

**Original Article:**

**“WHY IS NO ONE LISTENING TO ME?”:  
A STRENGTH-BASED EXPLORATION OF  
MEANING-MAKING, TRAUMA, AND CHRONIC ILLNESS**

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**Abstract**

This exploratory study examines how women interpret traumatic experiences and how these experiences shape their understanding of chronic illness within their narrative identity. While research highlights the complex interplay between stress, trauma, and chronic illness, the meaning-making process within these experiences remains underexplored. Physiological evidence links trauma to immune dysfunction, emphasizing the need to examine meaning-making in coping and resilience (Song et al., 2018; Stojanovich et al., 2008). Using a narrative analysis approach, four women with autoimmune conditions completed semi-structured life story interviews. Preliminary analysis identified barriers to flourishing, including healthcare dismissal, unmet help-seeking, and lack of supportive environments, as well as flourishing facilitators such as perseverance, independent strengths, growth mindsets, and generativity. Findings suggest that traumatic events shape individuals' understanding of their ability to cope with chronic illness, with meaning-making processes playing a crucial role in flourishing, highlighting broader implications of redemptive worldviews for chronically ill individuals and the ability to form resistance narratives.

**Keywords:** trauma, chronic illness, narrative identity, *meaning-making*, autoimmune conditions, redemptive narratives, *women's health*, *resilience*, *flourishing*, qualitative research

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## INTRODUCTION

The interplay between trauma and chronic illness has been widely studied across disciplines, highlighting the profound psychological and physiological impact on those affected by both domains (Adler et al., 2015). Yet despite this growing body of research, there remains a gap in understanding how individuals construct narrative identities within these contexts, particularly how they make meaning of past trauma and how these narratives inform their experience of chronic illness. For women, this gap is especially significant, as systemic biases persist in healthcare, especially in the treatment of autoimmune disorders, which affect women disproportionately (Desai & Brinton, 2019; Kivity & Ehrenfeld, 2010). Intersectionality, which recognizes that overlapping social identities (e.g., gender, race, socioeconomic status, illness status) shape lived experience, adds further complexity for women navigating medical systems (Couto et al., 2019). These structural challenges not only affect access to care but also shape how women understand their suffering, resilience, and identity.

This research examines how women with histories of a traumatic experience with autoimmune chronic illness make sense of their experiences. Specifically, it explores how meaning-making is shaped by both personal narratives and the sociopolitical systems within which women negotiate to gain support. By centring on women's lived experiences, this study seeks to illuminate how individuals with chronic illnesses make meaning of their past traumatic experiences and how this meaning influences their reactions to illness, offering insights into the unique strengths individuals exhibit from these experiences.

### Intersectionality

Many factors shape how individuals interpret and make meaning of their experiences, specifically in the context of trauma and chronic illness. Intersectionality highlights how overlapping social identities (e.g., gender, race, socioeconomic status, illness) interact with systems of power, limiting the ability to gain support, thereby shaping how individuals understand their suffering, resilience, and contextual identity through meaning-making. Hankivsky et al. (2010) state that intersectionality analysis "strives to understand what is created and experienced at the intersection of two or more axes of oppression," while recognizing overlapping systems of discrimination (p. 3). Hankivsky et al. (2010) further indicate that acknowledging social structures of discrimination is essential as it "...extends directly into the realm of women's health/gender and health research," and the social constructs reinforced by research may contribute to maltreatment, diminishing the autonomy and empowerment of vulnerable individuals (p. 11). This underscores the statement by Lee (1998): "genuine psychology of women's health cannot avoid a political perspective but must acknowledge political, social and cultural context within which we all live" (p.1). Therefore, understanding

meaning-making in the context of trauma and chronic illness necessitates an intersectional approach that recognizes the sociopolitical structures influencing women's experiences and how women make meaning of the self, their illness and their ability to access help and gain adequate care (Dadswell, 2023; Lee, 1998; Tarvainen, 2019). This perspective becomes relevant to women's lived experiences as narratives of trauma and chronic illness build upon the foundation of systematic inequalities and cultural discourses, which may suppress authentic voice, but conversely, can be used as a springboard to refine understanding of the unique skills and strengths gained from overcoming marginalizing experiences (Pals, 2006).

