling with the reality of the trauma. Overall, it seemed that the transition from releasing control to accepting represented a shift from past orientation to present and future. For example, the female Navy intelligence specialist, 28, explained, “That helped give me some resolution, being okay with the decisions I made. If you stay stuck on the situations, you’re never going to progress.” In this statement, she affirmed that in releasing control of questioning her past decisions, she was able to “progress” rather than remaining “stuck,” an acceptance of responsibility for how she was choosing to proceed in her future. By releasing control over what they could not control at the time of the trauma, some participants seemed to be better poised to accept responsibility for those choices they *did* make at the time, as well as their behavior moving forward.

It thus could be argued that releasing control needed to precede accepting, such that releasing beliefs about one’s ability to prevent or correct the traumatic event was

necessary to reach a point of accepting one's need to change behaviors and attitudes in the future. However, this temporality of releasing control preceding accepting was not clearly and consistently supported in the data. To acknowledge the possibility of this directionality without making inappropriate assumptions, the model in Figure 3 allowed for both releasing control and accepting to follow from gaining awareness, for the bidirectional influence of these categories, and for both to lead to acting intentionally.

Finally, releasing control did not appear to directly affect feeling positive as accepting did; participants referred to a sense of peace and contentment when describing accepting that they did not refer to when describing releasing control. This suggested there were unique aspects of accepting that facilitated feelings of contentment and set it apart from releasing control. This was perhaps because accepting included the element of responsibility and the resolve to act; contentment may have arisen from having a plan moving forward and associated positive regard for oneself for having done all one could do with the experience. Overall, it was apparent that both accepting and releasing control served important roles in moving toward resolution, but these roles differed slightly in how they functioned and thus remained distinct in this model. To acknowledge their close relatedness and mutual influence, a bidirectional arrow connects these categories in Figure 3. These relationships should be clarified in future research of these processes.

### ***Acting Intentionally***

As indicated in Figure 3, releasing control and accepting both served to shift awareness into action, leading to acting intentionally. In this category, participants used their recognition of what has not been working and what could be better in their lives (gaining awareness), as well as acceptance that they are responsible for their lives

(accepting), to make better and more intentional decisions for themselves and others. Once they were aware and accepting of their internal experiences, they were better positioned to behave in a deliberate and effective way, as described by the male Navy supply officer, 47: “It’s about accepting where you are and who you are and try to work to mitigate some of those shortcomings.” They described being increasingly thoughtful in how they responded to situations to elicit different outcomes moving forward—to “take a different direction,” (39, male, Navy antiterrorism operator). The male Navy yeoman, 45, similarly explained that he engaged in “more intentional, deliberate decision-making about what I want my future to look like.” Participants used their awareness of their patterns and tendencies and feedback from their environment “to make adjustments or changes to things that aren’t working” (39, male, Army motor officer) and to redirect their energy toward goals, missions, and purpose for their lives moving forward. For some, this referred to their response to trauma reminders, as stated by a male Marine assaultman, 34, regarding trauma-related sensory triggers: “You just take it in. Take it in and not react. It’s just a smell or sound.” In confronting trauma-related stimuli as well as in making present-day short- and long-term decisions, participants contemplated how to be more intentional and effective.

Acting intentionally also reflected participants’ efforts to seize opportunities and/or use their experiences as lessons or motivation. The male Army combat engineer, 38, summarized this as “the consistent showing up every day and putting in work on myself.” Example intentional actions included exercising, nurturing family relationships, reducing alcohol use, and even assuming new responsibilities like adopting a pet. In these ways, acting intentionally also poised people for feeling positive. As the male Air Force

fighter pilot, 73, stated, “I enjoy what I’m doing now. It’s a good feeling,” referring to his intentional decisions about how to spend his time, which led to pride and satisfaction.

Accepting was important for positioning participants to approach their futures differently and act intentionally. As stated by the 56-year-old male Army radio operator, “With resolution, you don’t necessarily leave the event behind completely, because it still happened, and no matter the situation, it’s still going to affect you in some way. It’s just how do you *choose* to handle it” (emphasis added). This participant spoke to intentional action with this language, implying that there *is* a choice about how to proceed. Similarly, the 34-year-old male Marines assaultman stated, “Maybe you just understand what it is and *don’t act on it* and don’t let it control you,” and a male Navy supply officer, 47, remarked, “Accept things as they are and then just *try to make them better*” (emphases added). Participants used their increased awareness and acceptance to then determine how they would like to use this experience more deliberately. With this increased intentionality, accepting naturally helped participants turn futureward, as described by a male Air Force security officer, 32: “I don’t think I will ever be able to forget the loss, but I’ve accepted it and now can *keep it in the past. Moving forward*” (emphasis added). Overall, accepting was a key step taken by participants toward acting intentionally.

### ***Feeling Positive***

Through accepting and acting intentionally, participants then were able to experience more positive emotion, as seen in Figure 3. Such emotions included peace, appreciation, pride, accomplishment, or gratitude. They endorsed positivity as related to themselves, their trauma experience, and/or in general. As a male Navy SEAL, 45, stated, “At the end of the day, I’m satisfied with the experience, have taken as much from it as I

can, and wouldn't undo it." Similarly, a male Air Force medic, 73, stated, "I can look back at all the things I've done over the years and feel good about it," referring both to his trauma-related experiences as well as how he has acted intentionally since its occurrence. Both participants seemed to have processed and accepted the reality of their traumas, made an active decision to pull from them what they could, and ultimately felt more positive about the event and its context within their larger life narrative. This reflects the positioning of feeling positive within Figure 3 as following from both accepting and acting intentionally.

Accepting poised participants for feeling positive. By working to accept the impact of their traumas and their responsibility for their lives thereafter, participants were able to view the experience more positively. As a male Navy recruiter, 42, stated, "I'm 100% content with what's happened and what will happen and what I've been through." Added a male Army civil affairs captain, 40, "It's just part of who you are, no different than any other thing. And you begin to appreciate it as part of your experience." These participants were able to neutralize the painful emotions associated with their traumatic experiences through accepting a sense of agency and responsibility for the course of their lives, leading to increased appreciation and contentment.

In addition to feeling more positive emotions, participants described seeking extrinsic sources of positivity in their environments, such as hobbies and relationships to enjoy. As the 42-year-old male Navy recruiter explained, "Lean on your family, your children, other peers who have gone through it, professionals... Find what makes you happy, that puts a smile on your face through the process." The male Army radio operator, 56, similarly explained, "I know all I have to do is to continue to seek out

positive energy.” Both participants articulated the desire to bring more positivity into their lives to sustain their gains and overall well-being. Arguably, this was a manifestation of acting intentionally, as this pursuit of positive influence in their lives was a deliberate decision made as a result of their resolution process.

As illustrated in Figure 3, feeling positive also reciprocally increased accepting and acting intentionally. Feeling positive could inspire continued intentionality, like a female Army administrative specialist, 54, grieving her mother’s death: “My mother taught me what family was. I keep certain events going on because my nieces and nephews look to me as that fun auntie. I love fun, I love to laugh.” Celebrations helped her feel close to her mother and enjoy her family, leading her to continue this healing intentional behavior. Similarly, the 38-year-old male Army combat engineer spoke to gathering “little victories here and there” by acting intentionally; by engaging in beneficial, intentional activities, he increasingly felt a sense of accomplishment, which perpetuated and reinforced the adaptive behaviors.

Feeling positive enhanced accepting by allowing the individual to feel proud and appreciative of their experience, helping them reflect upon and observe the benefit of the traumatic experience. As the female Army administrative specialist, 58, stated, “That acceptance grows, in combining that acceptance with being content and happy where you are.” She saw increased contentment as interwoven with ongoing acceptance of herself and her experience. The male Army helicopter chief, 25, explained, “I think there’s a level of gratitude that goes into my day to day that other people simply don’t have. That’s a hard thing to cultivate unless you’ve been through some real stuff.” The positive emotion of gratitude served to help this participant gain appreciation and acceptance of

his traumatic experience. Overall, resolution was in part an iterative process because the positive emotions helped to perpetuate ongoing acceptance and intentional action.

### **Facilitating Resolution: Sharing and Supporting**

As depicted by the larger gray box in Figure 3, participants described sharing with and being supported by others, as well as striving to support others, throughout all components of the resolution process. Sharing and supporting facilitated the movement from gaining awareness, to releasing control and accepting, to acting intentionally, to feeling positive. Participants described both receipt and giving of support as essential to the resolution process, and even suggested that their absence stymies or precludes the process altogether. A 50-year-old male Navy SEAL stated, “Isolation is darkness. You cannot solve things in isolation because you think there’s no way out. Don’t try to [process trauma] by yourself.” Sources of support included therapists, family members, friends, religious groups, and fellow veterans. Receiving and giving support are each expounded upon here.

### ***Receiving Support***

Receiving support facilitated both participants’ (a) articulation and awareness of problems, and (b) feeling validated and understood. They sought and benefited from support, whether from a fellow veteran, someone who had been present for the trauma or had authentic knowledge of it, or a generally caring and supportive figure. Beginning with gaining awareness, participants used support to understand issues that needed to be addressed. As advised by the male Air Force medic, 73, “Try to talk to people about it until you feel you have a better understanding.” For several participants, this occurred within the context of mental health treatment. For instance, the male Navy supply officer,

47, explained, “You start talking about life events [with a therapist] and it starts to unravel, like OK, there’s a hole there.” The male Army helicopter chief, 25, also gained awareness through therapy: “Therapy has played a huge role, because when I recall what happened, I can recall more and more detail. And rather than repressing it and moving over it, being encouraged to talk about it is super important.” By allowing participants to better understand the impact of their experiences and to have a more comprehensive narrative of what happened to them, sharing and supporting facilitated gaining awareness.

Receiving support also played roles in releasing control and accepting. The male Navy supply officer, 47, explained, “[Therapy] let me know that I didn’t have to know everything, I didn’t have to know all the answers.” In both seeking help in processing trauma and through insights gained, he learned that he did not need to attempt to understand in entirety how this event transpired and affected him. Accepting was an especially salient product of feeling understood and validated. As stated by the male Army helicopter chief, “Having other veterans to talk to, that’s helpful. You have to have the common shared experiences. It’s validating.” The female Air Force operations specialist, 32, spoke to how receiving support offered permission to fully feel her emotions, facilitating acceptance: “Finding real connections can be really helpful. There’s permission and space to feel everything that comes with it.” A female Army administrative specialist, 58, described the importance of having acceptance from others to foster self-acceptance:

You need to work on getting to acceptance with a support system. You need someone to love you and care about you for who you are. And when you’re traumatized, you kind of feel like what’s inside is showing on the outside, and you



want to be surrounded with people that are okay with your inside showing on the outside. Because then you can get to a place where you're okay with that too.

These participants' comments demonstrated the importance of support and acceptance from others as a means for moving toward acceptance of themselves.

Finally, receiving support promoted acting intentionally. For instance, participants chose therapy to learn new coping strategies and consider alternative directions in life. As the male Navy supply officer, 47, explained, "The counseling did help because I had not been intentional about my own healing. I became more aware and intentional on things that I need to do with me." The male Army radio operator, 56, also addressed the importance of using support from others to move forward more effectively: "It's about being able to receive feedback, good and bad, and to try and use that." Through receiving support, acting intentionally could also reciprocally increase gaining awareness, as articulated by the male Army combat engineer, 38: "Therapy gave me a very good toolset to help me along the way to monitor and observe and be mindful of my tendencies." Overall, receiving support from others facilitated the earlier stages of the resolution process—gaining awareness, releasing control, accepting, and acting intentionally—through providing a platform to story and make sense of the trauma, feel validated and understood, and acquire new skills and feedback.

### ***Giving Support***

Participants also described using their experiences to seek out others with similar challenges, encourage them to share, and impart lessons. Giving support seemed to serve two functions, including to help participants (a) gain perspective on their experience by learning about and comparing to others', and (b) find meaning and positivity by using

their experience to teach or help others. In these ways, giving support contributed to the accepting, acting intentionally, and feeling positive categories of the resolution model. Perspective helped participants reframe their understanding of their own experiences, facilitating acceptance and reducing negative emotion. Helping others with similar experiences reflected an intentional decision to use their hardship for a larger purpose, and providing this help promoted positive emotion.

As articulated by multiple participants, giving support offered valuable perspective on their traumas. The 50-year-old male Navy SEAL explained, “In isolation, you think your experiences are unique. And the moment you share with somebody, they usually have one that’s worse. It allows perspective.” This downward social comparison (Festinger, 1954; Huang, 2016) helped in gaining awareness, accepting, and even feeling positive. Some individuals observed that giving support offered a way to focus on others and not overly on oneself; the male Army civil affairs captain, 40, explained that supporting others “doesn’t make you any less important, it just makes you less tied to your own problems.” The 45-year-old male Navy SEAL similarly commented, “Connection with other people gets me out of my own head. I choose to talk to other people and listen to other people, to get a little dose of perspective.” These participants highlighted that in exchanging support with others, their traumatic experiences no longer carried the same isolating burden.

Giving support was also characterized by a desire to use the traumatic experience to benefit others, thereby offering participants a sense of purpose and promoting accepting, acting intentionally, and feeling positive. A male Marines assaultman, 33, stated, “Because of what I’ve experienced and what I’ve done, I have a voice” that could

be used to guide others. Similarly, the Navy supply officer, 47, stated, “I think someone else may be able to benefit because of the scars you carry.” On a larger scale, the 50-year-old male Navy SEAL described his lucrative coaching business and associated memoir built on the principle of using trauma to help others: “I’ve told my story 5,000 times now, and it’s easier to deal with. I teach other people how to use what I’ve learned in their lives.” The 59-year-old female Army administrative assistant framed her trauma experience as rooted in a larger purpose and a gift she has used for others: “I believe the path I’m on is not by mistake, and along my path I’m on, I have made a difference in a lot of people’s lives.” For this participant, making a difference for others increased her acceptance of the trauma. For several participants, giving support took the form of engaging in this study with the aim to share with and support others. The male Army combat engineer, 38, explained:

I thought, if somehow participating in this can help others with what they go through with experiencing combat, then maybe it’d be worth doing. By participating in this interview, I want to bring attention to the fact that there’s a lot of battles veterans face that others don’t really understand or know about.

He articulated a clear purpose in offering support indirectly through this research study. Overall, participants organically brought up ideas of finding purpose in their experiences by giving support to others in similar situations, to advocate on behalf of veterans with similar traumas, or even to articulate their experiences through this study with the hope of somehow offering support indirectly.

