

Qualitative case study on the disability acceptance experiences of soldiers with disabilities

Haneul Lee ^a, Jeehee Pyo ^{a,b}, Minsu Ock ^{a,b,c} and Hyun Joo Kim ^d

^aDepartment of Preventive Medicine, Ulsan University Hospital, University of Ulsan College of Medicine, Ulsan, Republic of Korea; ^bUlsan Metropolitan City Public Health Policy's Institute, Ulsan, Republic of Korea; ^cDepartment of Preventive Medicine, University of Ulsan College of Medicine, Seoul, Republic of Korea; ^dKorea Counseling Graduate University, Seoul, Republic of Korea

ABSTRACT

Purpose: This study comprehensively examines the disability acceptance experience of individuals who become disabled following accidents in the military after enlistment.

Methods: In-depth interviews and participative observation of two soldiers with disabilities are conducted. Data sources encompass the transcripts from these interviews, relevant news videos, and articles on the participants. A qualitative case study approach is applied to conduct both “within-case” and “cross-case” analyses.

Results: Although the two participants survived a crippling accidents, their military units did not actively attempt to resolve the accident. They grappled with despair and found it challenging to accept their new status as individuals with disability. Over time, they noticed changes in their personal relationships and started considering themselves burdens on their caregivers. However, despite encountering psychological challenges, which were marked by repeated setbacks and disappointments, the soldiers consistently made determined efforts to realize their objectives. Moreover, they strove to lead purposeful lives despite suffering the adversities caused by their disabilities.

Conclusions: This study is the first in-depth examination of the disability acceptance experiences of soldiers with disability. The insights gleaned from our in-depth interviews will help formulate psychological and physical support systems for such individuals.

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Introduction

In the Constitution of the Republic of Korea, Article 39 of Chapter 2 states that all nationals must fulfil the duty of national defence, as prescribed by law (Constitution of the Republic of Korea, 1987). Accordingly, all South Korean men are required to perform military service in their early twenties. Despite the decrease in the number of new enlistees over the past years, 220,000 individuals continue to be conscripted into the military as active-duty soldiers every year (Ministry of National Defense, 2020). Due to the unique domestic situation of conflict between South and North Korea as a divided nation, there have been continuous incidents equivalent to warfare, and even outside of combat situations, soldiers are significantly exposed to occupational hazards. Statistical data reveal that the number of hospital admissions to military hospitals increased by 151 cases (4.1%), number of outpatient visits increased by 130,366 cases (8.7%), number of active-duty soldiers' civilian hospital visits increased by 40,875 cases (19.0%), and cost of these outsourced treatments

increased by 300 million won (5.0%) in 2019 compared to 2018 values (Ministry of National Defense, 2020).

The lexical definition of “soldiers with disability” is soldiers who sustain injuries while engaging in combat or carrying out military duties (Lee, 2016). The individuals who are discharged due to such injuries are entitled to military pensions from the Ministry of National Defense. Alternatively, they can register with the Ministry of Patriots and Veterans Affairs (MPVA) as persons of distinguished services to the State or beneficiaries of veteran disability benefits and, thereby, qualify for governmental support. Nonetheless, acquiring a disability grade sufficient to such registration is a challenging process for soldiers with disability. Data from the past decade indicate that only approximately 50% of the soldiers who underwent the physical examination for disability grading were recognized as persons of distinguished services to the State (Ministry of Patriots and Veterans Affairs, 2022). Hence, despite being injured in service, a significant number of soldiers do not receive adequate support from the State after being discharged. Consequently,

CONTACT Minsu Ock  ohohoms@naver.com  Department of Preventive Medicine, Ulsan University Hospital, University of Ulsan College of Medicine, Daehagbyeongwon-ro 25, Dong-gu, Ulsan 44033, Republic of Korea; Hyun Joo Kim  hyunjooyangkim@kcgu.ac.kr  Korea Counseling Graduate University, Hyoryeong-ro 366, Seocho-gu, Seoul 06722, Republic of Korea

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those who are not graded or acknowledged as being eligible for such benefits often seek reconsideration or resort to administrative litigation. According to MPVA data, 1,100 administrative rulings and 475 lawsuits were initiated by such individuals in 2021 alone (Ministry of Patriots and Veterans Affairs, 2022).

Those who take legal action or participate in fact-finding activities on being denied recognition of the harm they endured are at high risk of experiencing secondary psychological distress (Y. Kim & Kim, 2018; Pyo et al., 2019). Although soldiers with disabilities encounter substantial challenges, they are rarely considered by the Ministry of National Defense and MPVA, whose support policies primarily focus on compensating either severely injured persons who provide distinguished services to the State or the elderly (Lee, 2016). Consequently, a significant number of soldiers with disabilities are not registered as persons providing distinguished services to the State. Since the number of young injured individuals in their twenties and thirties is increasing, it is crucial to obtain an in-depth understanding of these soldiers' disability acceptance experiences (Ministry of Patriots and Veterans Affairs, 2022).