### **Intersectionality and Narrative Identity**

Intersectionality informs the broader science of psychology as it elucidates the complexities of social identities and fosters a more inclusive way of understanding health while addressing the systems of oppression that impact well-being. Warner et al. (2018) speak to the idea that knowledge production in psychology is fundamentally a social and political process that communicates the interconnectedness of psychological thought and, consequently, social marginalization. This becomes important when considering female illness narratives, as the social constructs that inform the narratives originate from the master narratives of socio-political thought, giving way to intersectional axes of oppression: gender, illness, and race. McLean et al. (2008) analysis of narrative identity also recognizes that personal meaning-making is shaped not solely by individual experiences but also by systematic forces. This is an important recognition, as "humans make personal and social meaning by constructing stories that make experience sensible..." confirming that narrative identity development is socially situated and requires "...negotiation with dominant discourses and master narratives of identity in a given society" (Hammack & Cohler, 2011, p. 163). Thus, meaning-making is inevitably structured through social scripts, influencing identity and, therefore, well-being, particularly when multiple axes of oppression distort the narratives available for understanding experiences. Individuals who do not conform to society's master narratives will often form a "counter-narrative or resistance narrative" that may fulfill the human need for meaning that promotes well-being and positive views of self (Hammack & Cohler, 2011). For women who have experienced trauma and chronic illness, navigating identity and accessing adequate care while encountering systematic disadvantage often pushes them against the margins of dominant societal discourse, which is characterized by ableism, independence, and well-being (Tarvainen, 2019). The realities of chronic illness, such as pain, fatigue, physical limitations, and difficulties in healthcare advocacy, further complicate this struggle, reinforcing societal marginalization and requiring a resistance narrative that reflects both unique lived experiences and intersectional identities.

## Resistance Narratives and Chronic Illness

Chronic illness can result from numerous factors that intersect, including genetic predisposition, environmental conditions, immune system influences, and complex psychological stressors (Song et al., 2018; Stojanovich et al., 2008). Stojanovich et al. (2008) speak to the cyclical relationship between chronic illness and stress as stress may contribute to the onset or progression of disease, while the illness itself can further exacerbate stress. This interplay highlights the intricate etiology of chronic illness and underscores the role of environmental influences, such as intersectionality, in shaping health outcomes. Roberts et al. (2015) highlight the transformative nature of chronic illness, illustrating how individuals facing chronic illness may endure significant lifestyle alterations and identity reformations. Building on this understanding, further research by Castellon et al. (2020) explores how chronic illness can impact the self, particularly related to the paradigm of self-defining memories (SDMs'). SDMs' of chronically ill individuals were associated with more negative emotions, higher discomfort, and more contaminated narratives (Castellon et al., 2020), which may contribute to the formation of resistance/counter-narratives that support the human need for making experiences sensible (Hammack & Cohler, 2011). Resistance narratives make meaning by incorporating storylines that speak to the individual's ability to adapt to systematic forces, promoting flourishing and an increase in wellbeing as a result of conceiving experiences in a redemptive fashion, whereby negative situations are redeemed, leading to positive outcomes. Conversely, systemic difficulties arising from managing one's illness and a lack of success in employing resistance may lead to lived events being perceived as having a contaminative ongoing impact on one's life, where one perceives positive to barely tolerable situations becoming negative/worsened (McAdams et al., 2001).

By challenging dominant sociopolitical discourses, resistance narratives deviate from traditional redemptive Western narratives and instead recognize gains in the individual's unique strengths, which have been developed in negotiating wellness in traditional sociocultural systems. These strength gains are then seen as the positive outcomes of the life stories recounted, versus the removal of the impacts of previous trauma or the healing of disease. Thus, resistance narratives for individuals with these experiences may be characterized by empowerment and a growth-oriented mindset versus Western victory narratives (Zaharna, 2016). Martino et al. (2019) research supports this contention, which notes that chronic illness patients who have higher resiliency scores have corresponding meaning-making processes, which are characterized by experiences of empowerment and also gains in agency. Both resistance and redemptive narratives allow the individual to reconceive of their difficulties, leading to gains in resilience, which may be seen in enhancements to self (agency), relationship with others (communion), or increases in concerns with existential or spiritual understanding (ultimate concerns). This suggests the necessity of exploring the multi-faceted influence

that societal experiences have on an individual's understanding of self and well-being, and the individual's ability to create a resistant narrative to develop strength in the face of their lived experiences and chronic illness.

