

Spinal cord injury and the joy of work

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Work, which plays such a prominent part in the narrative of human life, is central to a person's happiness (or unhappiness). Because this is so, the fact that spinal cord injury (SCI) tends to take a person out of the workforce (sometimes permanently) is recognized as a central part of post-injury loss. This paper draws on the insights of the virtue tradition and the discipline of positive psychology, to explore the notion of happiness (well-being) and its relationship to the vocations of people with SCI. In particular, it describes the virtues that can contribute to a person's capacity to obtain and sustain employment. This includes virtues relating to dependency and independency, as well as the role of hope, optimism and the like. It concludes with a brief discussion of the contribution that people with SCI can make to the culture of the workplace.

Keywords: spinal cord injury; disability; work; employment; happiness; well-being; virtue; positive psychology

Introduction

The relationship between work and happiness has always been ambiguous. We spend most of our lives either preparing for work or being at work, and so it is an activity that comes to frame our identity. Often, we begrudge the amount of time we are forced to give to our jobs, which can be stressful or tedious, exhausting or boring, too complex or meaningless, or all these things at once. The workplace is nearly always political, and we are never paid enough for what we give or for what we put up with. But where would we be without work? The civil rights movement and feminists have understood the significance of work, of equal access and equal pay. The central place that work holds in our lives is not merely tied to the (false) assertion that money brings happiness, although we do need to earn enough to pay for necessities and the small pleasures of modern life. More substantive, however, is the *meaning* that work provides. Happiness transcends the ups and downs of day-to-day life in the marketplace and is built upon the story of a life; a narrative made up not only of family and friendship but also of our contribution to the world. Whether our labour is paid or voluntary, that contribution is generally accomplished in and through our work.

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Note: the research and writing on this topic is motivated by my own spinal cord injury incurred while jumping a pushbike on 7 October 2010. As a result of this accident, I broke my fourth and fifth cervical vertebrae (C5 incomplete). I mention this upfront to reveal the perspective from which I am writing. Indeed, rather than ignoring this fact for the sake of the myth of objectivity, in this paper I occasionally make direct reference to my own experience.

What, then, of those who cannot work or, at least, tend not to? This paper examines the contribution of work to the well-being of people with a spinal cord injury (SCI). It is exploratory in nature, seeking points of convergence between empirical socioscientific studies, the virtue tradition (with its insight into dependency), and the conclusions of positive psychology. This unusual conflation requires some explanation before we come to the heart of the argument being made – which is that the ‘happiness’ of people with SCI is connected to their work and to the virtues (especially virtues of dependency and independency) that frame personal well-being and success.

Theory and method

It is beyond the scope of this paper to provide a detailed explanation of the virtue tradition (which flows from Aristotle, Aquinas and into particular streams of contemporary philosophy) but, in sum, its conception of the good life has a teleological orientation (MacIntyre 2007). It identifies the purpose and meaning of life with the pursuit of happiness, understood not in terms of euphoria, but as ‘well-being’, measured over the course of a life. Because this is so, the concept of happiness encompasses the whole gamut of a person’s physical, psychological, social and spiritual well-being, and is best expressed in story, in the narrative of a life well lived. The tradition goes on to argue that happiness is not merely the product of luck (although chance plays its part, as people with SCI understand) but arises from the exercise of virtues, the habits of character that enable one to succeed in particular activities and that together constitute the ‘good life’. There are various ‘lists’ of virtues, some of which might be considered universal and others culturally constructed. Virtue theory has been used to discuss ways in which employers can frame their human resource practices to support people with a disability (Barclay, Markel, and Yugo 2012) – although speaking to the originality and value of their work they do note that ‘No research currently applies virtue theory to the under-employment problem of persons with disabilities’. This paper looks at the issue from the perspective of the person with an SCI, seeking to provide a way of thinking about the psychological habits that can contribute to the ability of a person with SCI to find and sustain employment – more on this later.