Soldiers with disability come under the category of "persons with acquired disabilities," since they experience disability following accidents or illnesses after living without disabilities (Seo et al., 2017). Unlike those with congenital disabilities, persons with acquired disabilities often experience intense stress and depression during their journey of disability acceptance, given their prior experience of a nondisabled life (Seok, 2004). Earlier research indicates that some soldiers with disability struggle with accepting their new state and experience feelings of depression and despair (Lee & Lee, 2013). Further, the more pronounced the disability and physical/functional impairment of persons with acquired disabilities, the higher the likelihood of these people encountering psychological distress (K. H. Kim, 2006). Their inability to continue past activities can lead to self-criticism, feelings of helplessness (H. S. Han & Lim, 2002; Olofsson et al., 2020), and difficulties in rehabilitation caused by a lack of confidence in social life (Oh & Lee, 2011).

Disability acceptance is an important aspect of the rehabilitation and autonomous functioning of soldiers with disability. Disability acceptance is a concept that reflects overcoming disabilities through psychological and social adaptation and means gradually adapting to one's disability (Li & Moore, 1998). They no longer suffer from tension and shame to hide their disability (Wright, 1983), and when evaluating the value of themselves, it means that the sense of loss related to disability changes to a state that does not have a significant effect. In other words, disability acceptance means acceptance of loss (S. Jeong, 2014;

Livneh, 2001; Wright, 1983). Disability acceptance occurs continuously throughout life (Smart, 2001), and studies indicate that high disability acceptance correlates with high physical, psychological, and social independence (Nam et al., 2013). Specifically, this acceptance is instrumental in fostering psychological and social adaptation (Ditchman et al., 2017; Zhang et al., 2019) and promoting societal participation (H. M. Kim, 2023; Oh & Lee, 2011). Factors influencing disability acceptance are age, time since disability onset, physical capability, self-esteem, and discrimination experience (Jung et al., 2022; J. Y. Kim, 2021; Li & Moore, 1998). Additionally, the classification of disability, extent of internalization of societal viewpoints (J. E. Kim et al., 2009; Molero et al., 2019), and presence of social support networks (Chai et al., 2016; Li & Moore, 1998; Ogawa et al., 2021) are significant determinants of disability acceptance.

Although the degree of disability acceptance among soldiers with disability is pivotal for their rehabilitation and autonomy, research on this subject is conspicuously limited. Studies on soldiers with disability predominantly focus on their war experiences (M. K. Jeong & Kim, 2018; Sim, 2020), the implications of post-traumatic stress disorders, the psychological attributes of such disorders (Chang & Kim, 2009; Kang et al., 2014), and relevant support policies (G. Jeong, 2005; Lee, 2016). These studies do not comprehensively clarify the disability acceptance experience of soldiers with disabilities. An in-depth understanding of such soldiers' disability acceptance experience is of vital importance in not only shedding light on the core of this experience but also providing foundational information for developing professional and effective counselling interventions to foster disability acceptance among soldiers with disability.

Given the current lack of research on soldiers with disabilities, this study provides foundational data to establish policies that support not only the physical rehabilitation but also the psychological, social, and occupational recovery of these individuals.

Method

Study design

The qualitative case study approach clarifies the intricacies of various factors encompassing a specific case and examines the evolution of events over time (Im et al., 2023; Merriam, 1988; Pyo et al., 2023). It is particularly suited to the in-depth observation and analysis of less explored phenomena. Qualitative case studies enable researchers to access diverse information sources, including documents, records, interviews, direct observations, participant observations, and physical artefacts. The use of these resources for data collection and analysis enhances

researchers' understanding of the subject matter (Creswell, 2007; Yin, 2009). In South Korea, there weren't any researches regarding the disability acceptance experience of soldiers with disabilities done before and only a few studies were carried out addressing these soldiers' lives in general. Accordingly, the current study adopted the qualitative case study design to provide a comprehensive insight into the disability acceptance experiences of soldiers with disabilities.

