

THE SELF AND THE WORLD AS SEEN FROM THE WHEELCHAIR: SOCIAL ADAPTATION AFTER PHYSICAL TRAUMA AND THE SENSE OF PSYCHOLOGICAL WELL-BEING

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Abstract

The study aimed to explore the processes of positive psychological changes and the underlying factors following an extremely stressful life event – spinal cord trauma – in the life stories of 15 socially active individuals who use the wheelchair. The data were collected using life story interviews. The qualitative part of the study involved thematic and structural analysis of narratives, while for the quantitative analysis, each interview transcript was recoded and processed for target variables such as autobiographical reasoning, narrative structure and consistency, and psychological well-being. The analysis of the results revealed that the more consistently and rich in autobiographical reflection individuals narrate their life stories, the more psychological well-being indicators emerge in their accounts. Additionally, during the process of post-traumatic rehabilitation/resocialization and re-adaptation, they have to reconstruct their own identity, reassess their self-image, body – image, values, and relationships with others, as well as their broader environment and perceive it from a different perspective. The personal narratives of study participants were saturated with the themes of discontinued lives, disturbed body image and attitudes towards wheelchair use, self-reconstruction and adaptation, motivators and resources, finding a place in life, and returning as full members of society.

Key words: *Psychological well-being; Identity; Physical trauma; Social adaptation; Wheelchair-user*

1. Introduction

‘I would lie if I said that my life was interesting before. I started a new life only after a car accident, which is much more important than what was before... I never pay attention to my limited ability and it comes to my mind only when I see another wheelchair user. I don’t remember that because I still follow the rhythm of life.’

This quot belongs to a 42 year-old woman who began to use a wheelchair after a physical trauma. After becoming a wheelchair user, she tells us how she had to go again through social adjustment, how she managed to reconstrue her social identity, go back to social life and maintain the feeling of psychological well-being. We often encounter similar stories in the lives of wheelchair users. They speak about physical trauma and the difficulties they face when coping with the trauma, important memories and the restoration of bonds with society and oneself.

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Spinal cord injury belongs to the category of the most traumatic injuries. Even though currently the problems of people with disabilities are intensely discussed in Georgia, be it the mass media or different circles, there is no systematic study of how people with disabilities form their identities, how they relate to culture and what their personality and motivational characteristics are. Consequently, the studies focusing on the disabled people in Georgia who became wheelchair users after a physical trauma are quite scarce.

The present study aims to deepen the empirical knowledge on the individuals who use a wheelchair as a result of a physical trauma. In particular, it attempts to reveal in the personal narratives of Georgian wheelchair users those positive psychological changes that follow an extremely stressful event like spinal cord injury as well as the factors underlying those changes.

Individuals with spinal cord injury face different physical (sensory-motor, visceral), psychological and social problems. This prevents them from carrying out those activities which are necessary for the fulfilment of individual and professional responsibilities. In addition to physical limitations people with spinal cord trauma are susceptible to emotional, psychological, economic and social stressors. Their complex interaction has a negative impact on the individuals with spinal cord injury as well as their family members. After the trauma, during rehabilitation, these people can no longer lead an independent life. They become totally dependent, which implies that different aspects of life (such as physical space, body image, physical distance, etc.) are perceived in a different way on individual, social and professional levels. Hence, it is difficult to live with spinal cord injury. The main reason is that an individual has to readjust to physical, psychological and social environment, and dramatically change the way of physical, mental and social functioning (Babamohamadi et al., 2011).

Adjustment to the use of a wheelchair after the spinal cord injury in the physical and/or social environment and the maintenance of psychological well-being is related to a number of challenges. Coping with trauma and the restoration of connection with both, oneself and society is clearly manifested in the narratives which show that the trauma is perceived as a loss and/or a major change. However, it should be noted that this life-changing event is often perceived as more than just a negative experience. Pain and starting life from the very beginning is also accompanied by positive transformations. Some individuals find different means to regain the strength and again become an active and important member of society. Their life stories depict the formation of a new Self and much more positive view of what is called 'a wheelchair user' than the Self of those respondents who described themselves as 'me before starting to use a wheelchair' or 'me before trauma' (Chun & Lee, 2008).