### **Trauma and Flourishing**

Trauma, much like chronic illness, can disrupt one's narrative identity, yet through resistance narratives and self-defining memories (Castellon et al., 2020), individuals may reconstruct their experiences in ways that foster resilience, agency, and flourishing. As McAdams et al. (2001) suggest, these narratives can influence whether adversity leads to personal growth or further distress, where individuals negotiate societal constraints, existential concerns, and relational shifts to cultivate a meaningful and adaptive narrative of self, mirroring Post-Traumatic Growth (PTG) (Tedeschi & Calhoun, 2004). Specifically, PTG is "...the experience of positive change that occurs as a result of the struggle with highly challenging life crises" (Tedeschi & Calhoun, 2004, p. 1). Thus, PTG offers an approach to better understand how trauma can foster flourishing, which may involve the development of resistance to the societal script (Hammack & Cohler, 2011). Adams (2015) explores how an individual may revise their schema and cognitions to be more congruent with their PTG, eliciting "greater amounts of wisdom" (p. 114). PTG parallels flourishing behaviours, as both may lead to adaptive processes that challenge societal narratives, cultivate unique life stories, and address systemic marginalization. Flourishing, according to Hammond (2023), stands on three pillars: personal strength, environmental strength, and performance strength, which have been identified as critical to an individual's ability to flourish and experience positive well-being. As a result, there is a need to explore the capacity for an individual to derive meaning from traumatic experiences while navigating physical health challenges, in a manner that promotes resilience, adaptability and perseverance in the face of adversity and sociopolitical discourse.

## **METHOD**

### **Research Design**

The primary research question guiding this exploratory study is: How do individuals make meaning of past traumatic events, and how does that meaning colour their understanding of chronic illness? This study aims to explore meaning-making processes rather than seek definitive answers. A narrative analysis approach was employed, allowing for a deep understanding of participants' life stories and the impact of past traumas on their chronic illness experience.

## Participants

The study involved a sample of four participants who were assigned female at birth, and identify as such, who were within the emerging adult age range of 20-25 years ( $M=20.75$ ) and were diagnosed with a chronic illness. This demographic was selected due to the limited existing research on the meaning-making processes in women at this stage of life who are dealing with chronic autoimmune illnesses.

## Data Collection

Data was collected through semi-structured interviews conducted across two sessions per participant. The interview structure was adapted from McAdams (2008) with specific prompts tailored to explore the participants' narratives for their understanding of the impacts of trauma and chronic illness on their view of self, others, and the future. The study commenced with the Adverse Childhood Events (ACEs) questionnaire to better understand early experienced events. Following the ACEs questionnaire, the first session focused on McAdams's (2008) "life chapters" question (Appendix A). Participants constructed a narrative of their lives in chapters like a book. This approach allowed for a broad, chronological, or thematic overview of their life story. The second session consisted of a series of targeted questions to explore specific elements of the participants' narratives in more depth, still within the framework of McAdams' interview protocol (2008) (Appendix B).

The Flourishing Life Questionnaire (FLQ) was administered to comprehensively examine the participants' strengths to better understand the strengths attributed to the self within the participants narratives (Hammond, 2023). The FLQ provided a deeper understanding of which attributes the participants had developed that promoted resiliency within their lives (Hammond, 2023). The structured sequential nature of the interview was designed to leave participants in a positive frame of mind, emphasizing future aspirations and high points. The FLQ provided a space to discuss the individual's personal strength. This methodological approach ensures a comprehensive exploration of the participant's narratives and aims to mitigate any distress by ending optimistically. A follow-up session was held with the participants after the preliminary analysis to ensure that the participants agreed to what had been analyzed and had the opportunity to change or discard the analysis.

## Positionality

The primary researcher and supervisor both hold personal and familial experiences in the domain of trauma and chronic illness. This lived experience provides valuable insight and sensitivity to the research process, fostering a deeper understanding of participants' narratives while maintaining a commitment to rigorous, reflexive analysis.