Building on traditional conceptions of virtue, the discipline of positive psychology has added empirical rigour to the study of happiness, and identified (at least) three elements central to a person’s well-being¹; first, positive emotion, which is that happiness connected to the feelings of the moment; second, gratification or flow, which is the satisfaction that comes from determined effort and the exercise of the virtues and strengths that are necessary to succeed in the activities we consider valuable (including work); and third, the joy that can be found if we are able to direct our lives to a larger meaning and purpose; ‘just as the good life is beyond the pleasant life, the meaningful life is beyond the good life’ (Seligman 2002, 14). Martin Seligman establishes a list of virtues and subsidiary strengths that he says constitute the virtues that are common to various historical, religious and cultural traditions. In doing so he is able to test/measure the positive contribution of virtues. The strength of the burgeoning science of positive psychology is its insistence on cementing its conclusions in empirical science. As I suggest elsewhere, this is also its weakness – its tendency to move away from story and narrative for the sake of

measurement (Clifton 2012). Virtues, in particular, are best understood flexibly, and so able to meet the exigency of particular challenges – such as that of disability.

In any event, the purpose of this paper is not to critically analyse either the virtue tradition or positive psychology, but to draw on their combined (and related) insights to elicit ways of conceiving of the happiness of people with SCI, especially as it relates to employment, and the virtues needed for people with disabilities to succeed in the workplace. Given the importance of narrative for traditions of virtue, this paper will draw on the story of John Trefry, a C6 quadriplegic who, for five decades (until his recent retirement), has successfully negotiated the challenges and joys of the workplace. Where appropriate, I shall also refer to on my own experience of returning to work part-time as a C4/5 incomplete quadriplegic (accident in October 2010). In doing so, I note that the value of ethnography and auto-ethnography for research is now well-established. Indeed, it is increasingly apparent that qualitative research requires a reflective appreciation of the way in which the experiences and perspectives of the researcher interact with and inform analysis. As Salma Siddique (2011, 315) notes ‘the ethnographer is taking part in a drama . . . , which provides the source of her anthropological reflection’. This is particularly obvious in my situation, since the motivation driving my analysis, and colouring my interview with John Trefry is so clearly personal that there is no point pretending that my ‘research is value-free’ (Humphreys 2005, 854; see also Duncan 2008, 38). On the contrary, I hope that the inclusion of personal insights can be as Michael Humphreys (2005, 855) describes ‘a provocative weave of story and theory’. Whether or not I achieve as much, it should be noted that, in this case, the use of ethnography and auto-ethnography is evocative rather than definitive – wider and deeper qualitative research would be needed for that purpose. Instead, the intent is to illustrate (rather than prove) the concept of virtue as it applies to people with SCI in the workplace. But before we narrate Trefry’s story, it needs to be placed in the context of the broader situation of SCI and employment/unemployment.

The cold hard facts

SCI is not just about loss of movement and feeling. Nor is it simply a matter of getting hold of a wheelchair and getting on with it. It is an injury that has permanent repercussions for every area of life, not least of which is participation in the workforce. At minimum, recovery and rehabilitation keeps every injured person away from work for many months. For those who *do* return it takes, on average, 4 years until the first job, and longer to return to work on a full-time basis (Krause et al. 2010). This represents a substantial loss of income and experience (and both have long-term financial consequences), aside from the question as to whether return to full-time work is likely or realistically possible. For many, it is not.

In a study of quadriplegics in Queensland, Rowell and Connelly (2008, 420) found that employment rates ‘declined from 78% to 29% pre and post-injury’. A study by Krause et al. (2010, 488–490), which focused on both paraplegic and quadriplegic participants from rehabilitation hospitals in the southeastern and midwestern regions of the USA, found that fewer than 38% of participants returned to work full-time; unsurprisingly, the greater the severity of injury, the lower the post-injury employment rate. Elsewhere, Krause et al. (2010, 96) note that ‘studies over several decades have consistently found that labour force participation after the onset of SCI is disappointing, with estimates ranging from about 30–40% at any given

time'. They go on to observe that the issue is not only in entering the workforce but also in maintaining employment.