1.1 Narrative identity

The concept of narrative identity was coined by McAdams (1993), and it has been a central construct in most of the studies of personal narratives and life stories for more than three decades (Khechuashvili, 2016c).

McAdams states (2001) that the formation of the Eriksonian configuration of identity (Erikson, 1963) should be understood as an integrative life story that individuals start to construct in late adolescence or early adulthood. Similarly to Singer and others (2004), McAdams uses the term *narrative identity* to denote the internalized and evolving story of Self, which is construed by a person consciously or unconsciously to unite different aspects of Self. To a certain extent, the narrative identity endows a person's life with integrity, purpose and meaning. It is an internalized and evolving cognitive structure or a script narrated by a person, which, apart from the individual life story, contains dominant and/or cultural narratives (Khechuashvili, 2020; McAdams, 2006).

Human beings construct narratives to give meaning to life, to organize who they were in the past, who they are now and who they may become in the future in the social context of family, community, work, ethnicity, religion, gender, social class and culture. Researchers believe that the Self manages to adjust to social conditions through narrative identity (McAdams & McLean, 2013; McLean & Syed, 2015). Narratives help people to find their own place in the complex social ecology. Hence, narrative identities reveal a person's most important and complex relationships with culture and society (McAdams, 2009).

The study of narrative identity is especially interesting in the context of positive psychological processes taking place after the extremely stressful life events and the corresponding underlying factors. Given that that stressful events trigger individuals to reflect on themselves, the past experiences, and start reconstructing themselves. In addition to self-reconstruction, individuals manage to find the meaning in the event and see and elaborate on its positive aspects. A positive evaluation of stressful experience is gradually integrated into the renewed self-image experienced as post-traumatic growth, which, in turn, leads to the improved psychological well-being (Khechuashvili, 2020).

The study of narratives clearly reveal the process of rethinking and reconstruction of self-image. Construction of narratives, as such, is a process of searching for meaning in life events which is carried out through autobiographical reasoning. Thus, it is advisable to observe this dynamics through individuals' life narratives.

1.2. The structure and content of narratives

1.2.1. The structure of narratives

1.2.1.1. *Redemption and contamination sequence*

Narrative researchers (see for a review Khechuashvili, 2020) describe two structures of storytelling: redemption and contamination sequences.

Narratives have redemption sequences when negative events are followed by a positive result even when the latter is less intense than the initial negative event. In such case, the storyteller explicitly describes the state which denotes movement towards a positive affective or cognitive outcome, or the event itself is so positive that it evokes a similar reaction in the majority of people. It should be noted that the conclusion is made by neither the reader or listener of the event but the storyteller himself/herself describes transition from a negative event to a positive one (McAdams, 2011).

In case of contamination sequence the opposite happens: an emotionally positive event leads to a negative outcome. Such a sequence implies that positive events are short-lasting and they are inevitably followed by a negative outcome (Khechuashvili, 2020).

1.2.1.2. Coherency: time, context, and theme

These characteristics of narrative point to the logical coherency of narration (Khechuashvili, 2020). How logical are the characters' behaviors in the context of the given narrative? How incoherent are the parts of the story? How understandable is the motivation of the characters' behavior in the context of available knowledge, and, in general, the knowledge of human behavior? The narration is considered low in coherency if the reader/listener cannot comprehend the logic of the development of the story in this particular way. However, the story also becomes hard to believe when it is too consistent and its components fit each other ideally. It should be mentioned that there is no need for ideally coherent stories to reach integrity and find the purpose and meaning of life. It is unnecessary for a life story to accurately replicate the individual's life events.

1.3. Autobiographical reasoning

By construing selective autobiography individuals solve the identity problem (McAdams, 2013). Theoretically, a life story gains the identity function only in the form of *autobiographical reasoning* (Habermas & Kober, 2016; Dunlop & Walker, 2013). During this process the person starts to realize, on the one hand, how the life events turned him/her into the person she/he is, and, on the other hand, to what extent the current state (i.e. the way he/she is at present) determines one's personal, unique perception of the events (Habermas & Bluck, 2000). Autobiographical reasoning might contain explicit conclusions about the life or the world. These are separate elements of the individual's consciousness, which, by being united in the person's narrative about his/her life, create a basis for the sense of continuity. Therefore, it is autobiographical reasoning that turns life story into identity (Habermas & Bluck, 2000; McAdams, 1996) rather than organizing individual events into a sequence.

