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Positive Growth From Adversity and Beyond: Insights Gained From Cross-Examination of Clinical and Nonclinical Samples

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Growth following adversity is a well-known phenomenon. Yet studies often focus on specific populations and/or specific types of adversities, thus limiting opportunities to identify underlying common processes of growth. The present study sought to identify shared positive change processes in different samples of individuals each of whom faced life adversities (clinical/nonclinical) and experienced growth as a result. We conducted a secondary analysis comparing in-depth interviews from 2 independent study samples including 27 Israeli adults that experienced spiritual growth and 31 American mental health peer-providers in recovery. Using the grounded theory approach (Strauss & Corbin, 1998), the findings point to existing shared transformative positive change pertaining to one's way of being and adhering to a generative orientation (Erikson, 1963) in the world. These changes were conceptualized under 3 growth dimensions: (a) strengthened sense of self, manifested in self-integration, self-acceptance, and enhanced ability to face further adversity; (b) development of compassion, acceptance of others, and a deep sense of connection to others; and (c) a prosocial commitment characterized by generativity and active contribution. These findings point to shared growth processes among individuals with a different backgrounds and different kinds of adversities. This change goes beyond mere coping, to an inner transformation in one's self, connection to others, and development of a proactive-prosocial approach in the world. The implications for health care practitioners and the importance of acknowledging the potential for growth following adversity and supporting such growth are discussed.

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Despite economic prosperity in past decades, individuals are increasingly experiencing higher levels of mental distress (Diener & Seligman, 2004; Twenge, 2000). For example, depression and anxiety are rising among university students (Eisenberg, Gollust, Golberstein, & Hefner, 2007). According to the World Health Organization (WHO), it is anticipated that by 2020 depression and related mental health problems will rank second among the leading causes of the global burden of disease, and reach first place by 2030 (WHO, 2012). Such disconcerting figures pose major challenges to the field of mental health (Collins et al., 2011).

Commonly, a discrete approach is taken in diagnoses of mental health, involving identification of specific types of pathologies and

differentiated treatment plans which can be useful for targeting specific symptoms. However, such an approach eliminates the identification of a more holistic view of human growth potential beyond symptom relief. This holistic approach has been demonstrated empirically by the "complete mental health" model and conceptualizes mental health states as part of a continuum rather than discrete healthy versus pathological conditions (Keyes, 2002, 2007). Mental health states therefore range from the possibility of flourishing at one end to languishing at the other (Keyes, 2002, 2007). According to this model, mental health is defined not only as the absence of mental illness but also as the presence of "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004, p. 12). Thus, well-being and wellness are seen as fundamental to our understanding of mental health states (e.g., Myers, 1992; Roscoe, 2009), particularly eudaimonic orientation to well-being which emphasizes human fulfillment and growth (Ryff, 1989; Ryff & Singer, 2008). This study seeks to explore the common growth processes following adversity which integrate a holistic approach to the understanding of growth irrespective of discrete characteristics.

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From Mental Illness to Recovery: A Holistic Approach

Similar to the complete mental health model, a new approach has been developed by the field of psychiatric rehabilitation and recovery. Through the accumulation of personal anecdotes, empirical evidence, and longitudinal studies, it has been found that long-held, pessimistic, deteriorating, and debilitating prognoses of severe mental illnesses (e.g., schizophrenia, bipolar, major depression, etc.) have shifted to a more hopeful and optimistic view of recovery (Anthony, 1993; Deegan, 1997). In addition, accumulating efforts have been made to empirically validate the complex and individual experience of recovery (Andresen, Caputi, & Oades, 2010; Leamy, Slade, LeBoutillier, Williams, & Bird, 2011). Similar to Keyes (2002, 2007), these more recent studies showed only a loose connection between psychiatric symptoms and one's ability to regain meaningful roles and reintegrate into the community. Thus, knowledge of psychiatric diagnosis and treatment may only partially help in one's journey back to a meaningful and functioning life. As a result, the holistic definition of recovery in the context of mental illnesses has been defined as "a way of living a satisfying, hopeful, and contributing life" even with the limitations caused by illness (Anthony, 1993). The term "recovery" in relation to mental illness is also used to denote the potential for positive psychological processes of identity transformation, developing purpose and meaning in life, empowerment, and community integration (Deegan, 1997; Onken, Craig, Ridgway, Ralph, & Cook, 2007). Thus, similar to the complete mental health model, a more holistic view which takes into account sociopsychological aspects of human mental health and well-being is emphasized in order to achieve recovery in mental illnesses.