The obvious direct consequence is the impact of SCI on income. Rowell and Connelly (2008, 420) found that quadriplegics in Queensland receive, on average, 'approximately half the mean annual earnings' of able-bodied people living in the state. They go on to note that the situation is worse when the impact on families is taken into account, estimating that unpaid care provided by family members takes up more than 80 hours of their time per fortnight, a figure that also amounts to a substantial loss of income. On the other side of the equation, people with SCI 'spend an average of AUD \$8,741 per annum on healthcare, approximately twice the community average' (Rowell and Connelly 2008, 421). For our purposes, the translation of these figures from Queensland to anywhere else in Australia (or the world) is not the important thing. However the exact figures are tabulated, the point is that SCI reduces income, increases expenses and, as a consequence, drastically impacts on long-term wealth. As has been noted in numerous places, disability and poverty often go hand in hand.

The reasons for the connection between poverty and disability are self-explanatory, but are worth making explicit. No matter what the pre-injury career, physical limitations post-injury will have an impact on a person's capacity to function at work. If employment involves physical labour, a complete career change might be necessary. For many, especially those who enjoyed the physicality of their work, the situation is disheartening, to say the least. As one person stated 'I wanted to work with something physical. Where I could use my body . . . I have never had much of a head for studying and never liked reading and such' (see Bergmark, Westgren, and Asaba 2011, 2556). Even so-called white-collar employment presents a challenge, whether or not pre-injury skills 'suit' people with SCI. For all SCI employees, there is the simple difficulty of getting to work, along with issues of access and equity. The situation is improving in Australia, but is still far from ideal, since many people with SCI are unable to drive, and need to rely on the vagaries of public transport and/or expensive taxis – modes of transport that are especially onerous in bad weather. And, even if getting to work is possible, not all workplaces are wheelchair accessible or adequately equipped to cater to the needs of people with disability. Beyond these obvious hurdles is the fact that simple everyday tasks are made more laborious by SCI; accessing resources and equipment, negotiating crowded and sometimes messy workspaces, making tea and coffee, reaching across desks, opening doors and so on. Living with SCI is an endless discovery of new challenges. It is true that developments in computer technologies are generating new opportunities for people with a disability, but the complications of working with such technology should not be underestimated. I am writing this paper with the aid of voice recognition software and, while not a day goes past that I am not thankful for 'Dragon', not an hour goes past that I do not feel like smashing my chair over the laptop (this sentence originally read 'not an owl goes past').

Perhaps the biggest difficulty is that disability often 'steals time' (Oi 1992, 159 and 167) – Rowell and Connelly (2008, 422), for example, calculate that 'People with quadriplegia engage in only 57 hours per fortnight of activity, where . . . activity is paid or unpaid work, education, domestic duties and any other activity'. Life is slower with an SCI but there are so many more things to do; working with carers to shower, toilet, dress and hoist you into and out of beds and chairs, dealing with medical interventions, engaging in physical rehabilitation and exercise, and

performing seemingly simple tasks independently (and therefore slowly). Everything moves at a snail's pace. There are also the side-effects of medications, which add tiredness to the mix. SCI has obvious impacts upon a person's health, stamina and endurance, which together effect mood and increase the likelihood of depression – which further complicates a person's capacity to find and keep work (Craig et al. 2012; Fadyl and McPherson 2010, 73). The net effect of all this is that work is sometimes impossible or, at least, seems to be so. Indeed, the thought of adding the stress of training for, finding, and sustaining employment is, for many, overwhelming. And, as mentioned earlier, given that rehabilitation takes months and even years, the longer the time spent out of the workforce the harder re-entry becomes.

Finally, there are also external disincentives for people with disabilities to engage in paid employment. In Australia, the Disability Support Pension is paid to people with an impairment that prevents them working for 15 hours or more per week.² This means that the transition from minimal hours of work (less than two days per week) towards full-time employment (or whatever hours might be possible) may well result in reductions to a person's income or, at least, negligible increases. Given the marginal financial status of many people with a disability, alongside the challenges of daily life, the complications of work hardly seem worth it. As Lillestø and Sandvin (2012, 12) have found in their study of SCI and vocation in Norway, the distinction/separation between the welfare state and the labour market creates a culture in which 'disabled people (sic) are publicly defined as being exempted from the duty of work'.