According to Habermas and Bluck (2000), autobiographical memory involves connection between the following two elements: the person's life and the Self, e.i., self-event connections, as authors state. In the context of this connection autobiographical reasoning takes two main directions. One strengthens the stability of self, which results in the stories of stability. The other serves changes, and the individual tells the stories of changes (Pasupathi, et al., 2007). The first type of connections help the person to maintain the sense of self-continuity and explain the events with some of the characteristic of Self, whereas the connections of self-changes show how the narrator perceives the impact of this or that event on his/her life (Pasupathi, et al., 2007). In adult life connections of stability and change are fundamental for the achievement of the sense of continuity and coherence.

Autobiographical reasoning also embodies in event-event connections. These are clear connections between the events which illustrate how one event leads to the other or how they integrate under the common theme (McLean, 2008).

Researchers suggest that the narratives about oneself should be saturated by explicit explanations of the meaning these events carry for the narrator. This means that the narrator has to look beyond the details of the event and explain what she or he has learned about oneself (Lilgendahl & McAdams, 2011; McLean & Thorne, 2003; Pasupathi et al., 2007). Obviously, this reflective process of autobiographical reasoning takes time. It is impossible to see and understand the connections between the Self and past events without distancing oneself from the past and viewing these events retrospectively (McLean, 2008).

Research shows that life story and using autobiographical reasoning in narration is the most important means for maintaining personal continuity in the time of changes (Habermas & Kober, 2016). Empirical research on narratives assumes that the well-being is closely connected with a well-integrated, and consistent life story and might even represent its result (see Bauer & Bonanno, 2001; Lilgendahl & McAdams, 2011).¹

1.4. Psychological well-being

The present study is based on Ryff's six-dimensional model of psychological well-being (1989, 1995, 2014) which encompasses a broad range of well-being and consists of components such as a positive evaluation of oneself and the past (self-perception), sense of personal growth and development (personal growth), belief that the person's life is goal-directed and important (life goals), quality relations with others (positive relations), ability to master one's own life and external world (environmental mastery) and sense of self-determination (autonomy).

2. The Purpose of the Study

The present study is about the individuals who became wheelchair users due to physical trauma, and systematically tried to find their own role and function in the society, family and community again, and to continue living in a more or less usual way in the social environment to which they and other wheelchair users were simply unaccustomed.

Consequently, our study aimed to find out how individuals with a spinal cord injury manage to continue living with the wheelchair, as the only means of movement in space after the discontinuation of their life line by physical trauma, how they manage to create a new version of their self-image and body-image (i.e. their identity) with changed abilities and, consequently, integrate their before and after-trauma lives. The study also aimed to address the following questions: What wheelchair users have to go through to reach this goal? What are the resources they use for that purpose? How do they construe a new Self which needs to function in a different way in the usual physical and social environment? Or, in other words, how these individuals with forced new identity manage to re-socialize, actualize oneself in the renewed environment and become active members of society.

¹ However, this assumption was questioned lately (McLean & Mansfield, 2011). For example, one of the studies (Sales, Merrill, & Fivush, 2013) showed that the narratives of the worst experience of 16-21 year-old research participants revealed a significant positive relationship between insight and depression. This raises the following question: which life situations, at which age and which forms of autobiographical reasoning are a precondition for personal continuity and the sense of well-being.

Therefore, the purpose of our study was to conduct the analysis of the narratives provided by wheelchair users after a spinal cord trauma to reveal the phenomenology of their psychological well-being.

Thus, given all the abovesaid, we assumed that (1) the more coherent life stories told in a redemption manner and the richer in autobiographical reasoning would be more saturated with psychological well-being indicators. (2) Consequently, we expected that the characteristics of the narratives, such as coherency or/and autobiographical reasoning reliably predict the psychological well-being.

3. Method

3.1. Research participants

Fifteen wheelchair users were recruited through availability and snowball sampling purposive and convenience sampling (Table 1).