From the sense of purpose giving support offered, some participants also identified associated positive emotions. The 73-year-old male Air Force fighter pilot

described this contribution of giving support to feeling positive: “I think volunteering makes me happier because it makes me feel like I can pass on some of my experience.”

The male Army motor officer, 39, commented on positive emotions that come from continuing to offer support to others who were also involved in the trauma: “It’s nice once in a while to reach out to people and say, ‘I’m thinking about you.’ I think it makes people feel good. It makes me feel good.” It was feeling positive that seemed to distinguish receiving support from giving support; participants did not discuss feeling positive emotions while seeking support regarding their traumas, but spoke to satisfaction, joy, and gratitude in passing along their experience while giving support.

Some participants described receiving and giving support as interrelated and cyclical. As articulated by the 33-year-old male Marines assaultman, talking about his experience not only provided the relief of being validated and understood (receiving support), but also the meaning of helping others (giving support): “It takes a burden off by being able to share this, because if I can tell someone what I’ve done and how I felt, maybe it prevents them from making the same mistakes.” He felt the benefits of disclosure not only by having the chance to articulate his story, but also to see that it could help others. The male Army helicopter chief, 25, spoke to receiving support as a way to improve and better show up for people in his life, in turn helping him better support others: “A lot of the reason I want to get better is so I can be my best self for other people.” The male Air Force fighter pilot, 73, summarized the full-circle nature of sharing and supporting as the following: “Start with talking. Tell me your story. Then find someone to help. Pass it on, pay it forward.” Both receiving and giving support

helped move people closer to resolution, facilitating the larger process at each stage along the way.

### **Resolution as a Process**

The seventh category, viewing as process, captured participants' observation that resolution is not a static, discrete end state, but rather a dynamic process. This category is represented on the left side of Figure 3. Viewing as process captured participants' views that resolution (a) takes time, (b) is ongoing and likely never ends, with degrees and movement "back and forth," (c) is characterized by iteration, evolution, and growth, and (d) is individualized and idiosyncratic.

Resolution was nearly universally described by individuals as a time-consuming process. In fact, when asked what helps with or facilitates resolution, participants responded most frequently with "time." The 38-year-old Army combat engineer explained, "I think it goes back to the adage that time heals all things. There's no shortcut to get there." The male Army antiterrorism officer, 34, described resolution as "appreciating the work that's already been done and recognizing that time will bring me closer." The female Air Force operations specialist, 32, spoke to time as facilitative of gaining meaning from her experience: "I feel like I had to carry this with me for a long time to fully learn the lesson that I'm learning." Several participants acknowledged that the resolution process had been ongoing for years.

Data suggested that the resolution process could be active or passive in nature, depending on the individual and/or the timing in their life. It was active at times in that individuals intentionally monitored their thoughts, feelings, and behaviors and made effective decisions accordingly to progress and improve. However, it was passive at times

in that some participants reported that they had not explicitly thought about seeking resolution until asked about it in their interviews. These individuals explained that this process seemed to be unfolding “on its own” or “in the background” with the passage of time and while they attended to other life demands. There was change occurring, they affirmed, but not necessarily with constant, active striving to make it happen. As the female Air Force support officer, 34, observed, “Maybe people are moving towards that resolution and they may not even be aware of it. Maybe they’re making strides toward this goal they didn’t know they had.” The female Navy intelligence specialist, 28, similarly explained, “It’s processing things over a really long time but by not directly thinking about them. I’ll set it aside and focus on other things that I need to get done. I’m not actively thinking about this.” This may reflect the individuality of resolution; whereas some trauma survivors need to engage in active processing and conceptualize their experience as a search for resolution, others may not have this desire or inclination.

Participants not only saw resolution as unfolding slowly over time but recognized that there is no discrete timeline or “finish line” to trauma processing. Rather, resolution was likened to a chronic condition that requires managing over the long term. As stated by the 34-year-old male Navy antiterrorism officer, “It doesn’t go away. It just gets managed better.” Part of “managing” resolution was navigating its back-and-forth nature, with occasional perceived regressions or backslides triggered by reminders or a change in life circumstances. As the male Marine assaultman, 34, described, “You go through something triggering and think, is this ever going to get better?” The male Navy supply officer, 47, similarly explained, “You thought this part was all good to go and behind you, and something triggers it.” The female Air Force operations specialist, 32,

articulated movement back and forth in the trauma process: To her, resolution was “moving on in the sense of, when you move on, you can always move back. You can move forward and backward on processing.” The female Navy intelligence specialist, 28, even observed that explicitly discussing her trauma in the interview triggered “backward” movement: “Talking about and thinking about all of this, I’m thinking maybe I’m not as over this whole thing. And maybe after I leave tonight and stop thinking about all the negative people, it’ll be resolved again.” In discussion of resolution as ongoing with back-and-forth movement, participants also responded to the existing categorical measurement item used in PTG research (see interview guide in Appendix B). The male Air Force fighter pilot, 73, found a dimensional approach helpful, explaining, “It’s more a gray area, a scale of all resolved to none resolved.” The female Navy intelligence specialist, 28, noted that it would be helpful to have “a scale that allows you to say, ‘Sometimes I’m okay with this and sometimes I’m not.’ It’s fluid.” Both participants found that resolution was better conceptualized as dimensional than categorical, with the ability to move laterally depending on the salience of the event or its impact at that point in time and therefore the degree of resolution.

Progress, improvement, and iteration were also important to viewing as process in resolution. As explained by the 34-year-old male Marine assaultman, with time comes progress: “You get over little things day by day. It’s not five days from, or three years from. You can always get better at it.” The male Army civil affairs captain, 40, explained that he was driven to continue to optimize himself: “I want to try to find better ways to be what I have left. That keeps me focused.” Iterations of the resolution process may reflect the need to revisit the event in different life contexts; for instance, the 32-year-old female

Air Force operations specialist commented that she has thought about her trauma “in different contexts and under different circumstances that have taught me different lessons.” In addition, the cyclical nature of resolution in some ways reflected an “upward spiral,” such that each iteration led to increasing gains in awareness, acceptance, intentional action, and positive emotion, and ultimately higher functioning. The male Army radio operator, 56, spoke to this idea in describing how intentional actions build upon themselves: “As you make better choices, you learn how to make even better choices, and it gets to building on itself, to where I’m intentional about choices I make because I’ve made a series of really good choices.” A female Air Force support officer, 34, explained upward spirals in using her trauma as an opportunity to build resilience: “This experience is another thing—a big thing, but if I am able to continue to approach my health in different ways, then I can take those hits when they come and be resilient.” In each iteration of resolution, progress can be made.

A final dimension of viewing as process was participants’ emphasis that resolution is personal and idiosyncratic, and they would not want to make assumptions about how another trauma survivor should engage in this process as progress takes different forms and rates. A male Navy master-at-arms, 34, stated, “Resolution is defined by that individual’s personal truth. It doesn’t fit in a little box. It’s not one size fits all,” and the male Army motor officer, 39, similarly believed “it’s different for each and every person.” This was an important consideration in understanding resolution; while it did not preclude the development of a process model that mapped onto all participants’ experiences, the individualized nature of resolution underscored the importance of developing categories that allowed each trauma survivor to experience resolution



personally. For instance, one individual's acting intentionally looked different from another's; in gaining awareness, one individual could have seen different effects of the trauma on their life than did another individual.

### **Model Summary**

In summary, participants gained awareness of what they had experienced and how they were feeling as a result, used their awareness over time to increasingly accept how they were feeling and what happened to them, and released control over aspects of their experience. Once participants knew how their traumatic event affected them, they engaged in more intentional and deliberate action, felt more positive, and ultimately functioned more effectively. This path was summarized well by the 73-year-old male Air Force medic's description of resolution:

It's a point where you feel acceptance and relaxed—where you don't try to look back at things as being wrong, just that things were. You did them, and that was the military way of going in and doing what you were told to do. And to be able to accept all of it that went on, whether it was good or bad, and take it away as a learning experience.

This summary captured the participant's clear awareness of the effect of trauma on his life and the process he underwent to find resolution, including elements of releasing control, accepting, acting intentionally, and feeling positive, all viewed as process.

### **Post Hoc Analyses**

As noted in Methods, there was no evidence to suggest that military branch or relatedness to service would affect the process or articulation of resolution. Therefore, there was not a clear reason a priori to organize data analysis so military branches or

events' relatedness to service were separated and compared. As confirmation, data were separated by each of these criteria and post hoc analyses were completed to make comparisons on each criterion. In addition, a third post hoc consideration was of time since event, given existing conceptualizations of resolution as degrees or stages unfolding over time (e.g., Davis et al., 2007; Triplett et al., 2012). For each criterion variable (i.e., branch, service-relatedness, and time since event), groups were first compared to determine whether any demographic (i.e., age, race, ethnicity, gender, branch, military status) or trauma (i.e., time since event, stressfulness at time, stressfulness now, trauma event type, PTGI-X domain and total scores) variables significantly differed between them. Next, data were separated by the criterion groups and then organized into the model categories. Finally, comparisons were made among categories within each criterion group (e.g., comparing accepting for Navy participants to accepting for Air Force veterans) to determine whether categories and the resolution process meaningfully differed between them.

### ***Branch of Service***

There were no meaningful differences between the four branch groups in demographic or trauma characteristics. Overall, branches did not differ in discussions of any model category with the exception of releasing control: Air Force and Marines branches differed from Army and Navy in that the former branches referred to letting God be in control and the latter did not. Although this branch-related difference was somewhat consistent with a recent finding that Marines are more likely to exhibit increases in religiosity post-deployment than are soldiers or sailors (Cesur et al., 2020), this may have been a chance sampling artifact as opposed to true branch-related

distinctions in releasing control, given the small group sizes for Marines ( $n = 2$ ) and Air Force ( $n = 4$ ). Importantly, the religious faith exhibited by Air Force and Marines did not seem to alter the overall resolution process for these branches, but rather captured these participants' preferred framework for releasing control. This was consistent with the individualized nature of resolution as described in viewing as process. Aside from releasing control, military branch did not differentially affect the resolution model.

### ***Relatedness to Service***

The service-related (SR) and not-service-related (NSR) groups did not differ in any demographic or trauma variables except for ethnicity, such that there were significantly more Hispanic individuals in the NSR group ( $n = 2$ ) than SR ( $n = 0$ ;  $\chi^2 = 5.87, p = .02$ ). No existing research suggested this difference would impact interpretation of group comparisons. Across most categories, groups did not differ in the content of or relationships between categories. However, perhaps due to the differing nature of their event types, SR participants had different perspectives than NSR participants on both feeling positive and sharing and supporting. Those with SR traumas spoke to pride, self-respect, and appreciation for having survived, as well as to finding a sense of purpose related to their military experience, whereas NSR participants did not articulate these ideas. Of his combat deployment, the male Army motor officer, 39, stated, "Have some respect and admiration for yourself." Of newfound purpose, the male Army medevac pilot, 33, stated, "Deploying narrowed my purpose. The events I went through helped narrow my purpose. For that I'm extremely thankful." He explained that this took the form of using his experience witnessing comrades die to make improvements to medevac procedures: "I've tried to use each step in my career to pay honor and tribute to those

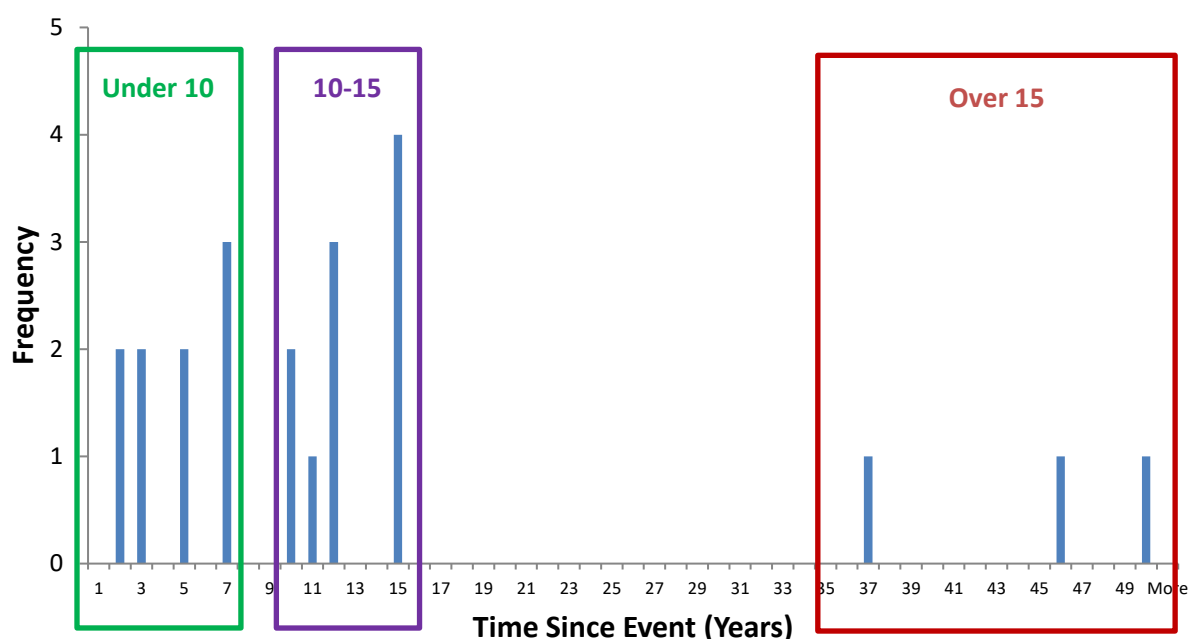
guys and correct leadership mistakes I've seen from my deployments.” Similarly, regarding sharing and supporting, SR participants reported using their experience to help other veterans and volunteering. This is perhaps because these participants felt their experiences would be relevant to other veterans. As discussed later, shared veteran identity and service-related trauma may have promoted the resolution process.

### ***Time Since Event***

Participants' reported time since their traumas fell into three clusters, as seen in a histogram (see Figure 4): events transpiring fewer than 10 years in the past (“Under 10” group,  $n = 9$ ), between 10 and 15 years (“10-15” group,  $n = 10$ ), and more than 15 years ago (“Over 15” group,  $n = 3$ ). On average, the Under 10 groups' traumatic events happened 4.61 years ago ( $SD = 2.06$ ), 10-15 events happened 12.70 years ago ( $SD =$

**Figure 4**

Histogram Showing Three Groupings by Time Since Event for Post Hoc Analyses



2.11), and Over 15 events happened 44.33 years ago ( $SD = 6.66$ ). Groups significantly differed in age, such that the Over 15 participants were older ( $M = 68.00$ ,  $SD = 8.66$ ) than participants in the other two groups ( $M = 39.07$ ,  $SD = 8.71$ ;  $F = 14.31$ ,  $p < .001$ ). This difference makes sense given the far longer time since event for the Over 15 group. There were no other differences between groups in demographic or trauma characteristics.