Notwithstanding the challenges and disincentives, most people with SCI report being motivated to work (Bergmark, Westgren, and Asaba 2011, 2556; Krause and Reed 2011, 288). The factors most likely to translate this hope into reality include the level of education, the severity of injury, and whether or not a person is able to return to their former employer (Krause et al. 2010, 487). While all of these are largely outside of an individual's control, post-injury, Krause et al. (2010, 489) note that 'pre-injury education is much less predictive of post-injury employment than is education obtained after injury... it is possible that it is not necessarily the degree but that persons who obtain post-injury education are more motivated to become employed'. See also Krause, Terza, and Dismuke (2010, 95) and Rowell and Connelly (2010, 232).

This is significant, because it suggests that the individual does not *have* to be controlled by his or her circumstances; that people with little formal education prior to injury, who were employed in physical jobs, can determine to re-enter the workforce even if their injury is severe. While it might be necessary for policy-makers, insurance companies, and care agencies to play the numbers game, (God forbid) to direct resources towards those statistically most likely to find employment, people with a disability would benefit from receiving encouragement about what they can do – the psychological skills and habits (virtues) they can acquire – that can contribute towards their vocational success and, thereby, their happiness and well-being. Indeed, as Gregory Murphy et al. (2003) have shown:

Psychological factors are not just important correlates of post-injury labor force status, but they may also be among the most important in terms of explaining return-to-work outcome (281).

which brings us to the story of John Trefry:

John Trefry: from the home for incurables to a flourishing life³

John was born in the New South Wales country town of Orange on 2 February 1941. One of ten children, his father passed away when he was fourteen, so he left school to work at an abattoir. His first job involved cleaning sheep carcasses and thereafter he moved into smallgoods, making sausages and devon. John enjoyed his work, its collegial nature and the opportunity it afforded him to travel, transporting product around NSW country towns. On 2 April 1959 John was involved in a motor vehicle accident, breaking his fifth and sixth cervical vertebrae (C5/6 complete). He was to spend seven months in hospital, five of those in traction. In 1959, quadriplegia was considered terminal or at least completely debilitating, so throughout his hospital stay he was given very little help in the way of physiotherapy or occupational therapy – almost no preparation for any level of independent living and certainly no advice or training connected to vocation.

Upon discharge, he was sent to Weemala Nursing Home in Ryde (at the site that was later to become the Royal Rehabilitation Centre, Sydney). The home had been established in 1899 to accommodate patients discharged from hospital without alternate residence, and its entryway still proudly bore the tagline, 'Home for the Incurables'. John's most vivid recollection of his time in the home was a question he once asked the matron; 'How long am I going to be in here?' She replied, 'When you come in here son, you don't come to get better. You slowly get worse and die'.

The story of John's escaping the nursing home and his subsequent rehabilitation in the newly formed Prince Alfred Hospital spinal unit will need to be told elsewhere, as will the narratives of his marriage to Pam (one of his spinal nurses), their building a home, and their raising of two children. For our purposes, what is noteworthy is John's entry into the workforce in 1964. At that time, in the context of widespread prejudicial employment practices, the newly formed Paraplegics Association (later renamed ParaQuad) operated a workshop to provide employment for people with SCI. In the early days, the tasks they performed were relatively menial. John recalls sorting buttons, removing those with split eyes from the remainder; another time they removed rusty knobs from batteries; and again they sorted bottle tops.

While such work seems tedious, John recalls enjoying himself. He was working out what he was capable of and developing his skills. He had to determine how to perform jobs with limited function, and this required planning and inventiveness. When he was not working, he was ordinarily treated as an invalid, incapable of doing anything for himself, but the work gave him the opportunity to contribute to something bigger. Work was also a social outlet and he notes that, 'I learned more from other paraplegics and quadriplegics than I did from any doctor'.

Early on, the money was poor. John earned about two dollars a day, which wasn't much more than the cost of the transport to get to and from work. Money wasn't really the point. In the years that followed, John took on different roles and expanded his skills. He wanted to learn to drive, so imported hand controls, adjusted to take into account the limitations of his quadriplegia were fitted to his car. His wife helped him transfer into the driver's seat and a friend from work would help him at the other end. Thereafter, ParaQuad added an engineering arm to its offerings, managed by John, who could pass on his love for driving to other people with SCI. Down the track, John also joined the sales team, answering phones and assisting his fellow injured to purchase various products vital to their care. Altogether John ended up working at ParaQuad for 40 years before retiring. Throughout the course of his employment he moved around different departments within the organisation and did what he could in the light of his emerging talents and limitations. He never earned a fortune, nor was he a prominent executive, but he enjoyed his work. His contribution to his employer and the broader SCI community should not be underestimated.