A Growth Orientation for the Study of Holistic and Complete Mental Health and Recovery

The broader perspective of mental health, human flourishing, and well-being can be framed under positive psychology (Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005). In essence, it calls for a broader understanding of human potential through "the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions" (Gable & Haidt, 2005; p. 104). Both the model of complete mental health (Keyes, 2002, 2007) and the recovery-oriented approach for mental illness (Anthony, 1993) highlight a strength perspective of human growth, involving well-being and life-flourishing as primary focal points, rather than attending to stress, trauma, dysfunction, and diagnoses (Andresen et al., 2010; Keyes & Haidt, 2003; Leamy et al., 2011; Ryff & Singer, 2008). In addition, both fields aim to advance knowledge and scientific endeavors to the betterment of individuals, institutions, and society (Anthony, 1993; Seligman & Csikszentmihalyi, 2000) and challenge and broaden traditional conceptions of psychological wellness and illness.

In particular, the relevance of positive psychology to recovery from serious mental illnesses has gained increasing recognition (Moran & Nemecek, 2013; Resnick & Rosenheck, 2006; Slade, 2010) calling for an investigation of mental health recovery in terms of positive psychological processes generic to all humans, such as meaning (e.g., Andresen, Caputi, & Oades, 2006) and

well-being (e.g., Clarke, Oades, & Crowe, 2012). Furthermore, given the challenges of the human mental condition and increasing rates of mental distress and illness, the present study aims to understand the underlying positive human processes that may arise from exploring different types of adversities in a holistic and a growth-oriented approach. Based on this, our natural starting point for analysis was through the concept of posttraumatic growth (PTG; Tedeschi & Calhoun, 1996, 2004).

Post-Traumatic Growth (PTG)

Described and studied by Tedeschi and Calhoun (1996, 2004), PTG reflects an experience of positive psychological change following a struggle with challenging life circumstances. According to the theory, adversity and crisis can provide a unique opportunity for growth and personal development that would not otherwise occur. PTG has been demonstrated following a range of adversarial events, for example, survivors of multiple natural disasters (e.g., Marshall, Frazier, Frankfurt, & Kuijer, 2015), severe and terminal illness (e.g., Hefferon, Grealy, & Mutrie, 2009; Tallman, Shaw, Schultz, & Altmaier, 2010), violence (e.g., Williams, 2007), and among war veteran populations (e.g., Aldwin, Levenson, & Spiro, 1994; Feder et al., 2008), to name a few.

Irrespective of the type of adversity, such experiences challenge and destabilize the individual's inner psychological orienting structures. The traumatic event inherently poses a threat to individuals' core beliefs and assumptions regarding the self and the world. PTG is positively associated with well-being (e.g., Triplett, Tedeschi, Cann, Calhoun, & Reeve, 2012) and can increase one's sense of meaning and purpose in life as reflected in reconstructed life narratives (McAdams, 2006; Neimeyer, 2001; Tedeschi & Calhoun, 1995). PTG can develop in forms of increased appreciation of life, improved relationships with others, new possibilities, an enhanced sense of personal strength, and spiritual change and development (Marshall et al., 2015; Tallman et al., 2010).