Participants

To recruit study participants, three selection criteria were considered: (1) individuals who were drafted under the Military Service Act and suffered injuries, either as combat casualties or in service-related accidents, while performing their duties (Constitution of the Republic of Korea, 1987); (2) those registered as persons with disabilities under Article 32 of the Act on Welfare of Persons with Disabilities and its Enforcement Decree (Act on welfare of persons with disabilities, 2023); and (3) those who have acknowledged and accepted the limitations and inconveniences caused by their disabilities and have opted to live with them based on the concept of disability acceptance, as proposed by earlier studies (S. Jeong, 2014; Li & Moore, 1998; Lindemann, 1981; Lindowski & Dunn, 1974; Livneh, 2001; Smart, 2001). In the case of participant selection criteria (3), it was asked whether it fell under (3) to confirm whether or not to accept disability, and those who answered "yes" were selected as study participants. The researchers respected the opinions of the respondents and judged that the question alone sufficiently confirmed the acceptance of disability, but confirmed this again during the in-depth interview process.

Two national representative athletes in disabled sports, formerly disabled soldiers satisfying the selection criteria, were recruited by recommendations through acquaintances. They were provided comprehensive explanations on the study's objectives and methodologies and their rights as participants and guaranteed anonymity and confidentiality. They were enrolled in the study on giving their voluntary consent to participate. Table I depicts the participants' main sociodemographic characteristics.

Data collection

The data collection for this study took place from April to May 2022. The primary data collection methods were in-depth interviews and participatory observations. To enhance our understanding of participants' experiences, we considered three news videos and 10 news articles pertaining to them, as well. The in-depth interview questionnaire was initially structured according to discussions within the research team; it was finalized after consultations with qualitative research experts.

The interview questions were as follows: 1. How did you become disabled? 2. What physical, psychological, and social changes occurred after you became disabled? 3. When did you feel you had accepted your disability? 4. What was the most challenging aspect of accepting your disability? 5. What influenced you in accepting your disability? 6. What experiences did you have before accepting your disability? 7. What experiences did you have after accepting your disability? 8. What does accepting your disability mean to you? 9. If you were to select a picture, scene, song, or quote to represent your acceptance of the disability, what would it be?

In-depth interviews had an average duration of 2.5 hours, and their length varied according to individual circumstances and experiences. Additional information was collected in multiple rounds through phone calls and messages. By reviewing news articles on the participants and observing them by participating in the participants' daily lives, we gained an indirect understanding of their lives and ensured comprehensive data saturation.

Data analysis

We applied the qualitative case study procedure proposed by Stake (1995) to conduct both "within-case" and "cross-case" analyses. The research team was comprised of a medical doctor, a counselling psychologist having a doctoral degree, a medical science Ph.D. candidate and a counselling psychologist with master's course. To clarify any common experiences of participants, we applied a line-by-line approach to examine the collected data. The primary analysis team was comprised of a medical science Ph.D. candidate and a counselling psychologist with master's course. They individually reviewed each participant's interview transcripts several times and conducted a primary analysis by segmenting the

Table I. Participants' sociodemographic information.

Participant	Age range (year)	Type of disability	Year of enlistment	Year of military accident	Marital status	Occupation	Registration status as persons of distinguished services to the State
Participant 1	50s	Physical	1989	1991	Married	Sports coach	Registered
Participant 2	40s	Physical	2000	2002	Unmarried	Administrator	Registered

experiences into meaningful units. While finalizing the units, the primary analysis team discussed and solved all disagreements among themselves. Subsequently, the meaningful units were subjected to a second-phase analysis, which categorized the units according to major contexts and traced the progression from participants' pre-disability phase to their present live. The third-phase analysis identified subcategories by grouping similar experiences from the meaningful units based on the primary context. Subsequently, overarching categories encapsulating these subcategories were established, which led to the completion of the categorization table.

Validity

To ensure the validity and reliability of research results, efforts were made to secure four evaluation criteria: truth value, applicability, consistency, and neutrality (Guba, 1981; Guba & Lincoln, 1981) (Figure 1). The truth value of results was confirmed by having two participants verify the categorization table and its content. The results' applicability was established after sharing them with an individual who satisfied the participants' selection criteria but was not a participant himself. This individual confirmed that the experiences recorded in our findings closely mirrored his own. Moreover, the research team reviewed the video footage of the MPVA's interview of an individual who satisfied the participants' selection criteria and detailed his own personal experiences with disability. After comparison, the team concluded that the recounted experiences closely aligned with our study's findings. Further, the results' consistency was secured by meticulously documenting each research phase, from data collection to analysis, and ensuring the appropriateness of and strict

adherence to the selected research methodology. To ensure neutrality, the research team acknowledged and shared their individual interests and potential biases regarding the study topic at the beginning of the research itself. Throughout the research process, the team continuously addressed such biases and strived to minimize their influence on the results. In the analysis phase, team members independently reviewed research data before reaching a consensus and diligently worked to prevent one another's biases from affecting the outcomes. Following categorization, they thoroughly cross-examined the designated units within each category to guarantee that the units accurately reflected the participants' experiences and made appropriate revisions.