In retirement and in the face of a lifetime of challenges as a quadriplegic, John is able to look back on a happy life. There are all sorts of reasons for this, not the least of

which is the time he spent working. John did not have an advanced formal education, nor was his a lucrative or high-profile career, yet, it is precisely because of this that his story is illustrative of what is possible for others, for the contribution that work is able to make towards well-being. Stories like John's, and countless others that could be told, should be kept in mind (as a contrast and challenge to the statistics described earlier) as we explore the importance of work for the well-being of people with SCI.

To this end, we turn to the contributions of the virtue tradition and the empirical science of positive psychology. I have explored these in more detail in another paper (Clifton 2012), but for now it is enough to draw on some of the insights of these disciplines to discuss the potential contribution of work to those with SCI.

The joy of rolling to work

I started this paper by averting to the perception that work can sometimes be tedious, something that has to be done in order to earn enough money to pay for necessities and enjoy ourselves in the few hours of freedom we have over the weekend. For most people, whatever the veracity of complaints about their work, it is an unavoidable necessity. Yet, for a good number of people with SCI, their injury leaves open the question of whether or not they will return to work. If they do not choose to do so, the question arises as to what they will do with their life.

There is evidence to suggest that frequent leisure activities contribute to the subjective measures of well-being (Lee and McCormack 2004, 9). There is a strong focus on wheelchair sports in the SCI community and this does make an important contribution to the happiness of many, although most activities are better suited to paraplegics than quadriplegics. Whatever the nature of the activity, it is as much the social interaction that is of importance. In contrast to sports, apparently watching TV is 'the most typical leisure activity for individuals with SCI' (Lee and McCormack 2004, 6), a past-time that is both isolating and mindless. It is certainly better to do something rather than nothing, but it is also true that the *mere* pursuit of leisure (including sport – except for professional athletes) ends up being self-defeating. Aristotle (Ethics 1095b) puts it bluntly, stating that this is the life of 'fatted cattle'. Martin Seligman (2002, 8) notes similarly that it 'leads to emptiness, to inauthenticity, to depression, and, as we age, to the gnawing realization that we are fidgeting until we die'.

There is something unsettling about this description in the light of the glaring difference in pre and post-injury employment rates described earlier. Of course, it is not the case that every unemployed person is fidgeting until they die. It is not our place to generalize or judge people, and we do need to recognize that there are other ways that people can meaningfully spend their time. Yet neither, for the sake of political correctness, should we back away from admitting that long-term unemployment, even for people with SCI, is both economically and psychologically debilitating. That is to say, most people living for long periods on a disability pension experience the negative spiral of poverty; lack of finances creates poorer living conditions (poorer housing, hygiene, equipment etc), which, in turn, generates anxiety. On the whole, this cycle causes worsening health and greater vulnerability to secondary conditions (World Report on Disability 2011, 263).

Of course, in first world countries like Australia, with at least basic social services, staying out of the workforce does not necessarily lead to the extremes of the cycle of poverty and, in cases where people have family support or have received a

compensatory settlement, financial resources may well be more than adequate. Still, if happiness is conceived of as more than just mood, but also in terms of flourishing, or well-being, then it finds its basis in the story of a life that is grounded in meaning and purpose. Such a story will include a person's contribution to the world, generally by reference to vocation, whether paid or voluntary (Yuen and Burik 2004) note that volunteer activities have similar internal rewards to work, even without the external rewards of income). It is not surprising, therefore, that studies of people with SCI have found that '[i]n addition to the financial burden that accompanies unemployment, life satisfaction and sense of well-being have been closely linked to occupational status' (Hess et al. 2004, 1). As Ottomanelli and Lind (2009, 522) note 'among employed individuals, there is not a significant difference in quality-of-life ratings between persons with SCI and persons without SCI. Employment is more related to satisfaction with life than level of impairment or disability itself'. Interestingly, this is true whether people work part-time or full-time, a fact that is significant for transition from rehabilitation to the workplace and for people with high-level injuries who are only able to work limited hours (Hess et al. 2004, 8). In each case, life satisfaction is significantly better. The recent findings of Chapin and Holbert (2010) make the point explicit:

Persons who were successfully rehabilitated [employed] had a significantly higher overall QOL [quality of life] in their physical health, psychological health, social relationships, and environmental domains than those unsuccessfully rehabilitated [unemployed]. The successfully rehabilitated also had higher psychological, financial, and physical well-being than the unsuccessfully rehabilitated (11).