## RESULTS

The results are presented in two parts: first, the key themes identified through inductive thematic analysis, and second, the deductive analysis, which examines redemptive and contaminated narrative patterns observed within and across participant accounts, as well as the FLQ analysis.

### Inductive Thematic Analysis

The thematic analysis underscored the deep interconnection between traumatic life experiences and autoimmune chronic illness, aligning with prior empirical research (Castellon et al., 2020). Participants consistently described the bidirectional relationship between mental and physical health, noting how anxiety and depression adversely affected their physical well-being and how chronic illness, in turn, intensified mental distress. This was particularly seen within a participant's experience of reaching out for medical care while experiencing intense pain and the hospital staff dismissing them multiple times; the participant reflected that being neglected in this setting "*impacted [their] mental health*," stating she began to call herself crazy, convincing herself the pain was not real. This example highlights the reciprocal nature of the participant's experience with pain, which was invalidated, contributing to mental distress and reinforcing her experiential avoidance of not receiving help, in turn affecting how she views her own experience of pain. This theme is emphasized by a different participant who reflects on how her anxiety and chronic illness flare-ups are "*all very much connected*." Thus, internal and external factors such as mental wellness and hospital systems all intersect, contributing to the narrative valence of "*frustration*."

Further adversity was found to drastically shape the experience of chronic illness. Participants referenced a persistent state of bodily hypervigilance linked to earlier life experiences, such as complex family dynamics, mistreatment, abuse, and grief: "*Now my body perceives everything as an attack because, for a long time, everything was.*" These factors often led to disrupted or resistant meaning-making processes, in which participants experienced uncertainty about themselves and their future, alongside unexpected grief and a lack of accessible coping resources within schools and spiritual communities. Within this, the participants pursued control, which reflected the thematic attempt to make meaning despite the systemic, psychological and health barriers; this is reflected when a participant adapted to their negative conditions by "*...creating a world where [they] had some sort of control...where [they] can choose not to be in pain*." Ultimately, the interwoven nature of trauma and chronic illness appeared to intensify emotional distress by limiting participants' ability to engage in meaning-making, but promoted resistance behaviours and meaning-making, which allowed the participants to

draw upon inner strengths and create self-supported environments necessary for healing (Castellon et al., 2020).

The inductive thematic analysis showed that the participants' resistance narratives were characterized by imposed or chosen independence, which was influential in agentic growth (Hammack & Cohler, 2011). Moreover, due to the participants' past traumatic events and also their experience of chronic illness, the participants learned to rely upon themselves to gain the help that they needed. Self-reliance is seen when a participant reflects that while struggling with grief and illness, she "*forced [herself] to grow up, a little too quickly.*" Independence was thematic as self-reliance gave the participants a sense of purpose and assurance in life, allowing them to protect their identity and well-being by acknowledging the power of their agency; "*this is what life is about, just being on my own... protecting my own peace.*" A different participant reflects that being independent in a social justice realm positively empowered them, increasing their self-esteem, stating that standing up for her beliefs "*gave [them their] voice back...showed [them] that [their] voice is worth being heard.*" The interplay of past experienced trauma and chronic illness plays a role in the independence that participants desire and gain, which illustrates deviations from societal norms and discourse, more so reflecting the presence of resistance narratives (Hammack & Cohler, 2011). Additionally, participants who regained a sense of control and independence, often through increased knowledge about their illness and personalized self-care practices, were more likely to re-engage with societal systems in resistant ways that supported their well-being and promoted flourishing.

### **Redemption and Contamination Analysis**

This section presents the deductive findings, framed through a contamination-redemption narrative lens. These results highlight both the behaviours that inhibit or delay meaning-making (i.e., contaminated sequences) and those that foster resilience and growth (i.e., redemptive sequences).

#### ***Contamination***

Contaminated sequences revealed the extensive emotional and physical burden of trauma and illness, often disrupting participants' capacity to flourish. A common affective valence of the early stories was frustration, especially regarding interactions with systems in which they reached out for help and did not receive any, including healthcare, school systems and spiritual communities. One participant questioned the healthcare system: "*Why is no one listening to me?*" A different participant reflected on her experience of being violently bullied at school, and her principal responded by telling her to be "*less dramatic.*" These experiences underscore how systematic barriers may intersect with the participant's understanding of self and others, creating a compounded

social identity, thus contaminating the participant's view of self, the systems around them and their understanding of their ability to access timely and appropriate supports.