Spirituality is viewed as a personal quest for understanding ultimate questions concerning meaning and the relationship with the sacred or transcendent (Koenig, McCullough, & Larson, 2001). Previous research has shown that dealing with trauma and adversity may initiate a greater engagement with fundamental existential questions (Tedeschi & Calhoun, 2004) that lead to an increased interest in spiritual issues (Shaw, Joseph, & Linley, 2005). Accessing spiritual resources facilitates meaning-making of trauma and adversity, as well as reconstruction of worldview (Vis & Boynton, 2008). Spirituality is positively associated with greater mental and physical well-being (e.g., Van Dierendonck & Mohan, 2006) and serves as a protective factor in psychological adjustment to negative life experiences (e.g., Young, Cashwell, & Shcherbakova, 2000). Thus, spiritual change serves as a unique, multidimensional, and volitional form of individual change considered a core, universal facet of human development (Wulff, 1997) that functions as a discrete aspect of positive growth process (Shaw et al., 2005). Because not all who suffer from a mental illness engage in peer work, and not all who experience adverse life events undergo spiritual growth, these samples represent distinct examples of individuals who thrived and flourished amid salient negative life experiences.

The Present Study

Studies from both clinical and nonclinical populations suggest that regardless of the debilitating negative effects of crisis, trauma, and human languishing, the potential for human growth and flourishing remains (e.g., Calhoun & Tedeschi, 2006; Keyes, 2002, 2007; Slade, 2010; Vaillant, 2012). Yet, most studies focused on exploring distinct, homogenous sample characteristics and adversities (e.g., survivors of multiple natural disasters, survivors of cancer, war veterans) leaving the question of commonalities of growth processes unattended. Understanding common processes across types of adversity and populations can contribute to the identification of generic positive change processes, thus informing not just the “what” of positive growth, but also the “how.” To this end, this study focuses on in-depth life story narrative descriptions of two diverse populations both clinically as well as nationally: a sample of individuals who reported on a spiritual growth process (for purposes of the current study they will be named: the spiritual growth nonclinical sample) and a sample of individuals diagnosed with severe mental illnesses who are in processes of recovery and working as mental health peer supporters (named for the purpose of the current study: the peer providers sample). These particular samples were selected for investigation because in both positive growth processes following adverse life events were salient, despite their different life stories and distinct individual characteristics. These aspects enhanced our confidence that much can be learned about common human growth processes from cross-comparing these two populations.

Specifically, we were interested in examining the inner psychological positive change processes that individuals experienced across the clinical and nonclinical samples. We asked, can we identify shared processes of positive growth? And if so, what is the nature of these psychological inner growth processes?

Method

The study employed a secondary qualitative analysis of two independent sample narratives derived from different studies: a sample of American mental health peer providers who were interviewed about their recovery experiences and life stories, and an Israeli sample who were interviewed about their spiritual growth processes. Cognizant of the limitations that the assessment will be conducted in retrospect and despite the fact that the interviews were based on different original research questions, it was decided to employ secondary analysis to the data sets in order to systematically explore and identify commonalities in the positive change processes across these samples. The rationale for comparing these samples stemmed from the authors’ recognition of a salient characteristic in both samples—rich descriptions of growth following difficult and adverse life events.

Secondary analysis in qualitative studies is a known technique often used to pursue a new research question from data previously collected to study a different research question or purpose (Hinds, Vogel, & Clarke-Steffen, 1997). The cross-examination of the two distinct samples provides an opportunity for a metaview, allowing a broad and rich understanding of a specific phenomenon as manifested through the diversity of settings, participants, and qualitative traditions (Aguirre & Bolton, 2014; McCormick, Rodney, & Varcoe, 2003). In the present study, this method enabled us

to discern and further understand shared growth pertaining to universal human positive processes. Each sample and its original study design is briefly described next.

Spiritual Growth Sample

Twenty-seven Israeli individuals were interviewed in a study exploring processes of spiritual change (i.e., fundamental change in life views, attitudes, priorities, and behavior). This sample represents a wide variety of gender, ethnic origins, and socioeconomic status and residence across the country. All participants were Jewish Israeli, from various ethnic origins (52% “Ashkenazi,” i.e., of European American origin, 33% “Mizrahi,” i.e., of Asian-African origin, and 15% mixed origin). Ages ranged between 25 and 66 years ($M = 45$; $SD = 11$). Fourteen participants were married, six divorced, six single, and one widowed. Interestingly, all participants of the sample had experienced either negative life events or adversities which accounted for the positive growth they experienced in the form of spiritual change. Adversities experienced by the sample ranged from the loss of loved ones, dealing with terminal illnesses and domestic abuse, to socioeconomic hardships, as well as a loss of meaning and existential concerns with no apparent external crisis (Russo-Netzer & Mayseless, 2014).