Precisely why this is so can be explained by the connection between vocation and gratification. Martin Seligman (2002) describes the importance of 'gratification', which is to be had when we engage in activities that we consider valuable and that provide us with the opportunity to be challenged and to succeed; to be able to say 'I accomplished this or that'. At their best, these activities enable us to experience 'flow', which Dutton, Roberts, and Bednar (2011, 148) describe as 'the state in which people are so involved in an activity that nothing else seems to matter; the experience itself is so enjoyable that people will do it even at great cost, for the sheer sake of doing it'. They go on to note that 'flow is experienced more often at work than in leisure'. Notwithstanding that the heights of flow could never be the constant experience of any workplace, the principal point stands; work *potentially* provides people with opportunities to flourish that are not easily found elsewhere.

Having said this, work only provides the *potential* opportunity for human flourishing, and, unfortunately for many, the nature and condition of their employment makes gratification unlikely. As noted earlier, for people with SCI there is the added likelihood that a former profession – possibly something they quite enjoyed – is no longer possible for them. From another perspective, however, SCI can provide unique prospects. To be blunt, there is no point lamenting what can no longer be done, at least not for too long. SCI forces a person to take the time to stop and assess their life; to make decisions about what they hope to accomplish and what it is they want to do. While disability can steal time, it also slows a person down and, in so doing, gives them breathing space that few people enjoy. This does not mean that it is beholden upon a convalescing person to make profound decisions about the meaning of life. Nor is it necessary for them to make fixed and long-term plans about

their vocation. What *is* needed, however, is the insight that work is central to happiness, as well as the determination to ensure that SCI is not the end of one's participation in and contribution to the workplace. Indeed, various studies have shown that 'work attitude' is a significant predictor of labour force participation (Murphy and Young 2005, 1303).

Focusing specifically on the aspects of gratification and flow referred to earlier, Dutton, Roberts, and Bednar (2011) argue that in order for employees to attain these benefits a workplace should have the following conditions: '(1) a clear set of goals, (2) a balance between perceived challenges and perceived skills, where both exceed the person's average levels so that the challenges stretch the skills, and (3) clear and immediate feedback' (148). The purpose of this paper is not to speak to employers per se, but it is noteworthy that the very nature of SCI places a person in a position to experience gratification, even in and through seemingly basic activities. The story of John Trefry illustrates the point well. He was able to experience the joy of achievement while working to sort buttons, bottle caps and batteries. His goals were clear; in the face of assumptions that he was 'incurable', his intention was to get back to work. He faced various challenges, including getting to and from the office (eventually learning to drive) and working out how to complete manual tasks with limited function. This demanded the invention of specific tools and the design of effective and efficient strategies. He was rewarded with feedback, not only in successfully negotiating the limitations of his disability and accomplishing various tasks but also, as time went on, by being given new responsibilities and promotion. John's story is just one of many. For those whose injury requires a career change, there may be need for education and training. Again, this offers an obvious goal (a qualification and new career), a unique challenge, especially for those who have not studied in some time, and explicit feedback in the form of marked assessment and grades. And, whatever the pathway to re-entry and the nature of the work, there is a story of overcoming extreme hardship, of persevering through trial, of beating the odds (not being one of the 70%), and of feeling that a contribution has been made to the workplace and to the financial security of oneself and one's family.