Early interpersonal trauma, including abuse and invalidation, emerged as a foundational contamination theme across all narratives. These experiences often served as precursors to ongoing contaminated sequences in which participants continued to struggle to access effective support, thereby contributing to a negative view of self; one participant stated they felt: "*Not seen nor heard*" by those around her, which led to "*resentment towards her family and friends.*" Moreover, the individual's experience with interpersonal and systematic mistreatment and abuse appeared to link how the individual would then treat the self. Specifically, the narrative accounts indicated that the rejection by those empowered to help was connected to the contaminated theme of how illness influenced the decline of well-being as the participants were taught to neglect their health; one participant stated that "*I would get flare-ups... it got worse, and I neglected it,*" while another participant reflected, "*I was feeling depressed, not knowing how to deal with it, my health declined.*" Thus, the participants learned maladaptive behaviours due to their past trauma and the re-traumatization due to experienced failures in educational and medical systems, where the individuals would reach out for help and not receive it.

Loss and grief were also central to ongoing contamination, where the participants were forced to marginalize their own health and take care of family members and others' emotional well-being. One participant spoke about how the major loss of a family member impacted many facets of the individual's life, stating, "*[they] became emotionally, mentally and physically exhausted, getting their house sorted after their death.*" The impact of loss and grief often left participants in a vulnerable state, which led to illness flare-ups and also concerns with existence (ultimate concern). One participant, who reflected on the loss of a friend, expressed the challenge of finding meaning: "*There is no explanation for it, it's just how life is, no explanation is good enough.*" Ultimately, grief and loss left participants in a state of uncertainty and ambivalence, limiting their ability to put their healthcare needs first, which further contaminated the ability to make meaning in the narratives involving these events.

### ***Redemption***

In contrast, redemptive sequences were marked by themes of growth, adaption, and agency, illustrating the participants' capacity to derive strength from suffering and develop resistant narratives. One participant described this shift as beginning "*...to feel control over the pain in [their] life.*" Further, the participant's ability to regain autonomy over their pain was associated with a growth mindset and a change towards hopeful valence characterized by the gained agency. This was accompanied by a reflective stance, where one participant states that the hardship she has been through allowed her to reflect on her identity and ultimately "*...made [her] who [she is].*"

A prominent redemptive theme was generativity, which is the desire to transform lived experience into insight for others, particularly through sharing knowledge about the inability to gain help for either the trauma or chronic illness. This is clearly illustrated by one participant's reflection on her bullying experience: "*It's just like one of the incidents I felt really helpless. And the teacher didn't really care. So I think, like, as a teacher now, I'd be more open to looking for those things.*" The ability of participants to promote generative behaviour portrays meaning-making and resilience within the narrative, as discussed by Martino et al. (2019).

Spiritual transformation also emerged as a key redemptive factor. For some participants, their relationship with God and their broader spiritual understanding evolved through hardship, contributing to a renewed sense of purpose and well-being. Spiritual transformation was often associated with enhanced communion and allowed a space for the participants to share their story; one participant reflects that they felt as if "...*they were not alone*" in their hardship. Within this, participants' experiences gave way to redemptive moral transformation as one participant states ... "*sometimes bad things just happen...But I choose to protect my peace.*" This quote illustrates the transformative nature that the domains of trauma and illness may have on existential concerns, and further, the resistance that is developed through facing life-threatening situations.