Table 1. Demographic data

Variables	Values
Age	22-42 (M=30(9))
Sex	
Male	5, 39%
Female	10, 70%
Marital status	
Single	9, 60%
Married	4, 16%
Divorced	2, 14%
Education	
Secondary	8, 54%
Undergraduate	7, 46%
Employment	3, 20%
Works in public organization/enterprise	
Works in private enterprise	8, 54%
Self-employed	1, 6,6%
Housewife	1, 6,6%
Unemployed	2, 12,8%

3.2. Instrument

The Life Story Interview (McAdams, 1993; Khechuashvili, 2020) is a semi-structured interview, which consists of open questions clustered into 6 sections. First, a study participant has to imagine that his/her life is a book, break it up into chapters, give each chapter a title and briefly describe it. The second part contains 8 questions about the key points in

the respondent's life (positive and negative memories, the turning point, childhood memories, etc.) The Life Story interview also contains questions about life challenges, health, loss, personal ideology and future. The interview lasts about 2 hours, is audio recorded, and transcribed (Khechuashvili, 2020).

The demographic questionnaire contained questions about participants' age, sex, education, marital status, social and employment status.

3.3. Procedure

Ethical consideration. Before recording the interview the participants were given detailed oral information about anonymity and confidentiality conditions as well as the purpose of the study, the content of the interview, its possible duration and audio recording. The interview was recorded only after respondents were given full information about the study.

Place and duration. Part of the interviews was recorded at the respondents' place of residence and the other part in work place. Some participants were contacted via one of the representatives of Tbilisi Parasport Development Center. Further, after acquiring informed consent from them, they were met for the interview at the preferred time and place. Each session lasted 1.5-2 hours, on average.

3.4. Data analysis

The data were processed via both, quantitative and qualitative methods. The quantitative analysis implied identification of variables, coding¹ and statistical analysis through IBM. SPSS.23. As for the qualitative analysis, in accord with the study objectives, it was limited to thematic analysis.

3.4.1. Coding

The transcripts were coded by the following variables: redemption and contamination sequences, autobiographical reasoning, narrative coherence, motivational aspect and the psychological well-being (Khechuashvili, 2020). To verify the reliability of coding, the third and fourth authors, who were unaware of the research hypotheses or the participants' demographic data, recoded the transcripts by the listed five variables.

Coded memories. A specific memory or episode from a life story served as an analysis unit for each variable. Twelve memories were selected from each interview for recoding: High, low and turning points, positive and negative childhood memories, vivid adulthood memory, wisdom event, religious/spiritual experience, as well as the main life challenge, challenges related to one's health, loss and regret/failure memories. In total, 180 (12x15) memories were coded.

Autobiographical reasoning was recoded by several components (McLean, 2008; Papsupathi & Mansour, 2006), such as reflexive elaboration (meaning) and self-event connections.

¹ The coding procedure was based on an existing coding manual (Khechuashvili, 2020).

Reflexive elaboration or meaning was identified in the narrative by the following criteria: (1) Absence of meaning: if the meaning of the described event was not mentioned in the narrative or the narrator did not explain what meaning this particular event held for the narrator, the episode was coded as '0' ($k = .92$) (2) Lesson: if the narrative stated that the she/he learned something from the event, she/he got it as a lesson, the episode was assigned the code '1'; (3) Vague meaning: if the narrative described the growth or changes in Self and did not specify the nature of the change, the episode was coded as '2' (4) Insight: if the narrated event explicitly extended beyond the understanding of oneself, the universe or relations, the episode was assigned the code '3'.

The narratives were coded for self-event connections, when the narrator explicitly indicated the connection between the storied memory and the Self. First, it was recorded if the narrative contained any of the connections listed below. Code '0' was assigned to no connection and code '1' was used for some kind of connection. In the latter case, the episode was evaluated as follows: (1) The narrative was considered to contain the stability indicator or explanatory connection if it provided the explanation of the stability of Self ('What does the episode say about my life [...] It probably says that I can take some kind of responsibility, take responsibility for my own decision.') ($k = .85$); (2) The narrative was considered to contain the connection reflecting change when the event told led to a change in the narrator ('It made me to be more cautious that it would be better to think beforehand that the person would not pay me, to evaluate somehow that possibility, protect myself before the fact happened. Consequently, it seems that it made me more attentive, watchful and cautious.') ($k = .85$).