Virtues for success in the workplace

So, what is needed for a person with SCI to succeed in the workplace? The logic underlying the argument of this paper leads to the suggestion that success at work (or in any gratifying activity) demands the exercise of virtues. As noted earlier, a virtue is a habit of character that comes with excellence. It can be taught and learned, but becomes ingrained with practice so that it is exercised without thinking. Virtues come to define a person's strength of character (MacIntyre 2007). The question then is, what are the virtues that are needed for a person with SCI to find work and flourish in the workplace over the long haul? Throughout history, lists of virtues have been developed – including a compilation by Martin Seligman, supposedly drawn up as an amalgam of those virtues found in other traditions. The list includes; (1) wisdom and knowledge, (2) courage, (3) love and humanity, (4) justice, (5) temperance, (6) spirituality and transcendence (Seligman 2002, Chap. 8). Again, as noted in our initial discussion of virtues theory, it was said that the notion of virtue itself is a flexible one and, while there are common virtues, others emerge from the challenges of particular communities and contexts (MacIntyre 2007, 228). Since this is a preliminary paper (grounded on too few stories), rather than setting out a

thoroughgoing exploration of all the virtues that might be applicable for people in the SCI community, it is enough to illustrate the point by identifying just a few virtues that might be of relevance to vocational success. Of course, every workplace is unique, as are the strengths of every individual, but while it is difficult to generalize, it may be presumed that some workplace virtues are likely to be of value for all people with SCI.

We might start with those virtues that relate to dependency (MacIntyre 1999). To grow to maturity is to take independent responsibility for one's actions, but independence is always achieved in concert with others. This seemingly oxymoronic goal is especially true for people with a disability, who strive for independence while remaining dependent upon family, friends and carers and, in the workplace, upon colleagues. Because this is so, it is vital to learn the habits that enable one to negotiate dependency without, on the one hand, frustrating and annoying people or, on the other hand, failing to seek necessary assistance – the consequence of which is inefficiency, the ultimate 'sin' in any productivity driven industry. Given that this is the case, there will be the need to exercise the wit and tact required to repeatedly ask for help (setting up equipment, moving through doors, getting refreshments, using photocopiers, printers and so on), and the humility to express gratitude time and again, not presuming that one is owed assistance by dint her disability. With wit and humility comes the contribution of humour, of being able to make light of oneself, and so make colleagues comfortable with odd and idiosyncratic bodies.

In addition to the virtues outlined above, Dutton, Roberts, and Bednar (2011, 137) highlight a number of positive organizational behaviour capacities that relate specifically to work, namely 'hope, optimism, resiliency, and self-efficacy', all of which contribute towards organizational improvement and efficiency. It is readily apparent how these virtues are of particular value for people with SCI, an insight supported by various quantitative and qualitative studies. Firstly, hope (a virtue that Aristotle described as the midpoint between the vice of naive optimism on the one hand and despair on the other) is sometimes difficult to sustain; as Pat Dorsett (2010, 97) notes 'by its very nature, SCI can generate a sense of hopelessness. It challenges one's sense mastery and control'. As she goes on to say, however, hope can be learned and encouraged and, when this occurs, it provides the motivation to persevere in the face of ongoing challenges. Secondly, optimism grounds a positive attitude that enables a person to enjoy work; as Schönherr et al. (2004, 182) have found 'the expectations of the individual patient regarding future participation after a SCI are an important indicator of the vocational outcome'. And, finally, self-efficacy establishes the confidence and ambition needed to succeed in the face of challenge (Fadyl and McPherson 2010, 73). Indeed, Burns et al. (2010) have found that self-reliance and emotional control significantly predicted employment status for people with SCI.

While the workplace is exacting for all employees, SCI exponentially increases the challenge – even basic tasks are made more complex – but hope, optimism and confidence provide the internal impulse needed to persevere and to make the most of work. Perhaps as important as all of these qualities is the habit of resiliency; 'when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success' (Dutton, Roberts, and Bednar 2011, 147). To cite an example or two from my own life, I recently had the experience of teaching a class of 30 people when my bowel gave way. Applying the habit of good humour, I extricated myself from the classroom. Also, with resiliency in adversity, I chose not to be

defeated by this random occurrence and, instead, turned up to work for the next lesson. In addition, I have experienced numerous times of frustration, where I have been running late for a meeting simply because something has gone wrong, either with my body or my wheelchair, requiring the exercise of patience. There have also been times where I have had a urinary tract infection or pressure marks that can sometimes keep me at home for lengthy periods, requiring the exercise of caution to ensure I stay in bed when I have to, and flexibility in allowing plans to change. In these instances, and many others like them, it is only resiliency and fortitude that provides the determination to push on. There is nothing heroic about any of this; it is just what is needed to succeed. Of course, in all those times when vice has won out over virtue, there is the simple outlet of a few, choice swear words.