Participants also described the reinvention of needs as a redemptive skill, which involved learning to adapt to new lifestyles and reclaim autonomy a participant states that they learned "...*to be independent on their own*" and how "*gaining [their] voice back was a process of empowerment.*" This narrative arc frequently included agentic enhancement, where independence was either a necessity or a deliberate choice, but portrays resistance towards mainstream discourses that do not acknowledge the ambivalence of life experience, as one participant describes, "*joy and grief can live side by side.*"

### ***FLQ Analysis***

The narrative results provide a deeper understanding of how meaning-making may shape individuals' experience of chronic illness through resistance narratives, which may be a critical factor in resilience and well-being. The FLQ results support this contingency by identifying key personal strengths that were cultivated due to the unique lived experiences of the participants. Further, all of the participants scored high competency profiles within the domains of "resiliency/ growth mindsets," "self-directed learning skills," "moral directedness and integrity," "innovation," "personal empowerment," and also "courage/leadership." These characteristics were noted in the redemption analysis of the participants' life stories, further validating the unique skill sets that can be fostered due to employing resistance narratives to reconceive of and respond to difficult life experiences with a flourishing mindset. Notably, participants' identification with the FLQ's personal strength pillar—central to personal flourishing and

often linked to broader societal contributions—suggests they are functioning at a high level (Hammond, 2023). However, this perceived optimality appears cautious and fragile, reflecting both their efforts to maintain equilibrium and the potential vulnerability to disruption by even minor negative events (Hammond, 2023). Their perception of strength thus reveals a dynamic interplay between past instability and developed adaptability.

## DISCUSSION

The present research further supports theories of post-traumatic growth (Tedeschi & Calhoun, 2004) and resistance narratives (Hammack & Cohler, 2011). This research applies to intersectionality and well-being as they relate to meaning-making within traumatic lived experiences and autoimmune chronic illness.

### Implications

The narratives existing in the present research support the theory of PTG while also speaking to the resiliency portrayed by participants to achieve flourishing (Martino et al., 2019; Tedeschi & Calhoun, 2004.) Participants speak to their ability to derive strength from hardship by adapting to their physical needs, overcoming systematic inequality in healthcare systems and educational systems, while also seeking their authentic voice, and gaining control over their lives. Further, PTG examines how the participants coherently reframe their traumatic experiences to gain a sense of meaning in their lives. Although the narratives illustrate how growth after traumatic events may not follow a Western linear narrative arc where all is made well, participants were able to state their resilient characteristics by narrating the agency and strength they utilized to overcome trauma, loss and difficulties stemming from ongoing health challenges. Their redemptive meaning-making was connected to moral transformation and generative behaviour, depicting PTG (Pals, 2006). Thus, participants reformed their narrative scripts of growth with new insights into how flourishing may be a nuanced process dependent on the experience and help that the individual can receive. This finding is underscored by the FLQ results, where each participant scored optimal flourishing behaviours. Ultimately, navigating both past trauma and chronic illness required participants to adapt their lives to meet their unique needs. This process reflected the fluid nature of flourishing behaviours and the non-linear progression of posttraumatic growth (PTG).

It became evident that as participants faced both traumatic lived events and autoimmune illness, they learned to resist the societal discourses of well-being and formulate meaning in their lives through resistance narratives (Hammack & Cohler, 2011). This is reflected in participants' capacity to endure adversity and manage chronic illness using the limited resources available to them, drawing strength from their

experiences, even when those experiences diverged from conventional, linear narratives of well-being.

### **Applications**

This research holds the intent to bring attention to the strengths that individuals can gain through the making meaning of trauma and chronic illness, and, within this research, voices that are frequently marginalized in dominant psychological narratives are amplified. Further, the results from this study point to the overarching struggle for individuals with intersecting social identities to receive adequate care within different systems (i.e. healthcare, schools, church). Dismissal is a prevalent barrier the participants faced when attending to their well-being, which impacted their mental well-being equally, as one participant states that the maltreatment in the healthcare system... “*impacted [their] mental health, [they] began to call [themselves] crazy. Convincing [themselves] the pain wasn’t real.*” The victimization that is faced within the healthcare system impacts mental well-being but also has major negative impacts on physical well-being. This is particularly seen in the story of a participant who was put in a waiting room of sick patients while on immunosuppressants, which worsened their condition and also their state of mind. This example is one of many that emphasize how mistreatment and dismissal in the healthcare system can lead to mismanagement of their conditions, creating feelings of powerlessness, thereby retraumatizing the individual and impacting how they view help. Henceforth, these narratives underscore the need for systemic change, revealing how the intersection of trauma, chronic illness, and marginalization not only shapes identity but also directly threatens the holistic well-being of those most in need of informed and equitable care.