Mental Health Peer Providers

Thirty-one mental health peer providers from the United States were interviewed twice in a study examining accounts of personal recovery benefits and life stories of peer workers. Their ages ranged between 26 and 63 ($M = 45$, $SD = 12$), 17 (55%) were women, 30 (97%) identified as White; 20 (64%) were single, eight (26%) were married/cohabiting with a significant other, and three were divorced. Participants had diverse diagnoses—about two thirds affective (i.e., depression and bipolar disorders) and the rest had schizophrenia and/or psychotic-related disorders. Participants were relatively well educated and mostly Caucasian (Moran, Russinova, Gidugu, Yim, & Sprauge, 2012).

Procedure

In both samples, semistructured, face-to-face in depth interviews were conducted, lasting between 1 and 3.5 hr. All interviews were audio-recorded and transcribed verbatim. For both studies, institutional ethics committees granted approval and participants signed informed-consent forms before participating. Both studies provided rich accounts of processes of positive change in the aftermath of varying types of life stressors/crises and displayed the participants’ own voices regarding the phenomenon. For example, the mental health peer providers were asked: “Was there a significant time or event in your work as a peer provider that contributed to your recovery?” the Israeli interviewees were asked, “What made this change possible?” Both samples were asked open questions in order to identify idiographic, subjective experience, “Can you describe that particular experience/incident in more detail?”; “What was it like?”; or “Can you give an example?” (van Manen, 1990). The transcriptions of the interviews with Israeli participants were translated from Hebrew by the first author who was the

interviewer and is fluent in English and Hebrew, and a native English speaker who was bilingual in Hebrew verified correspondence with the original version of the transcriptions.

Data Analysis

Data analysis unfolded in stages. First, as both authors were the original principal investigator researchers of the studies, we had access to the raw data and were well versed in the contexts of the narratives allowing in depth acquaintance with each life story narrative. The authors could thus approach the narratives while examining them from the perspective of a new research question while maintaining contextual and nuanced understanding. Although coming from different fields of study (counseling and positive psychology, and clinical psychology with a focus on psychiatric rehabilitation, respectively), both researchers are white, female, and interested in positive human development processes. Both are secular with no specific spiritual practice, and maintain Israeli nationality. This stance sensitizes them to detect subtle positive processes even amid negative life events, which can be valuable and enhance the quality of analysis. At the same time, this very same stance renders the researchers to potential biases thereby attributing overly positive processes in the participants' interview descriptions. Authors were aware of this potential bias, and strived to minimize this risk as much as possible, by reading and rereading the interviews while conducting critical inquiries of specific takes on parts of the analysis between the researchers. This process of recurring discussions involving in-depth clarifications, going back to the texts to verify insights and then reconvening, enhanced the credibility of the qualitative examination. Furthermore, it was ensured that interpretations and findings were grounded in direct and rich excerpts from the interviews, providing a thick description of the phenomenon in the participants' own words (Lincoln & Guba, 1985; Stiles, 1993).