Coherence of narrative was assessed on the three-dimensional scale (Reese, et al., 2011; McLean, et al., 2016) measuring context, chronology and theme. Each of them was measured on a 0-3 point scale, where '0' was used for the absence of the corresponding dimension and '3' denoted the fully represented dimension. The context dimension indicates the time and location of the event ($k = .92$), chronology indicates how the event is organized in time ($k = .83$) and theme concerns the clarity with which the theme of the narrative is presented ($k = .82$).

The narrative structure

Redemption sequence. A narrative was considered to have redemption structure if it explicitly demonstrated transition from a negative event/story to a positive event, hence the code '1' ($k = .95$) was assigned. In particular, in if the research participant stated that (a) a negative episode or event caused a positive episode or event ('I think that I am in a happy period now, when I have overcome so many difficulties. It helped my personal development a lot.') or (b) a negative event preceded a positive event ('I did not post my photo in the internet. I had a complex because of the wheelchair. An internet friend wrote me: "Why is it that you never post your photos? You are not an invalid, are you" After that I did not sit in my wheelchair for three days. I felt bad. When I was lying in my bed, I could

not get rid of those words “You are not an invalid, are you?” and, suddenly, I got angry at everything... “Who is an invalid?!” I got into my wheelchair and asked my father to take my photo, the photo I liked, very positive, of the smiling me. I posted it on the internet and told myself: “And so what if you are sitting in the wheelchair?”) If the narrative had no such structure it was coded as ‘0’.

Contamination sequence. A narrative was considered to have a contamination structure if it explicitly demonstrated transition from a positive condition to a negative one, hence the code ‘1’ was assigned. It was thought that there is a contamination sequence in the story when the transition from a positive/satisfactory state to a negative condition followed the chronological time (‘I was an independent person, a free spirit; I was preparing for entrance exams, for university life. After the trauma I could not even eat independently. When I turned my head, I did not get enough oxygen and would lose consciousness.’). If, for example, a research participant spoke about the positive episodes from their adulthood first, and then negative childhood memories, such a narrative was not coded as having a contamination sequence.

Psychological well-being was measured in the frame of the six-dimensional model (Ryff, 1995, 2014, 2018). However, instead of the self-report questionnaire¹, different aspects of psychological well-being were identified and coded in narratives. For this purpose, we used the scale descriptions. The dimension was identified in the narrative (Code 1) if the story corresponded to the description included in the operationalization of the scale. The narrative was given the code ‘0’ if the story did not contain any indicators corresponding to the given aspect.

Coded dimensions include the following: (1) *Autonomy* – self-determination and independence, resistance to social pressure, behavior regulation and self-evaluation by personal standards; (2) *Environmental Mastery* – possession of competencies to master the environment, ability to control a broad range of external activities, effective use of existing possibilities, ability to select and create the contexts which correspond to the individual’s personal needs and values; (3) *Personal Growth* – continuous development when the individual perceives oneself as a developing being open to new experiences, the person who is sure that she/he can actualize one’s own potential and sees positive changes in oneself and one’s behavior; (4) *Positive Relations* – satisfactory relations with others, trust in other people, care for others’ well-being and strong empathy; ability to experience emotional attachment and intimacy; good understanding of the reciprocity of human relations; (5) *Purpose in Life* – the extent to which individual feels her/his life has meaning, purpose and direction; (6) *Self-acceptance* – the knowledge and acceptance one has of oneself, existence of different aspects of self (including positive and negative qualities), including the awareness of personal limitations, and positive attitude to one’s past, in general (Ryff, 2014).

¹ For the Georgian version see Khechuashvili, 2017

3.4.2. Thematic analysis

Thematic analysis identified shared themes in all or the majority interviews. Further, each theme was named and illustrated with excerpts from the interviews. All names have been changed.

4. Results

Study results are presented in two parts. First, we present the results of quantitative analysis followed by thematic analysis and interpretation illustrated with the excerpts from the respondents' stories.

4.1. Quantitative analysis

Quantitative data are presented as follows: First, we report descriptive statistics for target variables (autobiographic reasoning, structure of narrative, consistency of narrative, psychological well-being) that are followed by the analysis of relationships between them. Only statistically significant results are reported ($p < 0.05$).