### **Future Directions**

This study has various limitations. The small sample size limits the generalizability of the findings as it reflects the experiences of a specific individual’s life stories and may not represent broader populations. Participants’ healthcare narratives were based solely within the Canadian context, reducing the applicability of results to other regions with different healthcare systems. Furthermore, reliance on self-reported data introduces potential for recall bias and subjectivity, and the interpretive nature of narrative analysis may be influenced by both participant and researcher perspectives, despite efforts to ensure reflexivity and rigour.

Future research should examine resistance narratives as active forms of identity reconstruction and meaning-making, especially within systems that silence or marginalize individuals. These narratives may offer insight into how individuals reclaim agency and challenge systemic oppression, directing the need for more integrated, interdisciplinary frameworks that account for the psychological, social, and political impacts of structural negation.

Further exploration of spiritual and existential transformation in the context of trauma and chronic illness is also necessary. These experiences often provoke deep reflections on meaning, identity, and purpose, with spiritual/existential transformation playing a key role in resilience and post-traumatic growth. Including these dimensions in research may offer a more holistic understanding of well-being across diverse lived experiences.

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## AUTHOR INFORMATION:

**Chloë Pickard** recently graduated *magna cum laude* from Ambrose University with a Bachelor of Arts in Psychology. As a Métis researcher, her work is informed by a commitment to culturally grounded, socially engaged psychological inquiry that prioritizes the perspectives of marginalized populations. Chloë's honours thesis explored the relationship between trauma and chronic illness, focusing on meaning-making processes and the construction of resilience through lived experience.

Throughout her undergraduate studies, Chloë was an active member of the Social Science research lab, where she developed advanced skills in qualitative methodology, particularly narrative and thematic analysis. Chloë's research integrates critical and culturally informed approaches, and she is committed to advancing psychologically informed work that promotes equity, collective well-being, and systemic transformation.

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**Wayne Hammond** has a career grounded in exploring human behavior and mental processes through diverse theoretical and applied perspectives—including neuroscience, clinical psychology, resilience science, and positive psychology. Wayne has dedicated his professional life to helping individuals and organizations thrive.

Wayne currently serves as an Adjunct Associate at Ambrose University and as the Principal Partner and Chief Science Officer of *Flourishing Life*, a private consulting group committed to advancing resilience, performance capacity, and well-being in children, adolescents, and families. The mission of *Flourishing Life* is to promote human flourishing through the integration of evidence-based research, evaluation, and intervention practices rooted in applied positive psychology.

Wayne's current work focuses on the continued development and implementation of the *Flourishing Life Questionnaire* (FLQ) and related tools designed to assess and support thriving in educational, community, and workplace settings. These initiatives are especially focused on strengths-based strategies that foster well-being, cultural responsiveness, and sustainable success.

Prior to his current roles, Wayne spent over a decade in private practice applying a proprietary resiliency assessment model and related strengths-based intervention protocols. His clinical experience includes three years as a clinical psychologist with the Addiction Centre – Adolescent Program at the Foothills Hospital, ten years as a clinical therapist at Wood's Homes, and two years at the Peter Lougheed Hospital, which included a one-year Forensic Fellowship. Wayne has also served as a contract therapist with the Forensic Adult Outpatient Services (FAOS).

His work continues to be shaped by a commitment to innovation, compassionate care, and translating scientific insight into meaningful outcomes for individuals and systems.

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**Alex Sanderson**'s research has focused on the use of narrative perspectives for understanding self and development. She has focused on how the stories we construct about our lived experiences influence our well-being, considering what variables shape the stories we tell. Previous research explored the impacts of past traumatic events on youth who were exhibiting behavioural and emotional difficulties, and how their views of self and world influenced their behavioural choices. Present work with a colleague considers the impacts of intersectionality on well-being and belonging for individuals who are People of Colour (POC) and identify as sexual and/or gender minorities (SGM). Analysis of the participants' narratives focused on the meaning-making the participants use to understand the experiences they have had in family groups, as well as ethnic, religious, social, and support domains, their strengths, and the ways they can engage in generative support of others. Finally, Alex is also working with a team considering the

impacts of strength-based mentorship to scaffold personal, performance, and character strengths within educational contexts to promote students' ability to flourish.