Second, following these informal discussions and brief reassessments of the interview data in each sample, the researchers grew confident in the existence of shared positive human growth experiences in these two distinct samples worth further exploration. To compare the samples, the interview data were analyzed using procedures consistent with the grounded theory approach (Corbin & Strauss, 1990; Patton, 2002). The process of data analysis was spiral and iterative, engaging both within-case analysis of each account as a stand-alone entity and cross-case comparisons to identify common experiences (Strauss & Corbin, 1990) synergistically (Ayres, Kavanaugh, & Knafl, 2003). The authors each reread their interview transcripts from an open, fresh perspective, guided by the question: are there shared positive change processes in the diverse samples? And if so, what do they involve? They identified meaning units—significant parts in the narratives that provided an understanding related to the study question—and established an initial list of codes. Through a series of repeated meetings and rereadings of the interviews, the authors further searched for interrelations, similarities, and dissimilarities across samples, which involved a conceptual process of clustering and breaking of categories and themes. Thus, coding was an iterative process of conceptual development involving a series of intensive discussion meetings between the researchers, followed by returning to the respective texts, verifying the conceptual developments, and returning with further modification and clarification of emerg-

ing shared codes. In this process, meaning units were integrated into core themes, reflecting a higher level of abstraction and allowing for comparison between the different texts (Strauss & Corbin, 1998), resulting in solidification and conceptualization of higher-order categories and relations between concepts (e.g., Strauss & Corbin, 1998).

Findings

Both samples demonstrated positive change and growth following adversity, which largely relate to meaning-making and enhancement of one's sense of self. A transformative experience in one's way of being in the world is conceptualized across three broad categories: (a) a strengthened sense of self—self-integration and enhanced ability to face further adversity; (b) a deepened relational approach—enhanced compassion, acceptance, and a sense of deep connection with others; and (c) commitment to generativity and contribution.

The first domain was described by participants from both samples as a strengthened sense of self that permeates their existence and way of being in the world. This inner development was manifested in two complementary processes: (a) holistic self-integration and self-acceptance of contradicting and/or hurt aspects of the self, and (b) enhanced capability to face adversity and life challenges by employing a new way of interpreting reality. The second domain appears to transcend close and intimate relationships, reflecting a profound transformation in one's basic perceptions manifested in a decentralized ego and gained wisdom resulting in enhanced compassion, acceptance and sense of connection with others. Finally, the participants voiced commitment to generativity and contribution emphasizing an active prosocial approach. As can be learned from the participants' own words, they evolved from self-centered processes into a strong drive and desire to benefit others. Commitment to be of service to others is described by participants in both samples as providing them with a sense of meaning and purpose. The results involve rich and elaborate narrative excerpts from both samples which can be fully appreciated in the integral supplemental material. Here we present a summary table of the findings with demonstrative quotes for each domain across samples (Table 1).

Discussion

This study sought to identify common processes of positive change following adversity, using an in-depth life stories interviews from two different samples experiencing growth from adversities. The findings elucidate similar powerful positive transformations, despite diverse sample characteristics (mental health condition, cultural background, demographics etc.) and diverse types of adverse life experiences. These findings highlight the value of exploring positive processes with populations experiencing psychiatric disorders. While often the focus of study with this population is on pathology, this study supports the possibility to identify positive aspects of growth that can promote thinking and practice related to recovery (Moran & Nemeč, 2013; Resnick & Rosenheck, 2006). Overall, this study illuminates underlying psychological growth processes and a generic capacity to not only cope well in response to a given adverse condition, but also to