Several categories and processes in the resolution model were consistent among the three groups, but there were interesting differences in perspectives based on time since event. Releasing control, accepting, and feeling positive were similar across groups. Other categories, including gaining awareness, acting intentionally, sharing and supporting, and viewing as process, however, varied somewhat. Participants in the Over 15 group referred to gaining awareness in the past tense, while Under 10 and 10-15 groups were still engaging in ongoing efforts to understand their reactions. Some participants in the Under 10 group, in fact, even spoke to an “adaptive avoidance” of understanding the impact of the trauma, reflecting deliberate efforts to limit the rate at which they gained awareness. For instance, the 32-year-old female Air Force operations specialist, whose trauma occurred seven years prior, noted, “I still haven’t done therapy around those specific events, partially because I think I haven’t been ready.”

All participants shared similar ideas in acting intentionally regarding pursuing goals that gave them sense of accomplishment and helped them see themselves as larger than the event. The Under 10 and 10-15 groups, however, elaborated much more on acting intentionally than did the Over 15 group, including ideas of improved self-care, proactive and intentional management of negative emotions, making plans for their future, focusing on the positive, and engaging in therapy. Sharing and supporting was

another area in which time since event seemed to make an impact. As compared to the Under 10 group, the 10-15 and Over 15 groups engaged in much more discussion about giving support and sharing their experiences to help others benefit. Conversely, the Under 10 group spoke more about being validated and understood, with a focus on receiving support as opposed to giving support. Finally, viewing as process took slightly different forms across these groups. All three groups spoke to importance of a slow, gradual process that can have back-and-forth movement with no clear finish line or point of being “over” their experience. However, while the Under 10 group spoke to some avoidance and not wanting to “force” their growth, the 10-15 and Over 15 groups emphasized daily effort and management as well as appreciating the progress that has been made already.

While differences in these categories may have reflected a true effect of time since event on how resolution unfolded, it is important to note that the Over 15 group comprised only three participants. Therefore, those categories in which the Over 15 participants had distinct viewpoints from the Under 10 and 10-15 groups (e.g., acting intentionally) might have been better explained by this sampling disparity. The implications of these group differences based on time since event are addressed later.

## CHAPTER 4: DISCUSSION

The purpose of this study was to conduct an explication of the construct of resolution in the context of posttraumatic growth. Grounded theory methodology was used to develop a theoretical model to explain U.S. military veterans' experiences of resolution from trauma. As posited in earlier research (e.g., Davis et al., 1998, 2000; Gillies et al., 2014; Pianta & Marvin, 1993; Steffen & Klass, 2018), resolution indeed emerged not as a discrete state but as a dynamic process. This model described how participants became increasingly aware of the impact of the traumatic event on their functioning, accepting of these effects and the personal responsibility needed to manage them, and intentional about their thoughts, emotions, and actions as they move forward in life. The process seemed to function iteratively, such that steps fed back into one another and refined over time. Each aspect of the process was also facilitated by receiving support from and offering it to others. Overall, these findings suggested that resolution is a phenomenon in posttraumatic processing that may bridge the gap between deliberate rumination (DR) and PTG in the PTG theoretical model.

Several important areas are discussed below. First, the grounded theoretical model of resolution developed in this study is discussed in relation to existing conceptualizations of resolution and framed within the larger PTG model. Next, findings regarding the perception of the term "resolution," and potential alternatives, are explored. Finally, research and clinical implications of this explication are posed.

### **Resolution Content Compared to Existing Conceptualizations**

Overall, the concepts outlined in the literature review (e.g., meaning made, sense made) complemented this resolution model well and offered additional triangulation of

its fit with known trauma processing models and formulations. However, the model developed in this study compiled and organized these ideas and offered some temporality to how they might unfold. These content areas were each compared to the resolution model next, reordered by their sequential appearance in the model.

### ***Coherence and Organization***

Increased sense of coherence about one's traumatic event reflects one's ability to sequence a coherent account of the event, helping to shift overwhelming trauma-related thoughts to more manageable and organized stories and facilitating one's ability to see the event as more manageable and meaningful (Antonovsky, 1996; Lilgendhal & McAdams, 2011; Mansfield et al., 2010; McLean et al., 2017) and, in turn, facilitating growth (e.g., Greenhoot et al., 2013; Neimeyer, 2006). Within the resolution model developed in this study, coherence reflected a necessary first step to allow for subsequent processes to unfold. Coherence overlapped most meaningfully with gaining awareness, as participants needed to become aware of distressing thoughts, emotions, and memories, how events unfolded, and how events have impacted them. A logical, sequenced narrative could also have served releasing control and accepting by helping individuals recognize where responsibility fell and what unwarranted guilt or self-blame could be released. In addition, sharing and supporting promoted coherence, such that participants were often supported by others as they explored the event and told their story. Overall, increased coherence or organization about one's trauma began with gaining awareness and, consistent with viewing as process, grew and progressed through each subsequent category and each iteration of the resolution process.



### *Sense Made*

As with coherence, comprehension or sense made arose in the resolution model in earlier processes like gaining awareness, as well as in DR that immediately preceded. Through gaining awareness, participants learned to explain the impact of this trauma within their understanding of themselves, engaging in accommodation of their worldview to include the reality of the event. As the male Marine assaultman, 34, stated, “When you’re confronted with the facts, you have to step back and reassess what you were thinking.” The male Army medevac pilot, 33, said, “You need to have that willingness to question or challenge yourself.” Releasing control helped individuals comprehend that some things could not have been anticipated, and therefore needed to be released, and accepting helped them reach a new understanding of the event and its role in life moving forward. For instance, the male Navy SEAL, 50, described his understanding of his trauma as part of his identity rather than an “obstacle”: “You’ve come to terms with it and it’s no longer an obstacle to who you want to be.” Receiving support (sharing and supporting) could assist in gaining comprehension by working to understand one’s experience alongside others who shared it or were equipped to help. Giving support could also support sense made, as individuals can better make sense of their trauma when it can be used to help others. Regarding viewing as process, explanations can continue to evolve and develop, and time is needed for sense to be made. Overall, making sense of the event overlaps with both the search for coherence early on, and sets the stage for finding meaning.

### *Meaning Made*

Although a complex construct, aspects of meaning made as examined in the literature review emerged in the resolution model, including perceptions of change (Park, 2010), identification of a larger purpose or plan (Baumeister, 1991; Park et al., 2012; Rothbaum et al., 1982), lessons learned (Kernan & Lapore, 2009; Taylor, 1983), and, to a less explicit extent, identity reconstruction (Bellet et al., 2018; Harvey, 1996; McLean & Pratt, 2006; Neimeyer, 2006; Romanoff, 2004). The progression from gaining awareness to releasing control and accepting reflected an adjustment of one's attitude toward or perspective on the event, consistent with Park's (2010) conceptualization of meaning made as well as the negotiations individuals undergo in DR as they attempt to reach a meaningful perspective on their life post-trauma (Linley & Joseph, 2011; Tedeschi, Shakespeare-Finch et al., 2018). Individuals in these steps were changing their beliefs about the event and what it says about themselves to help restore a sense of comfort and adaptive functioning (Taylor, 1983). As the male Army combat engineer, 38, explained:

I've changed my relationship to negative events and emotions because they're all part of our lives, and maybe the story we tell ourselves about them gets in the way more than the actual event. So, I guess maybe resolution for me is integrating them in your experience as a human being and being OK with that.

Other participants specifically spoke to lessons or growth in their experiences. The male Navy SEAL, 45, explained, "The absolute vital ingredient is the learning process, the growing. At the end of the day, suffering should get you closer to your goal or achieving something." This was consistent with constructing a "positive ending" to their trauma

narratives (King et al., 2000), an adaptive way to move toward resolution that facilitated feeling positive.

Although most participants did not explicitly invoke identity reconstruction in their discussions of resolution, elements of narrative and/or identity change were occasionally evident. For instance, the male Army medevac pilot, 33, appraised his experience not only as a vehicle for growth, but as fundamental to his professional and personal identities: “I’ve used [the trauma] as a lesson to try to be a better person and leader.” Others increased their self-understanding, and consequently, found new intentional actions based on this new understanding. As the 56-year-old male Army motor officer stated, “How am I going to live my best life? Now I know my needs.” The 34-year-old female Air Force security officer’s self-view showed someone who emerged stronger and who appraised the event as meaningful to her: “The fact that I was able to bounce back from this is a testament to my life and what I have been through. I wasn’t broken.” Overall, meaning made was apparent in the explication of resolution, seen prominently in releasing control, accepting, and acting intentionally in the forms of perceived change, perceived growth, and identity change.

### ***Acceptance***

Acceptance was clearly present in the resolution model, most obviously through the category accepting but also, to an extent, other categories. One relevant existing conceptualization of acceptance was Kubler-Ross’s (1969) definition as an “acknowledgement of one’s new reality” and living to accommodate this new reality instead of the lost old reality, which was consistent with participants’ gaining awareness (recognizing new reality), releasing control (letting go of old reality), accepting (taking

responsibility for accommodating new reality), and acting intentionally (living in a way that is consistent with new reality). Rothbaum et al.'s (1982) interpretive control, or one's decision as to how to understand challenging experiences to readily derive meaning from and accept them, was another form of acceptance that was apparent in several participants' accounts, especially in releasing control and accepting. For instance, of his trauma, the male Navy SEAL, 50, stated, "It was clearly traumatic and clearly defining. I just didn't let it define me as stuck." He chose to accept responsibility for how he was understanding his experience. By releasing control over and accepting how their traumas unfolded and the role they played, participants increased their interpretive control, and in so doing underscored the idea that accepting an event's meaninglessness may be preferable to a fruitless search for meaning in something without clear reason or cause.

### ***Forgiveness***

Forgiveness organically emerged in several participants' narratives, suggesting it is an important component of resolution for at least a portion of trauma survivors. In gaining awareness, individuals may first become aware of anger or resentment they harbor toward themselves, others, or a higher power, in their increasing understanding of the events that unfolded in their traumatic experience. Releasing control and accepting may be the most essential to forgiveness in resolution, as these are stages in which the individual has an opportunity to perceive their trauma differently, including the causal roles different parties may have played. In some situations, participants realized they could forgive once they saw they were never going to know what really happened or who was at fault. In others, participants self-forgave for their actions, and still in other events, participants accepted that some things cannot be forgiven. Releasing one's ability to

change the situation, and choosing to proceed another way, was a key component of redirecting energy and motivation as seen in forgiveness (Doran et al., 2012; Hultman, 2007; Worthington, 2005).

These elements of choice and deliberate action seen in forgiveness also align with acting intentionally. In turn, forgiveness can help individuals to feel more control over their situation, as well as to experience increased well-being and positive emotion (e.g., Davis et al., 2015; Worthington, 2005, 2006; Worthington et al., 2005), consistent with feeling positive. Receiving support may be an important aspect of pursuing forgiveness, perhaps from peers who can empathize with the situation the individual was in, or a mental health professional who can offer such interventions as moral repair (e.g., Litz et al., 2009) to foster self-forgiveness. A final consideration is that forgiveness can be an emotionally and cognitive taxing process with which many have to grapple for a long time (Worthington, 2005). As participants discussed in viewing as process, resolution may have to be revisited iteratively in different life contexts and circumstances, with tasks repeated. Forgiveness may function in a similar way, spanning gaining awareness, releasing control, accepting, and acting intentionally and perhaps necessitating revisiting and reworking at any of these steps.

### ***Reorientation to Future***

Turning away from the past and toward the future was key to the resolution model, often cited by participants as “moving on” or “moving forward.” Through gaining awareness, participants increasingly saw how their past had kept them preoccupied and was taking over the present and their future. They released control of their sense of responsibility for past events and even the need to fully know what happened in the past,

to ensure they were left with “no lingering question” (32, male, Air Force security officer). Accepting was also essential to reorientation; while participants recognized that they could not “leave it behind completely” (28, female, Navy intelligence officer) and that it was “never gone” (34, male, Navy antiterrorism officer), the trauma was “in the past.” Ultimately, they reached a point when they still remembered the event, but it was not disrupting their present and future.

Individuals’ increased acting intentionally reflected a desire to deliberately “move forward” into their futures and do things differently. As the 47-year-old male Navy supply officer stated, “You have to continue on. You have to continue to contribute.” With this shift, individuals may feel more positive emotions, namely peace and contentment; the male Army helicopter chief, 25, explained that he found “peace in coming back to the present” through focusing on new goals and practicing mindful coping. This is consistent with the natural progression from acting intentionally to feeling positive seen in Greenhoot et al.’s (2013) study of reorienting toward the future and consequently feeling more hopeful and optimistic. Finally, the category of viewing as process alluded to a shift from past to present. Though some participants acknowledged that their trauma continued to impact them and that they found themselves “going back” at times, they were still “moving forward” and increasingly focusing on their futures.

### ***Restored Self-Worth***

By processing the trauma and seeking resolution, participants recognized that the trauma was not a pervasive representation of the self (Litz et al., 2009; Sandberg & Grant, 2017), and several components of the resolution model restored self-worth. Although such ideas were not apparent in gaining awareness, restored self-worth was

consistent with releasing control and accepting. By recognizing what they were not able to do anything about, participants were able to reduce self-directed anger for causing or not being able to fix certain things (“It wasn’t because of a choice you made”). In addition, they gained confidence by learning that they were capable of coping, taking responsibility for their futures, and releasing the expectation of fixing oneself overnight. As the 56-year-old male Army radio operator stated, “I’m a lot more comfortable with myself because of choices I made”; participants acknowledged their vulnerability and fallibility in trauma recovery (“I’m not perfect”), but increasingly appreciated good choices they had made.

Acting intentionally may also augment self-worth. In making strides toward goals and improving themselves, individuals may gain confidence. By “putting in work on” themselves (34, female, Air Force support officer) and proceeding “to be functional” (38, male, Army combat engineer), participants were able to claim ownership over their identity rather than relinquishing it to the trauma. For instance, the female Army administrative assistant, 58, concluded that in getting her advanced degree, the trauma “didn’t take everything away from [her]” and “the real me is still here.” The male Marine assaultman, 33, similarly stated, “I want to progress, I want to do something else, something better—something where I can say I did this, *and* I was also in the Marine Corps.” By seeing the trauma as only one part of the picture, participants could feel better about themselves and their identity. The male Navy antiterrorism officer, 34, stated, “PTSD doesn’t have to be the title of anybody’s book. It can be a chapter of your life, but don’t make it the whole book.” For individuals who begin to view their trauma

differently, move through the world differently, and feel more resolved, they can gain a more positive self-view.