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## APPENDIX A

The following interview schedules were adapted from McAdams (2008) and modified to provide a holistic exploration of each participant's life.

### First Interview

"Please begin by thinking about your life as if it were a book or novel. Imagine that the book has a table of contents containing the titles of the main chapters in the story. To begin here, please describe very briefly what the main chapters in the book might be. Please give each chapter a title, tell me what each chapter is about, and say a word or two about how we get from one chapter to the next. As a storyteller, you want to give me an overall plot summary of your story, going chapter by chapter. You may have as many chapters as you want, but I suggest having between 2 and 7 of them."

## APPENDIX B

The following interview schedules were adapted from McAdams (2008) and modified to provide a holistic exploration of each participant's life.

### Second Interview

1. **High Point:** Participants were asked to describe an exceptionally positive experience in their life, explaining why it stands out and how it reflects their identity.
  - a. Please describe a scene, episode, or specific moment in your life that stands out as a high point. Please describe this scene in detail. What happened, when, where, who was involved, and what were you thinking and feeling? Please describe why you think this particular moment stands out to you now. What does this scene say about who you are as a person?
2. **Low Point:** Participants were asked to discuss a notably negative experience, detailing the event and its impact on their sense of self, potentially revealing redemptive or contaminated sequences.
  - a. Please describe a scene, episode, or specific moment in your life that stands out as a low point. Please describe this scene in detail. What happened, when, where, who was involved, and what were you thinking and feeling? Please describe why you think this particular moment stands out to you now. What does this scene say about who you are as a person?
3. **Turning Point:** This prompt asks participants to identify key moments of change in their lives and to reflect on what these moments reveal about their identity.
  - a. Please describe a scene, episode, or specific moment in your life that stands out as a turning point. Please describe this scene in detail. What happened, when, where, who was involved, and what were you thinking and feeling? Please describe why you think this particular moment stands out to you now. What does this scene say about who you are as a person?

4. **Personal Ideology:** This question explores the participants' belief systems and religious values and their influence on the participants' life stories and identities. Participants were asked "at this point, did you have any belief system or religious values that impacted this event (i.e., Turning Point Event)?"
5. **Life Challenges:** Participants were asked to identify and describe significant life challenges, their development, and their importance.
  - a. Please describe scenes, episodes, or specific moments in your life that stand out as life challenges. Please describe this scene in detail. What happened, when, where, who was involved, and what were you thinking and feeling? Please describe why you think this particular moment stands out to you now. What does this sense say about who you are as a person?
6. **Health Challenges:** Participants were asked to discuss their experiences with health-related challenges, particularly their chronic illness, its impact on their lives, and their coping strategies.
  - a. Would you like to speak to the health challenges in your life? Further, how these may have impacted your life?
  - b. Do you personally believe that your experience with trauma is in any way associated with your chronic illness? Please explain why this may be significant to your life.
7. **Wisdom Event:** Participants were asked to share an event where they demonstrated or gained wisdom and its subsequent impact on their lives.
  - a. Please describe a scene, episode, or specific moment in your life that stands out as a wisdom event, as it stands out as a moment where you gained or demonstrated wisdom. Please describe this scene in detail. What happened, when, where, who was involved, and what were you thinking and feeling? Please describe why you think this particular moment stands out to you now. What does this sense say about who you are as a person?
8. **Life Theme:** Participants were asked to articulate a central theme that runs through their life narrative or express dissonance between their past, present, and future selves.
  - a. When looking back over your entire life story, including all the life chapters, are you able to find a central theme, message or idea that runs throughout the story?
9. **Future Aspirations:** Participants were asked to describe their dreams, hopes, and plans for the future, providing insight into their continuity or detachment from their past and present selves.
  - a. Can you speak to the personal growth you have experienced over your life and what you believe your strengths are?
10. **Flourishing:** Finally, participants were asked to describe how they view flourishing in their own life, exploring the participant's perception of their ability to adapt to adversity.
  - a. Flourishing is defined by Logan et al. (2023) as "the relative attainment of a state in which all aspects of a person's life are good including the contexts in which that person lives" (p. 9). How might the events that have impacted your life affect your ability to flourish in life? What experience or factors have shaped this perception the most?