Contributing to the workplace

At this point, it might seem as though SCI is placing a burden upon employers. Indeed, prior to the implementation of antidiscrimination legislation and *improving* cultural attitudes towards people with disability, it was precisely this idea that prevented many employers from taking on disabled workers. But, the dependency of a person with SCI (or any disability) is, in fact, symbolic of the interdependency of each one of us, whether at home or in the workplace. A person with a disability is not just being ‘helped out’ but is, rather, contributing her particular talents, skills and efforts to the shared venture of the team of people that constitutes a company or business. Beyond those particular talents, the very fact that the person with SCI needs the help and friendship of colleagues contributes to the values that are central to the success of teams; friendliness, generosity, openness, and appreciativeness, along with those characteristics that make a workplace more social, holistic and spiritual. This not only means that people with SCI obtain the advantages of social capital in the workplace, but it also has a flow-on effect throughout the organization. As Barclay, Markel, and Yugo (2012) argue:

adopting a virtue framework results in positive work experiences for PWD [persons with disabilities] as well as additional benefits for the organization and society. PWDs would be less likely to be stigmatized, organizations could discover new opportunities, in terms of customers or improved work processes, and society would have made progress in addressing a significant under-employment issue. As indicated earlier...virtuous organizations rate higher on objective measures such as innovation, customer retention, turnover, quality, and profitability (342).

In part, this might occur because the way in which people with SCI face the challenges of the workplace is a reminder (I might say ‘inspiration’, but this a tiring word too often used to differentiate a person with a disability from the ‘normal’ community – though if it implies mutual inspiration it may still be of value) to the team of what can be achieved. Whatever the position held in the organization, this serves as a form of leadership. Indeed, the theory of transformational leadership (Avolio, Bass, and Jung 1999) argues that, among other things, such leaders are able to motivate others to higher goals and higher achievement by modelling attitudes, values and behaviours (‘charisma/inspiration’) – in the case of people with SCI, this would include the sorts of virtues we have described above. Further, transformational leaders challenge others to question supposedly tried-and-true approaches to find creative solutions to problems (‘intellectual stimulation’). Referring back to the story

of John Trefry, we note his need for creativity to perform simple tasks (like sorting bottle caps) and more complex activities (like modifying vehicles). Such problem-solving abilities are skills required of the whole team. So, while we should not put people with SCI on a pedestal, we should nevertheless recognize that the way in which they face the joys and challenges of work has the potential to be contagious.

Conclusion

To a certain extent we have been describing an idealized model of the person with SCI and the truth is that very few of us have established the habits of virtue that enable us to flourish fully. There is research to suggest that coaching can help develop strengths and virtues, but that is a discussion for another time. What has been presented here is a vision of what is possible and of what is sometimes achieved. Its purpose has been to highlight the ways in which work can contribute to the flourishing of people with SCI, by providing the external reward of a salary and the internal rewards that come with investing oneself in activities that both challenge and provide the opportunity to excel. Of course work, like any human activity, can be either mundane or life-affirming and it is certainly true that it is no panacea for the happiness of people with SCI. At its best, however, it is capable of expressing the meanings and values of a person's life. When this occurs, employment becomes a vocation, a calling, a contribution to the well-being of self and others.

Notes

1. In authentic happiness Seligman (2002) describes three ascending dimensions of happiness, positive mood, gratification (flow), meaning and value. In his more recent book he identifies five dimensions, adding accomplishment and positive relationships to the other three. In following the earlier virtue tradition, I include accomplishment with gratification and positive relationships with meaning and value (Seligman 2012). See also Lopez and Snyder (2011).
2. <http://www.humanservices.gov.au/customer/services/centrelink/disability-support-pension>, accessed 18 July 2012.
3. Narrative draws from recorded interview of John Trefry by author on 12 January 2012. Recording and use in this document has written approval.

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