Restored self-worth was also likely present in feeling positive through increased appreciation and pride for how one behaved and coped during and after the trauma, observation that the event also reflected one's strengths instead of only vulnerabilities, and contentment with one's current situation. This is consistent with McAdams's (2013) "redemptive sequence," or the narrative process by which one stories their experience so that an objectively and affectively negative life experience is followed by a positive or good outcome, thereby "redeeming" the pain of the origin event. Individuals also may have found increased self-worth through sharing and supporting, both through the validation and acceptance gained by receiving support, and the increased sense of value and purpose through giving support. Helping others may also have helped them recognize their own value and gain perspective on how well they are doing ("I have a voice," "Maybe I'm not as bad off"). This ties to Litz et al.'s (2009) idea of moral repair in the context of moral injury; supporting others may help individuals observe examples of and appreciate their ability to still do good and help others.

Finally, restored self-worth could come from increased appreciation of resolution as process. In viewing as process, participants saw that resolution took time, and being "over it" was not reflective of a personal failure. They acknowledged their progress in awareness and change ("I know how far I've come") and saw regular opportunity to begin anew ("Each day is a chance to start again"). Overall, resolution helped participants put the traumatic event in its proper context, reducing erroneous overgeneralization and



appreciating it as simply one aspect of their larger stories. All of these could lead to improved self-worth.

### ***Reduced Negative Emotion***

Although feeling positive spoke to increasing positive emotion rather than to reducing negative, the latter was still apparent in the resolution model. In gaining awareness, participants explained that although they did not necessarily decrease negative emotions, they became aware of their presence. They were also validated through receiving support, through which “burdens” and “weight” were lifted, “relief” was found, and painful emotions were no longer “bottled up.” Through both releasing control and accepting, participants worked to let go of difficult emotions such as guilt, anger, and shame by releasing ruminations about what could have been done differently, or anger that this event affected and continues to affect them. For example, the male Air Force security officer, 32, explained, “I remember that time not with joy, but without guilt,” and the female Navy intelligence officer, 28, said, “I can think about it without feeling any sort of guilt.” Similarly, in accepting, in taking responsibility for their past and present actions, individuals took responsibility for managing their negative emotions, making a conscious decision not to let negative emotions control them (e.g., “Take [the reminder] in and not react to it”).

Acting intentionally was also consistent with reducing negative emotion by removing negative influences and cultivating positivity. The 42-year-old male Navy recruiter stated that he strives to “turn the negative into a positive,” and the 56-year-old male Army radio operator similarly explained, “If I sense something negative, I’m going to surgically remove that from my life.” In the discussion of resolution as process, several

participants explained that negative emotions naturally dissipate with time. As the female Navy intelligence officer, 28, stated, the resolution process can “unfold slowly” and gradually release negative emotion with it. The 33-year-old male Marine assaultman similarly stated that time and iteration made negative emotions “less intense.” Part of accepting and viewing as process for participants was also acknowledging that negative emotions continued to periodically arise, though their impact lessened with time.

### ***Summary***

There was indeed overlap between existing conceptualizations of the construct of resolution and how it was articulated by participants in this study. This model brought these concepts together through a theoretically rigorous inductive approach; rather than attempting to deductively derive a model of resolution using only these concepts from the literature, the resolution model used the language of participants and remained true to the lived experience of trauma survivors navigating resolution. Overall, this grounded theory of resolution adds to and enhances existing conceptualizations.

This ability to organize and distinguish existing concepts in the literature underscores the importance of concept explication in theory development. By comparing this grounded theory to current conceptualized aspects of trauma processing and resolution, I have confirmed that resolution is not a unidimensional construct aligning with one (or even entirely distinct from all) of these existing constructs, but rather a process consistent with and incorporating several of them to various extents. As a result, resolution has been more thoroughly conceptualized and operationalized. Different theories of trauma processing and growth often use different terms for similar ideas; to increase parsimony and precision in understanding trauma, comparisons such as these are

essential. Although it is important not to deductively incorporate these findings from the literature into an inductive model (such that it is no longer a theory grounded fully in data), these content areas suggest additional areas to explore qualitatively or even attempt to measure in further pursuit of understanding resolution. It is possible, for example, that resolution could be quantitatively measured and associated with reduced negative emotion or increased forgiveness.

### **Resolution Processes Compared to Existing Conceptualizations**

In addition to examining how the content of the resolution model aligned with content areas from the literature review, the processes of resolution, including unfolding in degrees and its fluidity rather than stability, were compared to the literature review as shown next.

#### ***Degrees and Stages***

A key finding in this study was the characterization of resolution as an iterative process. Though a few recent conceptualizations of trauma and grief have shifted from discrete and finite to iterative and ongoing (e.g., Gillies et al., 2014; Steffan & Klass, 2018), this resolution model was additional evidence to support that even within a construct that implies finitude, degrees and continual progress can exist. If an “upward spiral” process is in play, this model of resolution could indeed resonate with Davis et al.’s (2000) conceptualization of meaning making as movement from more rudimentary sense-making to more sophisticated lessons and growth, and/or Antonovsky’s (1996) salutogenic model in which sense of coherence and meaningfulness increase with time. The latter was apparent even in the increasingly sophisticated nature of the categories of this resolution model; gaining awareness was more basic recognition of the event’s

impact, whereas later processes like acting intentionally or giving support were more complex, first requiring awareness, accepting responsibility for oneself, and reorienting toward future goals.

Some expressions of resolution in these data were consistent with the categories from Triplett et al. (2012). Specifically, participants' goals for seeking resolution differed for different aspects of their trauma, such that for some, individuals saw resolution as feasible and desirable, and for others it was not. For instance, the female Army administrative specialist, 58, stated, "Certain things I don't have resolution to. I don't have an answer and I'm not even trying to find one." Similarly, the male Army helicopter chief, 25, explained, "I shot people out of a helicopter on many occasions. There's no resolution from that. There's just not. And I think right now, I'm okay with that." Perhaps part of participants' releasing control and accepting involved coming to terms with having "unfinished business" (Neimeyer, 2016b) regarding these details. In Triplett et al.'s (2012) categorical framework, some aspects of these participants' traumas might be best characterized by "I feel no need to try to understand or make sense of this event," or even "I tried to understand or make sense of this event, but I could not and have given up trying." Therefore, in addition to considering an individual's resolution of the event as a whole, it may be important to observe whether resolution is uniform across all components of the trauma. This is consistent with appreciating the idiosyncratic and dynamic nature of resolution.

An important post hoc analysis in this study was how time elapsed since the traumatic event affected participants' experiences of resolution, and specifically whether time impacted the progress participants had made along the resolution process. The

Under 10 (years), 10-15, and Over 15 groups were similar in some aspects of resolution, and all three groups represented all categories. One key group difference was how the initiation and process of resolution were discussed, with Under 10 participants referring more to an “adaptive avoidance” component in gaining awareness and expressing the need for time to let themselves be open to and feel “ready” for things to unfold slowly. Over 15 participants referred exclusively to gaining awareness in the past tense (i.e., not ongoing), suggesting in their 44 years on average since the trauma, they had gained sufficient awareness of themselves and the trauma’s impact. Other findings included that the Under 10 and 10-15 groups spoke much more about specific actions in acting intentionally, and the 10-15 and Over 15 groups discussed giving support to others where the Under 10 group did not. These results suggest there may be degrees of resolution driven by time since event, perhaps characterized by an early “preparation” stage of wanting to gain awareness but proceeding in a paced and careful manner; a “middle” stage marked by ongoing awareness-building and a transition to more intentional action and progress; and a “maintenance” stage characterized by relatively stable awareness, ongoing intentionality, and offering support to others.

This analysis is consistent with Tedeschi, Shakespeare-Finch et al.’s (2018) observation that the effect of time since event on PTG can vary considerably. As with PTG, time since event may be moderating participants’ experiences of resolution. In addition, it is important to remember that resolution is iterative; an individual 20 years after their event may similarly be working on accepting as is another person two years post-trauma, but the former survivor may have engaged in several prior cycles of resolution and are revisiting accepting in a new and more sophisticated context. Life

events and intra-individual shifts may bring any trauma survivor, regardless of time since event, back to earlier resolution stages.

### ***Stability Versus Fluidity***

As Pianta and Marvin (1993) noted resolution's dynamic and impermanent nature, and others argued grief can lack finality (Gillies et al., 2014; Steffen & Klass, 2018), participants in this study characterized resolution as fluid and ongoing. This dynamism was especially apparent in discussing the measurement of resolution, as multiple participants envisioned the construct on a scale that could fluctuate even during one's discussion of the event. For instance, the 28-year-old female Navy intelligence officer, as she contemplated particular individuals associated with her trauma with whom she was still angry, noted she felt "less resolved" in that moment, but perhaps would feel more resolved after concluding the interview and focusing on tasks unrelated to the event memory. Mentally revisiting the trauma, whether unintentionally or deliberately, unprompted or in the context of a life change, may therefore be a situation in which individuals feel they move "backwards" in resolution and must readdress it. This study helped to normalize the fluid, back-and-forth nature of trauma processing, which has important implications for both research and clinical practice, as discussed later.

### **Resolution Within the PTG Model**

This study has contributed to PTG research by expounding upon a relatively unexplored aspect of the PTG theoretical model. In some PTG model versions referred to as "resolution" and in others "acceptance," the transition from DR to PTG is a rich one that warrants clarification. The overlap of elements of this model with those in the PTG model served as a means of construct validity and triangulation, confirming that this

concept is appropriately placed within the PTG process and model. Therefore, in addition to its intrinsic value in explaining the phenomenon of resolution, this process model is also important to interpret as it occurs within the context of PTG. Overall, there appeared to be overlap of PTG with each stage of the resolution model. Figures 5 and 6, explained later, both offer schematics of how these theories overlap.

### ***Gaining Awareness and PTG***

Gaining awareness closely resembled the self-examination characteristic of deliberate rumination (DR) in the PTG model. Some items on the DR subscale of the Event-Related Rumination Inventory (ERRI) read, “I deliberately thought about how the event had affected me” and “I forced myself to think about my feelings about my experience” (Cann et al., 2011), both of which were echoed in this category. Awareness is woven throughout the initial stages of the PTG model, including core belief disruption, intrusive rumination, and deliberate rumination. In this study, participants described becoming aware of how their beliefs had been shattered, such as the 32-year-old female Air Force operations specialist’s statement, “You can’t go back to before when you believed that everyone was good. There’s no putting it back the way it was.” Additionally, emotional distress was acknowledged as part of this initial step, aligning with the distress seen in rumination. Although gaining awareness is therefore not unique to resolution, it is helpful to anchor resolution to this known aspect of existing trauma conceptualizations, particularly within the PTG model. The benefit of this anchor was twofold: (a) It offered proof of concept, confirming that the resolution process continues from where DR leaves off in the PTG model, and (b) it provided the starting point for

explaining the ways in which participants use this awareness to feel resolved and move forward.

### ***Releasing Control and PTG***

Releasing control is reflected in aspects of DR, but also seemed to uniquely contribute to understanding resolution. DR has been broadly defined as an effortful strategy to reconceptualize or reappraise trauma in a way that facilitates growth (Tedeschi & Blevins, 2015; Tedeschi, Shakespeare-Finch et al., 2018). Consistent with this general definition, items on the Deliberate subscale of the ERRI (Cann et al., 2011) span several possible ways in which one could think differently about their trauma, such as contemplating changed beliefs, coping with feelings about the event, or considering whether meaning could be found in the event. Following this definition, it may be that releasing control comprises only one dimension of DR and this reappraisal process.

An important distinction between releasing control and DR is that whereas the latter reflects ongoing engagement in this thinking process, the former reflected more of an outcome of DR that laid the foundation for future steps of resolution (accepting, acting intentionally, etc.). Participants' discussion was in past tense and reflected the conclusion that they had already released control—that they had engaged in necessary DR in order to reach this point. Overall, while it is quite possible that releasing control is part of the reconceptualization or reappraisal processes that characterize DR, it also seems that releasing control may be unique to resolution in its frame as an outcome that set the stage for acceptance and intentional action.



### *Accepting and PTG*

Acceptance has been a longstanding element of PTG theory, often counted among the adaptive coping strategies and cognitive, emotional, and behavioral shifts occurring in the later stages of trauma processing (Calhoun & Tedeschi, 2013; Tedeschi, Shakespeare-Finch et al., 2018). It is invoked in descriptions of learning to accept the paradoxes of life's tragedies (e.g., Tedeschi & Calhoun, 1995) and to accept a new meaning or understanding of an event (Linley & Joseph, 2011), both of which are typically described in the context of DR (Tedeschi, Shakespeare-Finch et al., 2018). As reconceptualizing and reappraising are part of the effortful intention in DR to integrate the trauma (Tedeschi & Blevins, 2015), and accepting reflected a similar shift in perspective and willingness on behalf of participants to try new approaches moving forward, it can be argued that accepting (similar to releasing control) overlaps with DR. In accepting, participants also alluded to the seeds of PTG domains, such as appreciation of life, personal strength, and spiritual and existential change. Acceptance appears in the current PTG model (see Figure 1) between DR and PTG. Although there is not a clear, explicit explanation of how this part of the model was developed, labeled, or positioned (Tedeschi, Shakespeare-Finch et al., 2018), it is likely that acceptance is appropriately positioned in the model as it seems to overlap with and bridge together both DR and PTG.

In addition to the idea of reappraisal, accepting and PTG may also intersect at identity reconstruction and the "changed narrative" (Tedeschi, Shakespeare-Finch et al., 2018). In the current PTG model, changed narrative is an outcome of PTG. However, it is possible that this identity reconstruction is occurring earlier, in DR and resolution, and the changed narrative is merely the product of this reconstruction. Accepting may reflect

the initial steps toward identity reconstruction by first being at peace with and taking responsibility for this identity change, as articulated by the 58-year-old female Army administrative specialist: “Understand that it’s okay to rebuild yourself.” Participants needed to accept the impact of the trauma, their new reality, and their responsibility to change before engaging in said change.

Finally, just as accepting was iterative in the resolution process, acceptance may similarly be an ongoing journey as described in PTG theory. In this spirit of viewing as process, Tedeschi and Moore (2016) explained in their PTG workbook, “Acceptance about everything related to your trauma does not have to come all at once” (p. 73). Overall, accepting is likely an ongoing process that arises in DR, facilitates resolution, and may be part of identity reconstruction and the changed narrative seen in PTG.