4.1.1. Descriptive statistics

Half of the narratives did not contain *autobiographical reasoning*, however the rest of the stories which concerned search for and finding meaning told about stability (2/3) and changes (1/3). These were mostly the stories of loss, turning points and health-related challenges.

The structure of narrative: one-third of the analyzed narratives (28.3%) were told with the redemption structure, while 1/5 of the stories were organized with the contamination sequence (19.4%). It should be noted that the story structure did not vary in relation to the memory type. In other words, in the stories told by one given participant, the narrative structure and characteristics of autobiographical reasoning in the story did not vary whether be it the stories of childhood memories, turning points or loss experience, which suggests stability of individual style of storytelling.

Half of the stories were *incoherent* in terms of theme, context and time. Two thirds of the rest were thematically coherent. Furthermore, negative childhood memories as well as the memories related to loss and health, had the highest score on coherency ($F = -3.048$, $p = .001$).

As for the *psychological well-being indicators* all the analyzed narratives contained, at least, one indicator. For instance, in 1/5 of the stories the themes of the Personal Growth and Purpose in Life were presented (18.4% and 20.1%, correspondingly), 1/4 of the narratives told the stories of decreasing the tendency of Environmental Control (25.9%), while 1/3 of the stories were about Positive Social Relationships and Autonomy (32.2% and 28.2%, correspondingly).

The correlation and regression analysis showed that autobiographical reasoning significantly correlates with and reliably predicts psychological well-being indicators ($r = .4$,

$p = .000$) (Table 2). These proves our hypothesis that the narratives higher on autobiographical reasoning would contain clearer indicators of psychological well-being.

Table 2. Autobiographical reasoning as a predictor of psychological well-being

	B	SD	Beta	T	Sig.
(Constant)	.745	.212		3.507	.001
Autobiographical reasoning	.471	.097	.348	4.859	.000

4.2. Qualitative analysis

The transcripts were coded and analyzed by individual target variables. The material was thematically processed and the main thematic lines were identified that served as the basis for respondents' stories about life and themselves. The stories clearly illustrate the processes and stages the participants had to go through from the actual trauma to current days. Although they talked about trauma itself, the majority of their stories were about posttraumatic experiences, and followed several salient themes, such as discontinued life (before and after trauma), body image and attitude towards a wheelchair, reconstruction of the self and adaptation, motivators and resources, finding one's place in life and getting back to society as its fully-fledged member.

4.2.1. Discontinued life

The Life Stories of all reaserach participants consist of two parts; 'before and after'. 'My life could be broken into two parts: before being the wheelchair-user and after.' (Woman, 34). This is more discontinuation than division of life. After an unexpected tragic event each of the research participants woke up in a new reality and had to face a ruthless fact: 'Life will never be the same as it was before or as I thought it would be in the future.' (Woman, 44).

4.2.2. The new body and the wheelchair

One of the crucial changes the new reality brought to these individuals was a new body, a new body with transformed abilities, location in space and the capacity to move. The research particants had to, literally, get re-acquainted to their bodies, to re-examine it and build a new life with it. Here are the words of one of the respondents who already had a family and profession when she got traumatized: 'I had to adjust my new body to myself and go on living with it since then.' (Woman, 44).

The research participants had to become aware that the trauma forever changed not only the abilities of one's own body but a whole life. Moreover, they had to accept the transformed life-style and adjust oneself to it as much as possible. Therefore, the research participants had to reflect and rethink their physical space they had to live in, and adjust it to their needs in everyday life. One of the means which offered them enormous

opportunities was a wheelchair. Attitude to the wheelchair and a step taken towards it was another turning point, which research participants named as step taken to 'the next stage' or 'coming back'. Introducing and incorporating the wheelchair into one's life served as a manifestation of the formation of a new body-image. It was the recognition and acceptance of a new Self which they named 'the wheelchair-user'.

'One day I realized that if I would not get into the wheelchair, I just would not be able to continue an independent life, would not be able to work or visit my friends. So, the wheelchair is like my shoes now.' (Woman, 36).