Table 1. *Demonstrative Quotes of the Three Growth Domains*

Themes	Spiritual growth sample	Mental health peer provider sample
Theme I: Strengthened sense of self		
I.1. Holistic self-integration and self-acceptance	I have had so many parts within me that I refused to acknowledge . . . like my anger, my aggression, even my cruelty. These things were the most difficult to encounter, but once I did, so much space cleared up. All those weights that I carried, I've learned to treat them as part of reality, as my growth space and not as my enemy . . . I let go of control and met these parts within me of hard feelings, of my weaknesses, of death wishes, and it is a corrective experience because once you validate these parts within you, when you accept them rather than struggle, you finally feel whole. [Amit, 51]	I've gotten to a place where I know where to put them [psychotic experiences], I know how to understand them, I see what they do to my being, and I know the proper place in my being for that. The metaphor that I use is when Jesus says that the stone that the builders rejected was the most important one of all. It's like, I don't want to just get rid of this [psychiatric illness]. I find the right place in my being for it, and it's okay. It's good. It's part of me. [Charles, 24]
I.2. Ability to better face adversity and life challenges by employing a new way of interpreting reality	I've learned through this process that what matters most in life is the way you interpret what happens to you. I see people that whenever something bad happens to them, they interpret that as 'I have no luck in life, I am miserable, life is horrible', and a spiritual perspective allows a different interpretation, of viewing something that happens to you as a lesson, an opportunity, a space for growth, and when you treat things that way they really change in reality, not just in the way you experience them. It gives you more strength to deal with that. Whenever I fall, I am more able to make something meaningful out of it, to gather all the pieces and create something new out of that [Ziva, 44]	By putting me through all that [the symptoms of her mental illness], has taught me a lot about resilience . . . resiliency is one of the attributes that comes with this illness. You're a bouncy ball, and you just keep bouncing . . . this illness has been the biggest challenge because I've been able to approach it and decide how I'm going to deal with it. It's going to flatten me or I'm going to recover. I'm going to move on. I'm going to learn from it. Or I'm going to be bitter and resentful and hate everything. That's been an option, too. And, of late, it has become an asset. It's really become something that I'm proud of [Sally, 41]
Theme II: Enhanced compassion, acceptance and sense of connection with others	First and foremost it is about being a human being . . . to remember that the person in front of you is a human being, who has feelings and thoughts and dreams, who is scared and sad and happy, who loves and hates and sometimes depressed like you . . . when I face another person then we can really be in a dialogue as equals, because what happens in many relationships is that we think we are better or not as good as the other person and that has a lot of impact on the dialogue. I am more open to others, I have more patience [Shay, 34]	. . . I learned so much from others. And the mutuality, I look for it in my relationships with my peers. And also with other humans . . . I guess I've taken it a step further to recognize that as human beings, we all have some suffering. We all have obstacles to overcome. I guess it helps me look for what I have in common with others, as opposed to differences [Mark, 35]
Theme III: Commitment to generativity and contribution	There is no bigger happiness than touching other people's lives and to be a living proof that there is hope and that there is something to strive for . . . there is a meaning to life. My whole life has changed and I want to give back, I want to do things that matter. Things that have meaning and can help as many people as possible . . . That makes my life meaningful, that I know I have a role here that I can't take for granted. We all have limited time in this world and if I won't use it for doing things that can benefit other people, the world, then I am wasting it [Rachel, 56]	You walk around with these skeletons rattling in your closet for all these years, and then here comes an opportunity where I'm able to come out of the closet and then to help other people in their recovery. So that, to me, was more meaningful than anything I've ever done in the past. This was meaningful because it encompassed me as a person. It's like my life experience was being used. [John, 52]

Table 1 (continued)

Themes	Spiritual growth sample	Mental health peer provider sample
	I have been given a gift, and within this experience things that used to be at the center of your life become insignificant and something else occupies the stage. This is the essence of why this gift is so great. It teaches you that giving, being kind to others is the most fulfilling thing. It is a blessed commitment to make humanity better. [Mira, 57]	Eventually I guess my dream would be to carry the message of hope and try to inspire people to get what they want out of life and share whatever skills, resources, and supports that I have in my own life [Mark, 35]

thrive (e.g., Deci & Ryan, 2000; Keyes, 2002, 2007; Seligman & Csikszentmihalyi, 2000).

The current findings reveal transformational processes of growth which penetrate one's basic sense of being and experiential outlook on the world. Some of these processes are similar to PTG, demonstrating increased appreciation for life, more meaningful interpersonal relationships, and an increased sense of personal strength (Tedeschi & Calhoun, 1996, 2004). Distinct from PTG and other growth-related phenomena (e.g., Davis, Nolen-Hoeksema, & Larson, 1998; Masten, 2001; Tedeschi & Calhoun, 1996), the current study emphasizes holistic, experiential dynamic intrapersonal multifaceted processes which account for growth. Participants' processes involved transformational changes including: a transformed sense of self, view of the other, and a development of a generative active stance. While these processes are often interrelated, and sometimes may seem to unfold in a linear fashion (from "self" to "other" to "generativity"), they could also at times be described as occurring independently, or concurrently. In the "self" domain individuals evolved from having shattered and fragmented selves into developing an integrated and strengthened sense of self. This positive change in the self involved an increasing ability to interpret negative events in multiple perspectives while employing positive reinterpretations. Such a reappraisal is crucial for the development of agency and ego-resiliency against subsequent stressors that the individual may be exposed to (Bauer, McAdams, & Pals, 2008; Tugade & Fredrickson, 2004).