### ***Acting Intentionally and PTG***

Acting intentionally may serve as an important bridge between DR and PTG. Although the ERRI (Cann et al., 2011) includes items such as “I thought about what the experience might mean for my future” and “I thought about whether changes in my life have come from dealing with my experience,” DR seems to include only contemplation of change and action, not action itself. Conversely, acting intentionally, which was characterized by participants’ concrete decision-making about and tangible action toward new futures, may bridge DR about one’s trauma with the manifested personal changes seen in PTG. The domains of new possibilities, personal strength, and relationships with others were especially apparent in acting intentionally. The male Navy yeoman, 45, for example, explained discussions of new possibilities:

My wife and I are having a lot of conversations about the thing we can do differently now. What opportunities have opened up? What are the things I'm going to be doing with the kids now that I haven't been able to do before? What can I start saying no to?

Regarding improved relationships with others, the male Navy supply officer, 47, discussed spending more meaningful time with his wife and daughters: "It's not looking at the clock and saying, you've got 30 minutes of my time. I'm intentional about spending time with my kids, about date night with my wife, listening way more than talking." The female Air Force operations specialist, 32, echoed this intentionality in relationships: "Now I listen well and pay attention when I'm interacting." Finally, by making active decisions and electing to be proactive, many participants found an increased sense of personal strength in the resolution process, such as the 56-year-old male Army radio operator: "I'm taking control, whereas before I would've been reactionary. From there, I went to, this is what I want, and I'm going to go make that happen." Acting intentionally may be a critical mechanism that shifts contemplation to action and is therefore crucial to PTG theory development. It is also akin to the concept of psychological preparedness (Janoff-Bulman, 2004), such that individuals who have experienced PTG may be better prepared and more resilient to future stressors. Individuals who have gone through the resolution process and know how to engage in intentional action to move themselves forward may have a larger behavioral repertoire to draw upon in future adversities.

### ***Feeling Positive and PTG***

Feeling positive integrated well with PTG, particularly in the domains of appreciation of life and personal strength. Appreciation of life emerged in such quotes as, “I’m pretty appreciative of the fact that I did survive” (40, male, Army civil affairs captain) and “There’s a level of gratitude that goes into my day to day that other people simply don’t have” (25, male, Army helicopter chief). Personal strength and the positive emotion of pride emerged together through such statements as “The most stressful, most difficult thing I’ve ever done was also the one I’m most proud of, the most rewarding” (45, male, Navy SEAL). By engaging in the earlier processes of resolution and approaching their lives differently, participants were feeling more appreciation and self-respect, which then could feed into elements of PTG such as having the confidence to try new things (personal strength and new possibilities), regularly practicing gratitude (appreciation of life), or presenting more intentionally and positively in relationships (relationships with others). Just as gaining awareness anchored DR to resolution, feeling positive may anchor resolution to PTG, again demonstrating that resolution fits between DR and PTG in the PTG model and bridges the contemplation of the impact of a traumatic event, to change, action, and growth.

### ***Sharing and Supporting and PTG***

Receiving and giving social support is not novel in understanding PTG or trauma processing, but it is an important discovery as it pertains to resolution. Much literature has examined the receipt of social support as facilitative of trauma recovery, particularly connecting with others who have experienced similar traumas or had knowledge of veterans’ unique circumstances, like professionals (e.g., Tedeschi & Calhoun, 1995).

Social support has been associated with developing and maintaining PTG in part via *self-disclosure*, or the expression of one's trauma experience to others through talking, writing, or even art (Tedeschi, Shakespeare-Finch et al., 2018). By providing the space to have difficult emotions validated and to gradually integrate the traumatic experience into one's personal narrative, trauma-related self-disclosure can reduce related emotional distress, help bring unconscious thoughts and feelings into awareness and in turn promote rumination and cognitive processing, and improve relationships with others (Tedeschi, Shakespeare-Finch et al., 2018). In these ways, self-disclosure can not only be an adaptive primary and/or secondary coping strategy, but also help transition individuals from IR to DR, and thus promote PTG (Tedeschi & McNally, 2011). A manuscript under review at the time of this dissertation reported findings that positive disclosure, or a disclosure experience that resulted in a supportive and affirming response (Müller et al., 2000), positively predicted PTG in a multiple regression model (Taku et al., 2020).

Sharing and supporting as seen in resolution reflects many opportunities for self-disclosure and can thus facilitate PTG. In receiving support, individuals can disclose to bring unconscious thoughts into awareness (gaining awareness), develop a more positive and appreciative perspective on the event (feeling positive), or increase perceived acceptance by others and therefore acceptance of oneself (accepting). They can learn to cope with those aspects of their experiences they cannot change (releasing control) and contemplate with someone how they can emerge wiser and stronger and make meaningful choices moving forward (acting intentionally). In these ways and more, individuals can use the self-disclosure naturally occurring throughout the resolution process to move toward PTG.

Some PTG literature discusses the role of the *expert companion* in providing support to trauma survivors (e.g., Calhoun & Tedeschi, 2013). Expert companionship is thought to facilitate PTG through the companion's humble and authentic willingness to be a learner rather than solely a teacher, to collaborate with the trauma survivor in developing a more adaptive trauma narrative, to provide education on common reactions to trauma, and to subtly highlight themes of growth as they emerge, among other tasks (Tedeschi, Shakespeare-Finch, et al., 2018). Although this can be a clinician in a professional therapeutic setting, expert companions can be any individual in the trauma survivor's life who exhibits the above skills and can provide informed guidance, such as a relative, friend, clergy member, or mentor. This form of receiving support does not imply that an expert companion is essential to facilitating PTG; in fact, many achieve growth without expert guidance (Calhoun & Tedeschi, 2013). However, it is worth noting the frequency with which participants in this study spoke to receiving support from an expert companion (typically through psychotherapy), which helped them move toward resolution and growth. As with PTG, it is possible that expert companionship can be facilitative to the processes of resolution as investigated here. Though naturally built into recommended therapeutic approaches as outlined by Calhoun and Tedeschi (2013), researchers and clinicians alike might consider how expert companions can explicitly catalyze resolution processes like gaining awareness, accepting, or acting intentionally, to move clients toward growth.

In addition to receiving support, giving support has been connected to PTG, particularly in increased compassion for others and acts of service following from PTG (Tedeschi, Shakespeare-Finch et al., 2018). Self-disclosure and receiving support may

position individuals to experience positive changes in their relationships with others, feel a greater sense of personal strength, or envision new possible roles in their futures, all of which can translate to a desire to “give back” through altruistic activities. Although “giving back” is an outcome of PTG in the current process model (Tedeschi, Shakespeare-Finch et al., 2018; see Figure 1), this study helped illuminate that giving support can arise even before PTG, and may in fact be part of the resolution that then facilitates PTG. That said, this study still supported a general temporal progression from receiving support to giving support; before being able to help others, participants needed to process and gain acceptance of their own experiences, which is consistent with the PTG model. Overall, this study added to the considerable evidence demonstrating the salience of support and disclosure throughout the PTG process, from initial IR, to DR, to resolution, to growth itself.

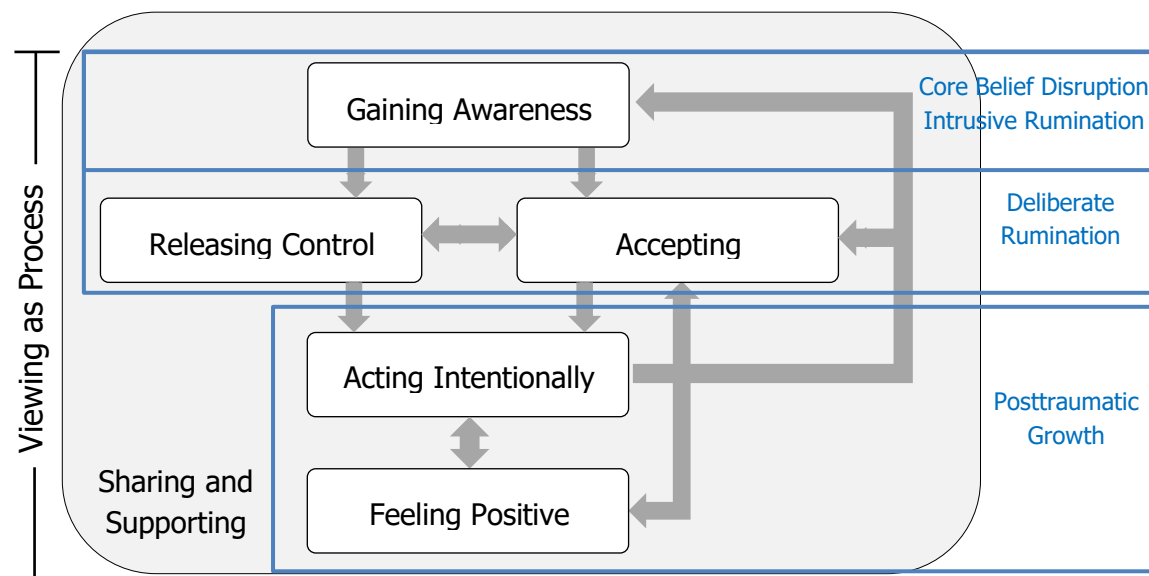
### ***Viewing as Process and PTG***

One key finding of this study was the iterative, ongoing nature of resolution. This is consistent with PTG’s conceptualization as both a process and an outcome (Tedeschi & Calhoun, 2004; Tedeschi, Shakespeare-Finch et al., 2018). There is both the process by which PTG is gained—disruption of core beliefs, emotional struggle, IR, DR, positive reframing, and/or narrative reconstruction—as well as the realization of positive changes that have occurred, the ultimate outcome of these aforementioned processes (Tedeschi & Blevins, 2015; Tedeschi & Calhoun, 1996). Importantly, Tedeschi and Calhoun (2004) noted that although the PTG model may imply a focus on a static outcome, PTG is intended to be viewed as an ongoing process, a way of approaching daily life. Domains of PTG are not simply acquired and identified once, but reflect ongoing behaviors

(Shakespeare-Finch & Barrington, 2012); for instance, one may recognize that a new career path has presented itself and there are new possibilities for oneself in an isolated moment of awareness, but the pursuit of that new career reflects ongoing exploration and daily commitment in and of itself. PTG as a “way of living” aligns with participants’ view of resolution as akin to a chronic condition requiring ongoing management and maintenance, a new worldview that will experience cycles as new life circumstances and challenges present themselves to the trauma survivor. This consistency between resolution as process and PTG as process suggests that they can reasonably coexist in a model that operates in an iterative fashion.

**Figure 5**

Resolution Process Model Placed Within Context of PTG Model



*Note.* Awareness may align with core belief disruption, intrusive rumination, and deliberate rumination. Feeling positive and acting intentionally may overlap with PTG, particularly in elements of personal strength, appreciation of life, new possibilities, and relationships.



Like several researchers' theories of growth from difficult experiences (e.g., Antonovsky, 1996; Davis et al., 2000; Triplett et al., 2012), this resolution model supported the possibility of degrees or stages as well as fluidity in movement among them. The processes surrounding and overlapping with resolution, such as DR and PTG itself, take time and may unfold stepwise, may differ for various aspects of the trauma, and may require revisiting as new information is introduced or new life events transpire. In addition, degrees of resolution may yield different degrees of PTG domains; for example, it may take individuals longer to approach their relationships differently than it does to recognize their personal strength. PTG as a way of living must support the flexibility to experience degrees of change and to move back and forth among them, which is supported by existing conceptualizations of PTG as well as the model of resolution in this study.

As an objective of this study was to understand the process of resolution and how it fits into the larger context of the PTG theoretical model, two adjusted theoretical models (see Figures 5 and 6) were developed. Figure 5 depicts how basic PTG processes might be superimposed on the resolution process model. As seen in the figure, releasing control and accepting emerged as categories that were unique in their position between DR and PTG and did not quite overlap with PTG processes.

Figure 6 represents an adaptation of the current model (in black) with resolution processes incorporated (in blue) as discussed in this section. As can be seen, processes of resolution spanned from just after IR (i.e., Gain Awareness) to after DR and before PTG (i.e., Integration) and were interwoven with relative ease. (Of note, the term "integration" is used in place of resolution, a change that is explored in the next section.) Subtle

changes were made to categories such as “self-analyze” and “manage emotional distress and coping” to reflect knowledge gained in this study about how and when self-analysis may occur and what processes may be happening within managing emotional distress (e.g., increasing acceptance). In addition, “acceptance” in the current model (between DR and PTG; see Figure 1) was replaced with the more comprehensive “integration.”