'I am a fighter by nature and nothing can stop me. I am grateful for being a wheelchair user without any other limitations. My hands and legs have not been paralyzed and I can speak. That is why I am independent.' (Woman, 42).

However, this process has not always been easy for everyone and the wheelchair has not been perceived from the beginning as a useful resource. Some of them had to struggle with oneself and overcome obstacles before they accepted a new body image, and, consequently, a new Self: 'The wheelchair had been standing in my room for several days but I did not sit in it. I could not imagine that I had to move with its help to the places where I had walked before.' (Man, 35).

4.2.3. The reconstruction of Self and adaptation

As it was already mentioned, the acceptance of a new body image was manifested in bringing and incorporating the wheelchair into one's life serves as a viable indicator of the self-reconstruction process and the adjustment to the new reality. It was a turning point in the research participants' lives, since using the wheelchair increased their mobility, locomotion capacity as well as the participation in everyday social activities. This, in turn, brought the corresponding changes in their personal lives and career opportunities. They 'started everything from scratch': 'You start everything all over again with the wheelchair. Everything is new, even at home. You need to adjust yourself to your physical environment.' (Woman, 28). While reflecting on changes, the author of the quotation revealed something very important. Her words emphasized that the person is the one who makes changes happen. She or he is the only one who has the strength and motivation to 'start everything all over' with the wheelchair.

It is clear that this path was not easy for any of the respondents, and the attitude towards wheelchair-users served as one of the obstacles on the way to reintegration into the society. 'Once a taxi driver told me that if he had known I was a wheelchair user, he would not have accepted the order. Then he moved me from the car seat and banged the door. It is my most painful memory', one of the respondents shared (Woman, 42).

4.2.4. Resocialization: Motivators and resources

Every person possesses at least one resource one can rely on in a difficult situation. The research participants referred to this kind of resources when they reflected on living

further after the trauma and starting a new life. For some of them their families and children serve as the resource.

'I had to be well for the sake of my children. They still needed mother. So what if I sat in the wheelchair. I was a fully-fledged mother for them. The ability to love is unrelated to the ability to walk.' (Woman, 44).

For others the profession they loved became the source and the basis for reintegration into the society and regaining the feeling of being needed.

'I am a journalist and when the internet became available, I realized that I could do many useful things thanks to my knowledge and experience. So what if I can no longer be a reporter? As a result, I have been working successfully from home for many years.' (Woman, 44).

Yet for some others the new opportunities and activities they discovered after becoming a wheelchair user became the salvation and resources to lean on: 'I started to play parasports. Before the trauma I had never thought of being in sports and setting higher goals. I am successful now and it makes me feel that I am doing something useful.' (Man, 35). It was just the search for such resources and their maximal use that enabled the research participants to regain their place in the society and become its fully fledged members.

However, the most important resource was the person himself/herself and their attitude to oneself, as the research participants reported:

'I never pay attention to my limited abilities. This comes to my mind only when I see another wheelchair user. Since I am following the life rhythm, I don't remember that.' (Woman, 42).

'I have been independent since my childhood. I liked freedom, nature and could take care of myself from my school years when I was home alone... So I knew very well that as soon as I sit in the wheelchair I would immediately regain independence and the wheelchair would not be a verdict for me.' (Woman, 28).

4.3. Overall interpretation

In the present study we selected 12 key memories from the life stories of 15 individuals with spinal cord injury to explore which target variables were present in their life stories (quantitative analysis), as well as what the main thematic lines their renewed life stories are and, consequently, the narrative identity evolve around (qualitative analysis).

One of the important thematic lines which is actually observed in all interviews is the discontinued life, having before and after-trauma stories and Self as two different lives of two different individuals. Moreover, some of the respondents noted that life became meaningful only after the trauma, and the life before it was seen as insignificant and uninteresting. The respondents virtually created a new Self after the trauma, the Self with a new body, a new physical space and new relationships which, in turn, creates a natural

experience of starting a new life from scratch. The studies show (Pasupathi, 2016; Khechuashvili, 2020) that in more or less stable periods, when nothing important happens in peoples' lives in terms of psychological changes, the maintenance of personal continuity does not represent a difficult task. Furthermore, stable social roles and identities help to maintain the sense of continuity through physical environment, financial support and the sense of stability of one's own body (Haslam et al., 2008). However, as soon as either life or personality dramatically changes, which mainly happens after negative life events, such as becoming a wheelchair user due to a body modification (loss of a limb or a physical trauma), the individual experiences discontinuity of his/her personality which is perceived as a threat to one's own personal identity.