Humanistic conceptualizations of the self, and particularly those identified with Maslow and Rogers, emphasize the self as being or becoming (Polkinghorne, 2001), and existential thought further added the inherent responsibility to create, transform, and re-create the self embedded in one's involved in this dynamic process (Schneider & May, 1995). The findings of the present study appear to provide a clear embodiment of such humanistic and existential perspectives: the participants' self is experienced by them as dynamic and unfolding, yet stable and coherent, involving personal responsibility (Hoffman, Stewart, Warren, & Meek, 2009). Such a process is accompanied with an ongoing reflectivity that appears to yield self-acceptance of both personal strengths and weaknesses as integral of being whole, which contributes to developing a sense of ego integrity (Erikson, 1963).

Furthermore, both samples illustrate the development of a eudemonic orientation (rather than toward hedonic pleasure or mere comfort; Lent, 2004; Ryan & Deci, 2001). This is reflected in participants' developed attentiveness to their authentic inner voice, which is experienced as independent to external stimuli, rewards, and/or gratifications. Eudaimonic individuals are able to postpone

immediate gratification for the attainment of more distal goals (e.g., Maslow, 1962; Ryan & Deci, 2001), which signifies a shift from mere survival mode to reconstruction of one's self identity and life meaning with regard to greater purpose. Once equipped with this intensified sense of purpose and meaning, Frankl (1985) claimed that a person would be able to withstand any life situation, irrespective of the suffering it may present. This is evident in the participants' openness to embracing life's challenges once understanding the growth and meaning that resulted from their adverse experiences.

Alongside psychological transformational growth, participants also reported development of the "other domain," where participants showed a growing capability of acceptance of and compassion toward others, and enhanced sense of interconnectedness with others. Such developments appeared to further support participants' meaning-making processes and contributed to their strengthened sense of self. In this sense, the inner psychological realm of the self can be understood as cocreated through the process of self-other reference (Becker, 1992). Such inner deep connection to other human beings is recognized in therapeutic and additional healing contexts where relationships between two equivalent partners are acknowledged as engaged in making sense together (Auerbach & Blatt, 2001; Buirski & Haglund, 2001).

Finally, participants' compassionate worldview and active engagement in voluntary or help-giving roles reveal commitment to contribute to the greater good and humanity as a whole. Thus, one grows by developing personal meaning, which extends to one's deep understanding of others as equals and elicits the desire to give back. The commitment to others that was present in both samples suggests it to be a significant component of positive growth in diverse populations. Such adoption of generative roles is in line with previous research recognizing the value of help-giving to the giver themselves (e.g., Ratzlaff, McDiarmid, Marty, & Rapp, 2006; Salzer & Shear, 2002). Indeed, altruistic acts have been associated with increased levels of mental health, above and beyond the benefits of receiving help (Schwartz, Meisenhelder, Ma, & Reed, 2003). By extending self-interest, one may deepen self-discovery (Post, 2005). Erikson (1950)'s theory of generativity (vs. stagnation) further elaborates this view, defining it as a psychosocial development stage involving a shift from self-focus to others with "a concern for establishing and guiding the next generation." Mansfield and McAdams (1996) suggested that highly generative adults combine orientations toward agency and communion, as they exhibit an ability to generate outputs which extend the self in a powerful way (agency) and to contribute to others with the purpose of assisting and benefiting them (communion).