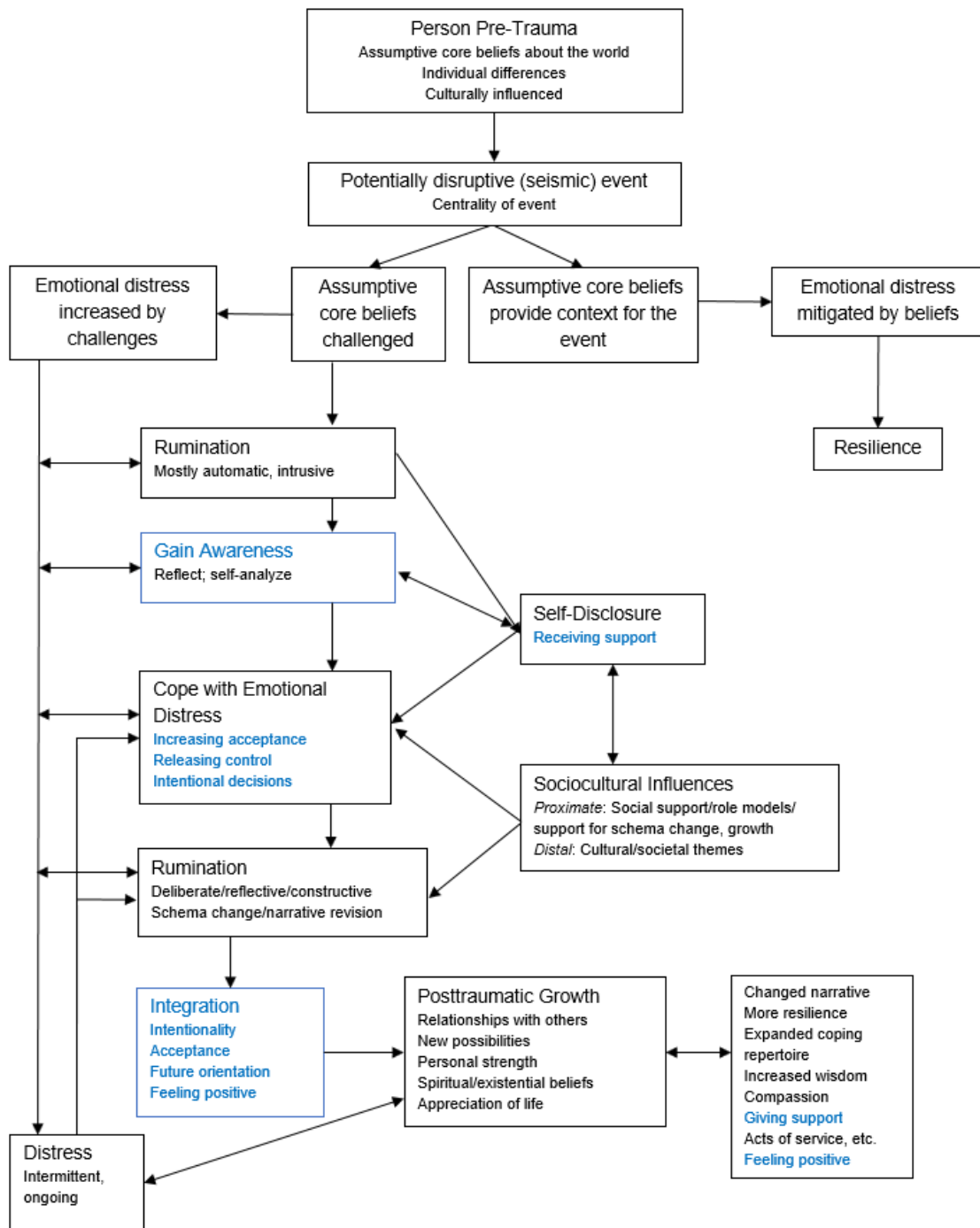
The iterative nature of PTG, integration, and ongoing rumination was captured in the cyclical relationships at the bottom of the figure. Specifically, as Tedeschi, Shakespeare-Finch et al. (2018) explained, some enduring distress from a trauma is important to “keep the focus on change and growth” (p. 43), which aligns with intermittent, ongoing distress prompting further DR, reintegration, and PTG. It is important to note that this adapted model is theoretical and has not been empirically validated. However, the relative ease with which findings could be incorporated into the existing PTG model suggests that explicating resolution provided beneficial theoretical development to explain the transitions between IR, coping with emotional distress, DR, and PTG.

### ***Resolution as Content, Process, or Outcome***

Incorporating the resolution model into the PTG model assumes that resolution involves processes that operate alongside but are ultimately separate from DR processes. As seen in Figure 6, the various categories of resolution are posited to be antecedents and/or consequences of IR and DR. However, it is important to consider how resolution might relate differently to DR; as explored earlier, DR likely overlaps with many aspects of resolution, which begs the question of whether resolution is the content or topic of DR itself, and/or the outcome of DR, rather than a distinct set of processes itself. This

**Figure 6**

Adaptation of Tedeschi, Shakespeare-Finch et al.'s (2018) model of posttraumatic growth to incorporate the resolution model



<sup>c</sup>Note. Components of the resolution model are in blue.

consideration is important in determining how the model developed in this study furthers PTG theory. It may be that this explication, while aimed at understanding how resolution occurs, also tapped into and ultimately further explained how rumination occurs.

Therefore, I contemplated how resolution categories could fit into the PTG model not as a separate parallel process, but as the content and/or result of DR. Resolution would then be subsumed by and woven into DR.

Reframing the resolution categories in this way, some might reflect topics or themes of DR, and others, consequences or outcomes of DR. This would make DR a latent construct with stepwise processes, and the resolution model hypothesized the sequence in which they occur. Examining Figure 6 from this perspective, gaining awareness, releasing control, and accepting could describe more granularly the transition from IR to DR and ongoing coping with emotional distress. Individuals ruminate about how the trauma has affected them in both IR and DR, suggesting gained awareness is an early part of DR, and they shift to ruminating about what they need to release control of and accept, suggesting releasing control and accepting are more intentional topics that move DR forward. Intriguingly, these three categories straddle both topic and action; one ruminates about accepting, also engaging in the act of accepting in so doing. They describe what DR is about, and simultaneously, how DR occurs.

Acting intentionally could represent both a topic of DR and an outcome. One might ruminate about how to do things differently moving forward, while simultaneously beginning to take those new actions. It is especially important with this category to remember resolution (and thus rumination) as iterative and ongoing processes; one may first contemplate acting intentionally, then begin to act differently, leading to further DR

and even more frequent or profound intentional action. This is reflected in Figure 6 by both “intentional decisions” as listed under coping with distress (“I’m upset, but I’m going to choose to handle it differently this time”) and “intentionality” as listed under integration (“I’ve made a shift toward living in a more deliberate and intentional way”). Acting intentionally, therefore, may help to translate rumination *about* resolution into resolution itself, as exhibited in later categories of the model.

Finally, as seen in Figure 6 under “integration,” concepts including acceptance, intentional action, future orientation, and feeling positive could be content of DR, but more likely serve as outcomes that help an individual move into PTG. Accepting one’s trauma may be a topic of DR and a process occurring throughout DR, so it follows that acceptance results from working to accept. Intentional action may reflect the outcome of the increasingly intentional decisions the individual makes while coping with ongoing distress, as well as the product of ruminations about what they want the future to look like (also tapping into future orientation). This mastery of how to behave more deliberately and intelligently naturally poises one for PTG, such as through approaching relationships more deeply or entertaining new possibilities for the future. As seen in the resolution model, feeling positive resulted from one’s satisfaction with one’s past and current actions, as well as increasingly incorporating positive and supportive people and activities into one’s life. As an outcome of DR, feeling positive may signify the relief of having navigated meaning negotiation, optimism about what comes next, and the self-confidence and -efficacy needed to recognize one’s personal strength or contemplate new possibilities. Again, these outcomes should be interpreted in light of resolution as an iterative, evolving process. For instance, new perspectives or life events may disrupt

previously held acceptance and prompt a revisit to earlier tasks of DR. Alternatively, bearing in mind that individuals may have different degrees of acceptance regarding different aspects of the trauma, they may find themselves having reached the outcome of acceptance for one aspect, but are still engaging in DR about another.

Ultimately, GTM examines how a process unfolds, and the process in question was resolution. The purpose of this study was not to catalogue content and themes connected to a resolution as might occur in a thematic analysis or content analysis, and resolution was not theorized to exist as merely a component of rumination, but rather a process itself that bridges DR to PTG. However, this concept explication could offer parsimony in the PTG theoretical model. Perhaps resolution and rumination share processes and do not need to be distinct, but rather the processes of resolution both contribute to the content and result of DR. This conclusion would not render the study of resolution meaningless, but rather validate PTG researchers' past and current hypotheses about resolution or acceptance following from DR while adding richness to the concept of rumination in the PTG process.

### **Nomenclature**

Though not a category per se, a subset of data offered insight into participants' reactions to the term "resolution" itself, the accuracy with which it captured their experiences, and alternative terms. As seen in the interview guide in Appendix B, participants were asked to articulate their thoughts about the word and whether they found other words more appropriate to describe their experiences. Importantly, participants did not identify with resolution to represent their ideas of trauma and posttraumatic processing. The term was perceived as "naïve," "fictional," and

“idealistic,” and at best, “fine” or “adequate.” As the female Army administrative assistant, 58, asserted, “Resolution is a word that I don’t think a lot of traumatized people would want to use.” Participants were generally indifferent toward or even resistant to “resolution,” with some voicing preference for other terms. This is a profound (and even subversive) finding from a study about resolution: It may not be an appropriate word to describe the phenomena explored in this model, as it was perceived as largely fictional and unattainable.

This finding underscores the importance of explication, as this analysis not only helped shape and define the construct, but also revealed insights about the appropriateness of the terminology for the construct itself. It may also help explain why it was difficult to find a clear operationalization or measure of resolution in the literature; perhaps resolution was not devised as a focus of measurement because it was not emerging in investigators’ inductive analyses of phenomena such as finding meaning in a loved one’s death (e.g., Gillies et al., 2014). This also has significant implications for the language used by researchers and clinicians alike in the study and treatment of trauma, and it suggests the need to consider alternative terminology for this process. In doing so, it is important to consider both participants’ observations and preferences as articulated in this study, as well as additional words that capture the essence of the theoretical model that perhaps participants did not think to use.

If not “resolution,” then what word resonated with participants? Preferred and suggested terms included “clarity,” “peace,” “acceptance,” “understanding,” and “evolution.” The Army radio operator, 56, explained, “Resolution, to me, feels very quick and final. For me it’s an ongoing evolution. Evolution would be the word I would use.”

Alternatively, the 50-year-old Navy SEAL preferred “clarity”: “My [traumatic event] made things very clear to me what is possible for human beings if they don’t get stuck.” Finally, the Army civil affairs officer, 40, stated, “I don’t know if you’re going to have resolution. I think you need to come to an understanding.” Of participants’ suggestions, “acceptance” was most popular, with multiple participants explicitly stating that this term better captured their experiences than did resolution. An important similarity shared by these words is that, unlike resolution, none implies a clear, finite solution or answer. This is consistent with resolution as an ongoing and individualized process.

### ***Acceptance***

It is worth considering the term acceptance in lieu of resolution given participants’ natural gravitation toward this word, as well as in recognition that the only aspect of this model that did not completely overlap with other parts of the PTG model were the categories of releasing control and accepting. To *accept* is to “be able to take or hold,” “to endure without protest or reaction,” “to recognize as true,” or “to agree to undertake a responsibility” (“Accept,” n.d.). To hold and recognize the true impact of one’s traumatic experience is consistent with gaining awareness and accepting. Additionally, it is especially the definition “to agree to undertake a responsibility” that captures a key component of the resolution model that serves the important role of shifting DR to PTG: intentional action. Concern might arise in attempting to name a process with a term that itself is in the process model (i.e., accepting), but the term acceptance might be considered more broadly and flexibly to encompass the processes between DR and PTG. The current PTG model (Tedeschi, Shakespeare-Finch et al., 2018; see Figure 1) posits acceptance as an outcome and rumination as a process.



However, this study highlighted that acceptance seems to also be itself a process that can spur ongoing reflection and reevaluation. The cycle between PTG, ongoing distress, DR, and acceptance in Figure 6 represents the possibility that one might accept their trauma at one moment, but at a future time may not, or might accept some aspects of the trauma, but not others, thereby necessitating further rumination to reconcile these challenges as they arise.

### ***Calibration***

In addition to participants' suggestions, it is worth considering other terms that capture resolution as described by this model. Given the iterative, cyclical nature of resolution, it follows that an appropriate term would not connote a one-time endpoint, but rather would allow for repeated adjustments or iterations over time. In this vein, "recalibration" may be considered. To *calibrate* is to "adjust precisely for a particular function" ("Calibrate," n.d.); an instrument is adjusted and tuned to operate most effectively in its functions. It follows that to *recalibrate* is to iteratively engage in calibration, as said instrument may drift or lose balance or accuracy over time and require readjustment. Similarly, an individual who has experienced trauma may require ongoing attention, active monitoring of themselves, and intentional adjustment when "out of alignment." This speaks to the continued roles of gaining awareness and acting intentionally over time and is consistent with participants' comments about moving "back and forth" in resolution and continually adjusting their views over time and across contexts. Although the term recalibration risks characterizing the intense psychological process of resolution as overly mechanical, it also captures the nuanced self-monitoring

and adjustment required of trauma survivors as they move forward with their lives and seek to function optimally.

### ***Integration***

A final and perhaps most favorable potential term is “integration.” To *integrate* is to “form, coordinate, or blend into a functioning or unified whole” (“Integrate term,” n.d.). This speaks to the component of resolution in which participants integrate a trauma experience into their larger narrative, echoing existing conceptualizations of resolution as well as Holland and colleagues’ (2010) ISLES. Although most did not, some participants even used the word “integration” in this study, such as the 38-year-old Army combat engineer who described the resolution as “time and integration into your personal experience.” Even without explicit use of the word, other participants spoke to the integration of their traumatic experience as part of their larger narrative. For instance, the Army helicopter chief, 25, stated, “Find an identity that has parts of your traumatic experience but is not just your traumatic experience. Be bigger than just that one event.” Integration is a strong contender as it can encompass not only the negotiation of meanings seen in DR, but also the acquisition of acceptance and the development of positive goals and plans that are born out and witnessed in PTG. In this way, it serves as the true DR-PTG bridge seen in the theoretical model. Integration also could allow for *reintegration*, whereby individuals engage in iterations of this process as new meanings are made, new ideas require acceptance, new actions are taken, and further growth is achieved.

Another consideration regarding the term “integration” is its association with deeper ideas of narrative development and a life well lived. Specifically, integration and

reintegration may reflect the search for and acquisition of wisdom, which is referred to in the current PTG model (see Figure 1; Tedeschi, Shakespeare-Finch et al., 2018). Erikson (1963) introduced the idea of self-reflection and achievement of wisdom in his eight stages of psychosocial development, in which an individual navigates through a series of crises or challenges throughout the lifespan. The last of these, ego integrity versus despair, represents a period in late life in which individuals review their past experiences and gauge their satisfaction with the fullness and coherence of their life (Erikson, 1984). In so doing, they can appreciate how they have handled life's difficulties, followed their values, gained knowledge, and recognize their readiness for future challenges (Erikson, 1984). From Erikson's perspective, this represented the concept of "wisdom": surveying one's experiences, integrating them into a coherent whole, and using that coherent message to guide one's way forward.

"Integration" in this study may similarly reflect the dialectical thinking needed to bring together seemingly disparate life experiences and transform them into intentional action, future orientation, positive emotion, and growth. The integration of trauma into one's larger story is a difficult, impactful journey that requires the navigation of paradox using dialectical thinking to achieve PTG. Therefore, arguably, wisdom reflects this improved ability to appreciate the profundity of a traumatic experience while also choosing not to let it consume or rule one's larger life narrative—i.e., creating a growth narrative (Calhoun et al., 2010; Tedeschi, Shakespeare-Finch et al., 2018). This sophistication was captured in multiple participants' discussions of authoring a narrative in which trauma is only a "chapter," but not "the whole book," or of viewing their military service as only one era of their lives that does not overshadow other life roles or

accomplishments. Viewing one's experience more globally and holding seemingly dissonant information—a life-changing event that does not dictate one's life—may represent wisdom gained. With the ability to acknowledge this and other dialectics, individuals may free up cognitive and emotional space to transform and grow across domains of PTG. “Integration” as a term, therefore, may speak not only to the challenging and advanced work of weaving a difficult experience into a life narrative, but to the increased wisdom that comes with this negotiation.