This is the moment when autobiographical reasoning is endorsed into the personal storytelling (Habermas & Kober, 2016) which enables the person to reflect on what has happened, find the meaning in the life experience and incorporate it into one's narrative. Therefore, the person manages to restore and/or maintain the sense of self-continuity and adjust one'self to the new reality. This is clearly illustrated by our data obtained through the quantitative analysis. The indicators of autobiographical reasoning were manifested when respondents narrated about turning points, loss or health-related challenges. To sum it up, mainly the stories of negative experiences contained autobiographical reasoning, and such stories constituted about half of the analyzed narratives. This appropriately corresponds to the already existing data: Given that the greater threat emerges from negative life experiences for one's identity than from the positive experiences, consequently cognitive processing, autobiographical reasoning and presentation in the narrative form require more effort. It should be noted that life stories with positive emotional tone did not contain the elements of autobiographical reasoning, which is also logical. The studies show (Lyubomirsky, Sousa, & Dickerhoof, 2006) that the reasoning and reflecting on emotionally positive events might even reduce one's psychological well-being. Therefore, autobiographical reasoning is positively linked to psychological well-being only when it emerges in the context of negative events rather than positive events (Lilgendahl & McAdams, 2011). As the presented study revealed, it is the autobiographical reasoning on emotionally negative events that significantly predicts the higher levels of psychological well-being.

Another important result yielded by the quantitative analysis was related to the narrative structure. One third of the analyzed stories followed the redemption sequence, which was mainly observed in the narratives about negative life events. This finding has been supported by similar studies conducted in Georgia targeting various samples (Khechuashvili, 2020; Khechuashvili, 2018; Jananashvili, Khechuashvili & Gogichaishvili, 2018; Gogichaishvili, Khechuashvili & Mestvirishvili, 2016). Moreover, the redemption structure of the stories is indicative to posttraumatic growth, which, according to the empirical data, is mediated by autobiographical reasoning, and reliably predicts psychological well-being (McAdams & Pals, 2008; Khechuashvili 2019; Khechuashvili, 2016a; 2020).

The quantitative analysis of the coherency of the narratives completes the picture. The data showed that almost half of the narratives were incoherent in terms of time, context

and theme. This was basically observed when the research participants told the stories of negative experiences. Two thirds of the remaining stories were thematically coherent. These were mainly negative childhood experiences, loss and health-related problems, which logically echoes with the necessity of autobiographical reasoning to integrate negative experience into personal narrative. Thematic coherency is achieved through reflexive processing. In other words, it is impossible to see meaning in an event if the narrative is not thematically coherent, and the narrator has no capacity to see the silver lining in the negative experiences. Finding the meaning in difficult experiences, like becoming a wheelchair user due to the spinal cord injury, leads a person to the adjustment to the new reality and formation of a new identity and Self, which consequently leads to the higher levels of psychological well-being.

5. Study limitations and future research

The study has several limitations: First, this is the sample size. As mentioned above, 15 people participated in the study that is sufficient for qualitative research, however, much larger sample is needed for both, the quantitative analysis and the verification of a theoretical model. Nevertheless, the presented data provided a solid basis for the future large-scale study. Second, the sample composition. The study participants were the individuals who successfully went through the post-traumatic rehabilitation and re-socialization process, and by the data collection time had been already actively involved in societal life. Therefore, the study tells us nothing about the people who could not manage to 'return' to themselves and restart their social life, and their experiences or the processes they went through, even though the present research did not aim to address these issues. Third, the research design. The present study is cross-sectional, thus it does not enable the researchers to trace the dynamics of the respondents' lives and their development longitudinally. It should be noted that the data presented in this paper are drawn from the longitudinal study, the second wave of which was conducted within a five-year interval (Kimosteli & Khechuashvili, in prep.). Fourth, the study targets a few specific variables and their place in the life story, however it does not take into consideration the participants' individual personality characteristics and coping strategies, which could be addressed in the future research.

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