The eudemonic generative orientation identified in the current study was manifested not only cognitively (i.e., viewing challenging situations as opportunities, endorsing certain values) and emotionally (i.e., deep compassion and acceptance) but also in action, thereby providing participants with a sense of direction and overall purpose (i.e., implementing prosocial values in reality, as a peer-provider or a volunteer). In this sense, we agree that generativity may function as a pathway from suffering to meaning (de St. Aubin, 2013). Moreover, this engagement in generative action seems to lead to further enhancement of one's sense of self. Accumulating studies demonstrate that generative strivings are positively associated with personal well-being (e.g., Keyes & Ryff, 1998) and meaning in life (e.g., Emmons, 2003; Nielsen, 2014). More specifically, in the context of mental illness, this can also be understood as a unique type of vocational recovery (Dunn, Wewiorski, & Rogers, 2010). In this sense, it is suggested that by being a contributive member of society, persons in recovery working as peer providers may cultivate their "internal strength" and reconstruct a sense of self which further promotes their recovery process (Auerbach & Richardson, 2005). Similar processes are evident among the nonclinical sample which demonstrate the versatility of human capability to grow above and beyond given adverse circumstances and develop a sense of meaning, efficacy, fulfillment, and self-worth (e.g., Baum & Neuberger, 2014; Bond, 2004).

Overall, the findings of the present study contribute to the understanding of the possibilities to thrive and attain a meaningful life in the face of life's challenges. This is reflected first and foremost in the participants' intentional choice to acknowledge the possibility embedded in experienced adversity to create something new and beneficial, rather than succumbing to the conditions that encompassed them at the time. The insights gained in the study are thus in line with current calls advocating an integrated view of positive mental health (Keyes, 2007; Vaillant, 2012) as well as in mental illnesses (Thornicroft & Slade, 2014).

Limitations and Suggestions for Further Research

The study findings are preliminary and involve several limitations. First, secondary qualitative analysis, while allowing us to examine new and fresh research questions, is, at the same time, limited by the nature of the participants who were recruited for different research questions and purposes (Hinds et al., 1997). Thus, we are cautious that the original study questions may have constrained the scope of population sampling, limiting access to the breadth of positive growth processes following adversity. Specifically, it is possible that individuals in the spirituality sample represent a subgroup who have experienced adversities and thrived through meaning-making processes related to spirituality. However, other individuals from the general population who face adversities may thrive in other ways. In a similar vein, the mental health peer provider sample consisted only of peer providers. Other individuals with mental illnesses may find other channels through which they recover a meaningful life and thrive. Finally, this study illuminated a specific kind of growth which, although cross-cultural, is still represented by samples from two Western-oriented cultures. Future studies may address a broader spectrum of cultures and nationalities. For example, given that generativity

rests more on collectivist values, we may assume that this pattern of growth may be even more pronounced in Eastern cultures.

Summary and Practical Implications

Overall, the current findings convey the richness and multidimensionality of individuals' lived experiences of positive growth following diverse adversities as shared human phenomena. Together, the findings suggest a personal growth process that embraces self-integration and resiliency, allowing the development of a mature identity which transcends self-focus to caring for others. These findings highlight the value of exploring possibilities of individuals with mental illnesses to thrive despite having a psychiatric disorder, and thus point to a new potential direction of hypotheses that are driven by a positive approach. Furthermore, systems, professionals, and nonprofessionals providing services to individuals with serious mental illness (SMI) can benefit service users by addressing the potential of growth processes and enabling conditions (e.g., constructive meaningful roles) to thrive and fulfill one's human potential despite mental illness. Similar to nonclinical populations, eliciting awareness and self-reflection in mental health service users may facilitate discourse related to the three growth domains (self, other, and generativity).

In practicality, this means attending to subjective ways in which individuals conceptualize their coping and meaning-making related to adverse events and processes. In addition, enabling opportunities for help-giving support positive change processes following adversity. In particular, for people with psychiatric disabilities, identifying structured generative roles (not just as peer providers) that are meaningful to them could serve as a springboard for their rehabilitation, recovery, and, ultimately, growth processes.

Keywords: positive change and growth; qualitative study; sense of self; mental health recovery; spirituality

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