## **Implications**

### ***Research Implications***

Explication is a foundational step toward several exciting directions for future research. From theory development to measurement, multiple possibilities exist.

**Theory development.** In service of further theory development and a deeper understanding of how resolution interacts with and contributes to the PTG model, subsequent studies might use turning point analysis. Turning points represent moments of change within a relationship in a conceptual model, reflecting the dynamic unfolding of a process rather than its existence in stable phases (Baxter & Bullis, 1986). It is conducted by collecting longitudinal qualitative data about perceived turning points in a process, such that participants “plot” each identified moment of change, and researchers probe for additional information about how events unfolded at that time and brought about the turning point (Baxter & Bullis, 1986). By focusing specifically on the temporality of processes within a model, this qualitative approach could elucidate how resolution unfolds in relation to other PTG variables, including DR and PTG. This would provide confirmation of, or corrections to, the directional processes posited in this study's

theoretical model. Such investigation would offer a more precise and nuanced understanding of the PTG process and resolution's role within it, and it was served well by this initial exploration.

This study also suggests that DR might be better understood as a latent construct that reflects different tasks of processing and resolution unfolding over time. For instance, one item on the ERRI-D (Cann et al., 2011) states, "I deliberately thought about how the event had affected me," which maps onto the earlier stage of gaining awareness. However, another ERRI item says, "I thought about whether my relationships with others have changed following my experience," which may reflect a much later step, even improved relationships with others in PTG. Other items on the ERRI-D span sense making ("I thought about the event and tried to understand what happened"), meaning making ("I thought about whether I could find meaning from my experience"), and reorientation to future ("I thought about what the experience might mean for my future"). By understanding which aspects of DR an individual is engaging in, it may be possible to understand their status or stage in the resolution process; to discern the degree to which an individual has moved toward resolution, it may be helpful for future studies to evaluate which ERRI-D items they endorse, how this relates to reported PTG, and potentially how it relates to measured resolution.

Finally, this study contributes to the empirical debate about "actual" versus "illusory" PTG (Tedeschi, Shakespeare-Finch et al., 2018). Critics of PTG suggest that it can represent illusory or inauthentic self-reported change and an individual is avoiding dealing with their new reality (e.g., Frazier et al., 2009; Johnson & Boals, 2015; Maercker & Zoellner, 2004; Sumalla et al., 2009). Although it is possible that

participants' comments regarding their experiences of resolution may have reflected solely self-enhancement or positive illusions, many demonstrated that resolution and movement toward PTG can be an active and observable set of behaviors. Within this resolution model, acting intentionally in particular reflected the deliberate action that supports PTG as true behavior change, a response to one's new reality as opposed to an attempt to create a new one. Participants discussed sometimes difficult but important new decisions they were making for themselves to build a better future. As described earlier, viewing as process also supported resolution and PTG as processes that unfold in day-to-day life.

**Measurement.** To various extents, this resolution model aligned with aspects of existing measures of and qualitative approaches to related concepts, but also paved the way for the future development of a more construct- and content-valid measure.

The Cognitive Processing of Trauma Scale (CPTS; Williams et al., 2002) included a "downward comparison" subscale, which was consistent with the perspective gained in receiving support. However, the CPTS "resolution/acceptance" subscale was not very consistent with the model; one item spoke to moving on and leaving the event in the past, consistent to an extent with accepting and acting intentionally, but other items (coming to terms, learning to cope, and feeling resolved) were vague and did not capture the specific processes of this model. The Grief and Meaning Reconstruction Inventory (Gillies et al., 2015) was also only a partial fit; elements such as "continuing bonds" reflected ongoing process, and "sense of peace" aligned with accepting and feeling positive, but this instrument evaluated only the meaning of a death, not a variety of trauma event types, and did not clearly incorporate other categories such as gaining

awareness, acting intentionally, and sharing and supporting. Finally, the Integration of Stressful Life Experiences Scale (Holland et al., 2010) assessed the degree to which individuals incorporated a stressful experience was into their broader life story by feeling greater internal coherence (i.e., a feeling that things make sense and are no longer confusing or disorienting) and adopting a more secure and hopeful view of the future (Holland et al., 2010). Items on the Comprehensibility subscale, which addressed coherence and sense made, were consistent with the work of DR, as described in the earlier discussion of sense made. However, the Footing in the World subscale, with its focus on future-oriented thinking, was consistent with acting intentionally and its reorientation toward the future.

There were also elements of various qualitative narrative analysis methods that matched with those from the resolution model. As mentioned previously, King et al.'s (2000) coding for "happy endings" in participants' trauma narratives was consistent with some participants' descriptions of how they found positive meaning or saw the event as a vehicle for growth, as shared earlier. However, as seen in this study, resolution is not solely about the ending to one's story, but the larger process by which it unfolds; in this way, King et al.'s (2000) approach may have been overly simplistic. Similarly, McLean et al. (2017) framed resolution as the degree to which the "main problem" in one's narrative was solved, which was not clearly defined and did not view the problem-solving process itself as part of resolution. Greenhoot et al.'s (2013) coding trauma narratives for their degree of "specific resolution" to a main problem also did not align with the spirit of resolution as investigated here; their approach to resolution assumed there is only one problem to be "solved," that solving specific problems is individuals' goal, and that

resolution is finite. Although most narrative analytical approaches viewed resolution more as an outcome than a process, Gillies et al.'s (2014) Meaning of Loss Codebook was perhaps the best approximation of the ongoing nature of resolution as found in this study. Their code "moving on" was marked by individuals' recognizing progress in themselves, which is consistent with gaining awareness, feeling positive, and viewing as process.

Of all quantitative and qualitative measurement approaches, The Assimilation of Problematic Experiences Scale (APES; Stiles & Angus, 2001) best resembled concepts from the resolution model. The APES, though not a validated scale, was a framework for clinicians to understand how clients were progressing through assimilating difficult experiences. The stage-like progression of this scale has many parallels to the resolution model; while clients may start guarded and with little awareness and unwanted thoughts and emotions (Stiles & Angus, 2001), they gained awareness by moving through "vague awareness" to "problem clarification" to "insight" (p. 114). From there, they engaged in "application," using awareness to "address problems of living" (p. 114), akin to acting intentionally. As problems are solved, clients feel increasingly proud of their progress and accomplishments (i.e., feeling positive). What is lacking in APES is an appreciation of ongoing cycle and nonlinear (back-and-forth) progression, as well as explicit discussion of sharing and supporting (although it is imbedded within the context of psychotherapy). Additionally, there are not references to processes of releasing control or accepting, with a focus instead on moving from awareness to action.

Overall, existing quantitative and qualitative approaches included some elements of resolution as explicated in this study. However, the resolution model has provided a



more comprehensive, nuanced, and individualizable integration of these processes. It also dispelled some overly simplistic myths about resolution, such as a focus on conclusions to narratives or the extent to which problems were cleanly “solved.” Given the imperfect fit of existing measures with resolution, this study’s model offers useful material for advances in the psychometric evaluation of this construct. Specifically, the categories and model described here as components of resolution can be converted into items which may then be tested in the development of a measure of this construct. A valid and reliable quantitative instrument can now be appropriate as this study has offered material to confirm construct validity: Researchers can now be assured that rather than being deductively assumed, the ideas used to build such an instrument are born of inductive analysis and stay true to participants’ experiences. Example items could utilize a Likert scale (e.g., “strongly disagree” to “strongly agree”) and include such statements as, “I have greater awareness of my thoughts and feelings regarding this event,” or “I have accepted that there were things in this event that were beyond my control.” An exploratory factor analysis to develop a measure that captures the latent construct of resolution would be a reasonable future step to better discern its relationships with other steps in the PTG model.

### ***Implications for Clinical Practice***

Trauma exposure and PTSD are highly prevalent in the general population and especially military veterans (Wisco et al., 2014). As awareness of these issues increases, clinical interventions for trauma-related distress and PTSD for veterans are in ongoing development and improvement to improve acceptability and effectiveness (U.S. Department of Veterans Affairs, 2017). One important clinical implication from this

study to aid in this ongoing conversation is clinicians' language. Clinical training in psychology emphasizes the importance of establishing a therapeutic alliance with clients through accepting and mirroring clients' chosen language for their experiences, rather than imposing language that feels inappropriate or ill-fitting (e.g., Borelli et al., 2019; Koole & Tschacher, 2016). As such, this is an important study in understanding the impact of the vocabulary clinicians use in their work on treatment progress and outcomes. As resolution did not emerge as a natural or appropriate word in participants' views, clinicians may benefit from avoiding this and related terms (e.g., closure) in treating PTSD and related concerns. Rather, terms like integration and reintegration imply and normalize time, process, effort, and evolution, in ways that resolution or closure do not. These subtleties in language can send powerful messages.

Beyond issues of vocabulary, the process model in this study has important implications for how trauma treatment is approached in general. Ongoing, iterative, and lifelong process and progress were emphasized by participants. As the 32-year-old female Air Force operations specialist lamented, "In this performance mindset, it's like everything should be about forward movement and progress, so backtracking for any reason feels uncomfortable. But trauma processing is an ongoing thing, and it's not linear." This suggests that rather than imposing or attempting to guide participants toward some view of completion or finality, iterations and recalibrations over time should be presented as normative. Prolonged Exposure Therapy (PE; Foa et al., 2019) uses part of its final session to highlight that recurrence of PTSD symptoms happens for some individuals, and that it is reasonable to expect they will need to revisit and practice their learned skills of emotional processing and behavioral exposure. Clinicians can best

support trauma survivors by normalizing the nonlinear, iterative nature of trauma processing and integration. This spirit of lifelong growth and process would be beneficial to more explicitly incorporate within other PTSD treatment approaches, as well as general therapy discourse for all trauma survivors regardless of presenting concern.

### ***Implications for Military Culture***

It is also worth considering changes that can be made to military practice and policy to promote resolution and growth in veterans. This study demonstrated that shared veteran identity and military service-related trauma event types can be important to facilitating resolution. As determined through post hoc analyses of the resolution process by event type (service-related or non-service-related), participants who had service-related traumas reported more pride, appreciation, and sense of purpose regarding their experiences. In addition, these participants articulated a desire to support other veterans and to educate others about the unique experiences of veterans. Especially within a population that is particularly vulnerable to systemic and cultural influences that limit the ability to pursue and achieve resolution, the benefit of shared identity and experiences is important to capitalize upon.

Participants' comments in this study echoed Marlowe's (2001) concerns about lack of leadership support in processing trauma. The female Air Force operations specialist, 32, explained, "When I got back to the unit, it was never anything I was encouraged to process. It wasn't part of the culture, so I avoided processing it. It's taken several years for me to understand it even affected me." Because of a lack of support in place, she experienced a potentially avoidable delay in initiating the resolution process. The Army medevac pilot, 33, expressed similar concerns and offered suggestions:

Everybody just disperses as soon as we get back, and you lose your only support network for two years. You don't even have time to process it with those people.

One of the things they can do on the military side is to create policy for follow-up with the people we did trust.

These concerns underscore the importance of having opportunities for veterans to process trauma together. Post-deployment social support has been found to be predictive of PTG, particularly improved relationships with others and personal strength (Maguen et al., 2006), which begs the question of whether this support upon returning home supports resolution/integration, in turn increasing growth. Therefore, policy change could facilitate resolution for veterans with military traumas by providing space to nurture positive emotions like pride and appreciation, support other veterans in their unit or larger community, and even collectively engage in development of trauma narratives, which has been proposed as a means for increasing PTG (Tedeschi & McNally, 2011).

Of course, it is important to recognize that policy change is not a panacea for aspects of military culture that serve as strong barriers to the discussion of the impact of trauma and potentially associated mental health concerns and diagnoses. Post-deployment support and trauma processing could still carry significant consequences for participating soldiers, as mental health stigma is entrenched; acknowledgement of psychological vulnerability could lead to documented mental health diagnoses, which in turn could have downstream effects like preventing servicemembers from future deployments (Gould et al., 2010; Pietrzak et al., 2009). In addition, a post-deployment opportunity for ongoing social support should be careful not to repeat the mistakes of “psychological debriefing” interventions that were found to be inefficacious through inappropriately and prematurely

forcing trauma survivors to disclose thoughts and emotions about their experiences (McNally et al., 2003). Perhaps future qualitative research could examine currently and formerly deployed service members' perspectives on what would be most feasible and acceptable in light of cultural and systemic barriers.

### **Limitations**

This study has several methodological limitations to consider. Selection bias is an inevitable aspect of any study of psychological trauma, but especially relevant to a study of resolution. It is possible that individuals' willingness to discuss their trauma in this study was itself indicative of a certain requisite level of resolution. Narrating a traumatic experience requires both awareness and acceptance of its impact in order to revisit it without significant emotional distress, likely eliminating a portion of this population from participation. As a result, this may have narrowed the scope of representations of resolution at different stages in the process, which would have been optimal for thorough explication. That said, there still existed a spectrum of degree of resolution within this sample, suggesting that even if one felt resolved *enough* to participate, they did not need to endorse complete resolution. (Indeed, the reportedly iterative and ongoing nature of resolution suggests few people in this population would do so.) In addition, selection bias could have been helpful to explication in limiting the sample to those who had enough clarity and coherence regarding their experiences to be able to articulate them in a useful way in an interview, which may not have been the case for those earlier in processing.

All research investigations, especially qualitative methodologies like GTM, involve awareness of the role of investigator bias. There are aspects of my identity as a researcher, clinician, and individual that may have impacted how I approached the data

collection and analysis processes. Reflexivity is a critical aspect of reducing such bias but can be complicated by the bidirectional relationship between researcher and participant (Flanagan, 1981): As a clinician who is trained in PTSD therapies and works with veterans, I was afforded an understanding of veterans' experiences that may have given me specialized knowledge in the issues my participants discussed, as well as clinical skills (e.g., active listening, efficient interviewing) that enabled me to ask questions that elicited richer and more relevant responses. However, these characteristics also may have biased me toward making assumptions based on past clinical work or my knowledge of PTSD treatment. For example, if a participant's reported trauma, demographic characteristics, and/or service era and job reminded me of a past patient, there was a risk that I could have made inappropriate inferences (e.g., that the participant felt the same way about her trauma as my past patient did about his). In addition, my primary role was as a qualitative researcher in this context, but as a clinician, I found myself pulled to serve in a helping role. I took a few steps to minimize these risks for bias.

Firstly, interview questions remained consistent and standardized across interviews. Secondly, I engaged in reflection after each interview, reviewing the interview transcript to ensure my line of questioning did not veer toward the clinical and away from empirical. I maintained an audit trail of these reflections to maintain the integrity of my investigation. These checks helped me to be maximally conscientious of my professional identities and their impact on the research process. Thirdly, as the primary investigator throughout this study and conductor of all interviews and analyses, I had the benefit of consistent context and the perspective to be able to compare and contrast participants' responses and presentations. I also gained intimate familiarity with

the dataset through the lengthy analytic process, facilitating my ability to engage in constant comparison and remain true to inductive analysis. However, it was also essential to balance my perspective with others', especially given my relative knowledge of PTG and my role as a clinician who treats veterans with PTSD. My additional coders in the initial and focused coding stages, as well as Dr. Basinger's input throughout, were instrumental in minimizing this bias. I intentionally chose individuals without my shared research expertise and clinical training to guard against these concerns. I also valued all coders' memos and discussions of findings to check one another's biases.

Generalizability is often a concern in interpreting qualitative studies. One might wonder, to what extent can these findings be used to make predictions about how resolution might unfold in other populations or contexts? As the purpose of this concept explication was to understand a construct as it fit into a theoretical model, it is important to remember that the purpose of qualitative research, including GTM, is not to statistically generalize results from sample to population (Charmaz, 2006; Tracy, 2013). Rather, theory developed through GTM aims for research that resonates because of a richer, deeper investigation into fewer cases, a theoretical model that closely fits the data, and therefore, a sound theoretical statement about a phenomenon that can transcend specific contexts and events (Charmaz, 2006). By explicating resolution, I sought to develop a conceptually thick understanding of a construct that was not bound to military veterans with particular traumas, but any human being attempting to understand traumatic experience and use it to inform their future. Therefore, differences in age and gender between this sample and the larger veteran population (sample was younger than the national average of 62 years; there were proportionally significantly more females in this

sample than across veterans nationally), as well as the small sample size, did not hinder the ability to derive an empirically meaningful theoretical model from these data that can be used to drive theory development. Only in future quantitative investigations, such as those operationalizing and measuring resolution, would statistical generalizability become salient.

### **Conclusion: A Journey, Not a Destination**

Despite its ubiquity in lay and academic discussions of stress and trauma recovery, especially in the context of grief, “resolution” was an unexplored and generally implicit construct prior to the present study. However, past studies of posttraumatic growth suggested that resolution may have a part to play in the cognitive processing that leads to positive psychological and life changes for many trauma survivors. This concept explication sought to clearly explain and define the features and processes of resolution and to understand how they might facilitate growth. A full theoretical model of resolution resulted, as well as the somewhat countermanding finding that the term “resolution” may not resonate as well as alternative terms, such as “integration.” Ultimately, it is my hope that individuals attempting to process and understand their experiences will come to appreciate the ongoing and evolutionary nature of resolution and growth. As Ralph Waldo Emerson (1844) once stated, “Life is a journey, not a destination” (p. 65). This investigation has similarly demonstrated that the profound meaning and positive change many find from trauma are part of the road itself, not to be delayed until the elusive “finish line.”



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## Tables

Table 1

*Means, Standard Deviations, and Ranges for PTGI-X in Overall Sample*

Variables	<i>M</i>	<i>SD</i>	<i>Range</i>
PTGI-X Total	69.95	25.73	0 - 111
Relationships with Others	2.57	1.13	0.14 – 4.29
New Possibilities	2.77	1.25	0.00 – 4.60
Personal Strength	3.11	1.19	0.00 – 4.75
Spirituality	2.45	1.36	0.00 – 4.67
Appreciation of Life	3.64	1.07	1.00 – 5.00

*Note.*  $N = 22$ . PTGI-X = Posttraumatic Growth Inventory-Expanded.

Table 2

*Comparisons of Demographic and Trauma Characteristics by Interview Type*

		<i>In Person</i> (n = 7)	<i>Phone</i> (n = 15)	<i>Statistic</i>	<i>p</i>
Demo.	Interview Length (Min)	60.00 (16.33)	51.13 (10.07)	1.32 ( <i>t</i> )	.22
	Age (Years)	42.57 (21.02)	43.13 (8.54)	-0.09 ( <i>t</i> )	.93
	Gender			0.20 ( $\chi^2$ )	.66
	Man	5	12		
	Woman	2	3		
	Race			2.28 ( $\chi^2$ )	.13
	White	7	11		
	African-American	0	4		
	Ethnicity			0.34 ( $\chi^2$ )	.56
	Hispanic/Latino/a	1	1		
	Non-H/L/a	6	14		
	Branch			8.48 ( $\chi^2$ )	.04*
	Army	1	7		
	Navy	1	6		
	Marines	2	0		
	Air Force	3	2		
	Status			3.68 ( $\chi^2$ )	.45
	Discharged	4	7		
	Retired	2	5		

	Active	0	2		
	Reserves	0	1		
	Inactive Ready Reserves	1	1		
	Times Deployed	2.86 (2.34)	4.60 (7.38)	-0.83 ( <i>t</i> )	.42
Trauma	Time Since Event (Years)	20.71 (19.22)	10.43 (8.50)	1.77 ( <i>t</i> )	.09
	Relatedness to Service	6/1 (Y/N)	10/5 (Y/N)	0.87 ( $\chi^2$ )	.35
	Stressfulness at Time	6.29 (0.76)	6.80 (0.56)	-1.61 ( <i>t</i> )	.14
	Stressfulness Now	2.86 (1.34)	2.60 (1.45)	0.41 ( <i>t</i> )	.69
	PTGI-X Total	81.57 (21.20)	64.53 (26.48)	1.62 ( <i>t</i> )	.13
	Rel. with Others	3.02 (0.80)	2.36 (1.21)	1.52 ( <i>t</i> )	.15
	New Poss.	3.48 (0.94)	2.44 (1.26)	2.17 ( <i>t</i> )	.05
	Pers. Strength	3.43 (1.68)	2.97 (0.91)	0.68 ( <i>t</i> )	.52
	Spirituality	2.74 (1.37)	2.31 (1.38)	0.68 ( <i>t</i> )	.51
	Apprec. of Life	4.29 (0.71)	3.33 (1.10)	2.45 ( <i>t</i> )	.03*

*Note.*  $N = 22$ . PTGI-X = Posttraumatic Growth Inventory-Expanded. Y/N = Yes/No. \*  $p$

$< .05$ . Descriptive statistics are reported  $M (SD)$ .

## Appendix A: Screening Measures

### Trauma Checklist

Please indicate whether you have ever experienced each of the following stressful events. The first half of items pertains to experiences outside of military service, and the second half applies to military service. You may choose as many events as are relevant to your experiences.

- I experienced the unexpected death of a close relative, close friend, or significant other.
- I had a very serious medical problem/illness/injury.
- A close relative, close friend, or significant other had a very serious medical problem/illness/injury.
- My own serious accident that led to actual or threatened injury
- A close relative, close friend, or significant other was in an accident that led to actual or threatened injury.
- I caused a serious accident that led to injury of another person.
- A natural or man-made disaster threatened my life and/or damaged my property, or those of someone close to me.
- I was physically assaulted or abused.
- I was sexually assaulted or abused.
- I witnessed the assault or abuse of a close relative, close friend, or significant other.
- I was threatened with death or serious harm.
- I was robbed or mugged.
- I was stalked.
  
- While serving in the military, I fought in an active combat zone.
- While serving, I injured or killed a person or people.
- While serving, I witnessed someone from my unit get seriously assaulted, injured, or killed.
- While serving, I witnessed civilians get seriously assaulted, injured, or killed.
- While serving, I was threatened with death or serious harm.
- While serving, I was held hostage or captive.
- While serving, I was physically assaulted, abused, or tortured.
- While serving, I was sexually assaulted or abused.
- While serving, I witnessed communities that had been destroyed and saw widespread suffering.
- While serving, I was exposed to hostile incoming fire.
- While serving, I encountered explosive devices like mines, traps, or roadside bombs.

- While serving, I was injured in a service-related incident.
- While serving, I saw allies, enemy combatants, or civilians after they had been severely wounded or disfigured.
- While serving, I was involved in handling human remains.
- Other \_\_\_\_\_

How long ago did this event occur? (Please be as specific as possible.)

How stressful was the event for you *at the time it happened*?

1      2      3      4      5      6      7  
 Not at all      Extremely  
 Stressful      stressful

How stressful has the event been for you *in the last week*?

1      2      3      4      5      6      7  
 Not at all      Extremely  
 Stressful      stressful

### PTGI-X

Indicate for each of the statements below the degree to which this change occurred in your life as a result of your stressful life event, using the following scale.		I did not experience this change as a result of my crisis	As a result of my crisis, I experienced this chance to a:				
			Very small degree	Small degree	Moderate degree	Great degree	Very great degree
1.	My priorities about what is important in life.	0	1	2	3	4	5
2.	An appreciation for the value of my own life.	0	1	2	3	4	5
3.	I developed new interests.	0	1	2	3	4	5
4.	A feeling of self-reliance.	0	1	2	3	4	5
5.	A better understanding of spiritual matters.	0	1	2	3	4	5
6.	Knowing that I can count on people in times of trouble.	0	1	2	3	4	5



7.	I established a new path for my life.	0	1	2	3	4	5
8.	A sense of closeness with others.	0	1	2	3	4	5
9	A willingness to express my emotions.	0	1	2	3	4	5
10	Knowing I can handle difficulties.	0	1	2	3	4	5
11	I'm able to do better things with my life.	0	1	2	3	4	5
12	Being able to accept the way things work out.	0	1	2	3	4	5
13	Appreciating each day.	0	1	2	3	4	5
14	New opportunities are available which wouldn't have been otherwise.	0	1	2	3	4	5
15	Having compassion for others.	0	1	2	3	4	5
16	Putting effort into my relationships.	0	1	2	3	4	5
17	I'm more likely to try to change things which need changing.	0	1	2	3	4	5
18	I have a stronger religious faith.	0	1	2	3	4	5
19	I discovered that I'm stronger than I thought I was.	0	1	2	3	4	5
20	I learned a great deal about how wonderful people are.	0	1	2	3	4	5
21	I accept needing others.	0	1	2	3	4	5
22	I have a greater sense of harmony with the world.	0	1	2	3	4	5
23	I feel more connected with existence.	0	1	2	3	4	5
24	I feel better able to face questions about life and death.	0	1	2	3	4	5
25	I have greater clarity about life's meaning.	0	1	2	3	4	5

## Appendix B: Interview Protocol Materials

### *Pre-Interview Survey of Demographic and Military Background*

1. Your Gender: \_\_\_\_\_Male \_\_\_\_\_Female \_\_\_\_\_Transgender \_\_\_\_\_Other \_\_\_\_\_
2. Your Race : \_\_\_\_\_American Indian/Alaska Native \_\_\_\_\_Black or African American  
\_\_\_\_\_Asian \_\_\_\_\_White  
\_\_\_\_\_Native Hawaiian/Other Pacific Islander \_\_\_\_\_Other  
\_\_\_\_\_Multiracial
3. Your Ethnicity: \_\_\_\_\_Hispanic/Latino/a \_\_\_\_\_Not Hispanic/Latino/a
4. Your Age: \_\_\_\_\_

In what branch of the U.S. Military did you serve?

☐ Army
 ☐ Marines  
☐ Army National Guard
 ☐ Air National Guard  
☐ Navy
 ☐ Coast Guard  
☐ Air Force
 ☐ Other (please specify) \_\_\_\_\_

What is your current status in the military?

☐ Active                      ☐ Discharged  
☐ Reserves                   ☐ Retired  
☐ Inactive ready reserves   ☐ Other (please specify) \_\_\_\_\_

What is your rank, or what was your rank at discharge? \_\_\_\_\_

What is or was your MOS/job/position? \_\_\_\_\_

Were you ever deployed for duty?    \_\_\_Yes                      \_\_\_No  
How many times? \_\_\_\_\_

### *Interview Guide*

Thank you for agreeing to participate in our study today. Before we begin audio recording, do you have any questions?

### *Event Details*

Let's begin by talking about the event you identified in your survey. Based on your survey response, you indicated \_\_\_\_\_. Can you tell me a little bit about what happened? (Prompt for detail if necessary—age at time of the event, threat to physical safety, others involved, etc.)

### *Rumination*

- Tell me about your experiences in the immediate aftermath of the event. What thoughts and feelings came up for you right after this happened?
- Did these thoughts and feelings change with time? How?

### *Resolution*

I am specifically interested in how people find a sense of resolution from their trauma.

- What language makes sense to you to describe the idea of resolution? Is there a term that feels more appropriate? (Probe for participant's language surrounding resolution, e.g., synonyms like closure, clarity, etc.)
- What does it mean to you to find resolution from trauma?
- Is finding resolution from an event important to you? Has this been a goal for you, or something that sounds desirable?
- Do you feel you have been able to find resolution from this event? What does this look like for you? How did you do this?
- How long did it take you to feel resolved?  
*If not resolved:* How long have you been working on finding resolution?
- How do you know when you've reached resolution?
- Is resolution all-or-nothing, or can you feel only partially resolved? What does that look like?
- Do you think resolution is found only once, or is it reached multiple times? Are there times when resolution is lost, and later regained?
- What has been challenging about finding resolution from the event?
- What changes have you noticed in your life as a result of finding resolution?  
*If not resolved:* How might your life look different once you find resolution?

This item is one way researchers currently think about assessing resolution. What are your impressions of this question and the responses? (Makes sense or does not, etc.)

<b>Some people, but not all, seek to find a sense of resolution from a highly stressful event. Please read the descriptions below and indicate which best represents how <u>YOU SEE YOURSELF RIGHT NOW</u>.</b>	
1	I feel no need to try to find resolution from this event.
2	I tried to find resolution from this event, but I could not and have given up trying.
3	I am still trying to find resolution from this event.
4	I believe that I have been able to resolve this event.

- What else is important for me to know about resolution from trauma?
- What advice would you give to someone who has been through a trauma and wants to find closure or resolution?

#### *Growth*

Sometimes people who go through an experience like this find some positive aspect of the experience. For example, some people feel they learn something about themselves or others, or their life looks better in some ways.

- Have you found anything positive in this experience? Has anything good come from it? (Prompt for PTG domains, including personal strength, relationships with others, appreciation of life, new possibilities, spiritual/religious change.)

Thank you so much for your participation in this study. Do you have any questions you'd like to ask me?