Ethical considerations

This study was conducted after obtaining approval from the Institutional Review Board of Ulsan University Hospital, South Korea (approval number: 2022-03-029). Participants in the study received a reward of 30,000 won (about \$22) in exchange for participation in the study.

Results

In the within-case analysis, each participant's experiences from the time of the incident that caused their disability to the time when they finally accepted their disability were described separately. Further, in the cross-case analysis, the main experiences shared by the two participants were contextually categorized temporally, and these common experiences were examined.

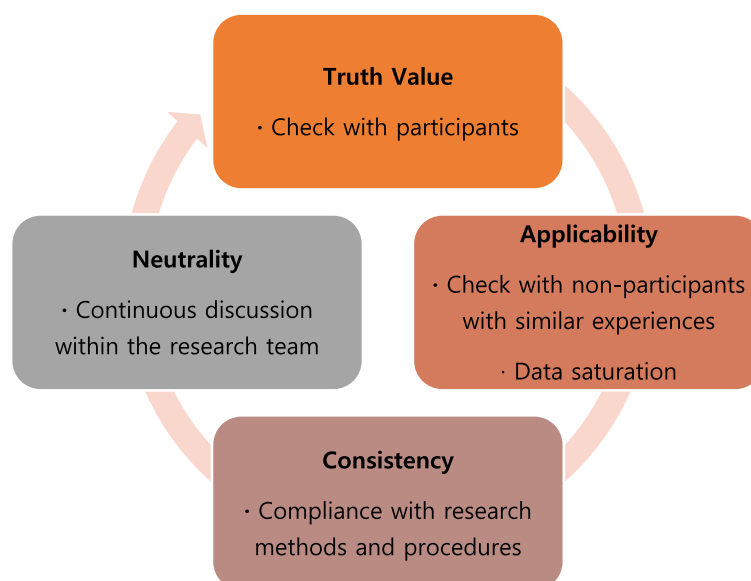


Figure 1. Process for research validation.

Within-case analysis

Participant 1

Occurrence of the accident

Participant 1, who is currently a sports coach in his 50s, became a soldier with disability after incurring an injury while fulfilling his national defence duties. Like many young men in South Korea, he was enlisted in the military after his first year of college. After enlistment, despite not having a driver's licence, he accepted the offer to become a driver and served in his duty after obtaining a military-issued driver's licence. His military tenure remained unremarkable until a tragic event occurred, when he was 21 years old, during a vehicle maintenance training session in March 1991. While teaching his subordinates about vehicle maintenance atop a raised dump truck bed, he inadvertently touched a component that malfunctioned and caused a loss of hydraulic pressure. This malfunction trapped Participant 1 between the truck bed and vehicle chassis.

In this dire situation, all the soldiers present were mobilized to rescue him. Although Participant 1 momentarily lost consciousness, he was revived by a senior soldier's voice. However, he experienced intense pain and was rendered incapacitated. His survival from this near-fatal event was, in itself, considered miraculous. The incident was so serious that even those involved in his rescue initially believed he had perished.

Disability acceptance process

Participant 1 underwent surgery for spinal fracture and had a long hospital stay. Approximately six months into his hospital stay, Participant 1's doctor informed him that he would have to spend the rest of his life on a wheelchair. This diagnosis caused him to grapple with denial and blame his unit for the lack of safety precautions. Overwhelmed with emotion, he spent an entire week sobbing into his blanket. For some time, tears did not cease to flow from his eyes.

Soon, Participant 1 accepted reality and decided to stop crying. During his hospital stay, he took comfort in observing patients who were in worse conditions than himself. Despite recognizing his disability and being aware of his limited control over his body, he independently performed many according to his own preference. He had to accustom himself to a body that would not respond to his will. In particular, since he lacked sensation in his lower body, he took a long time to familiarize himself with the sensations of bowel and bladder movements. Additionally, due to the inadequacy of hospital facilities at the time, he had the unforgettable and humiliating experience of having to address his bowel needs lying in bed, which

was shielded only by a makeshift curtain made from bed sheets in the corridor outside the ward.

One day, some former soldiers who had transitioned into Paralympic athletes after becoming disabled visited the hospital to give an archery demonstration. During this demonstration, Participant 1 realized that such activities could be performed even by those confined to a wheelchair. His introduction to para-sports was a pivotal moment in his life. In his eagerness to learn more about such activities, he approached a gymnasium but faced many hurdles, such as a lack of professional coaches. The established hierarchical social system mandated that newcomers learn from veteran athletes. This seniority-based structure posed its own set of challenges. Undeterred, Participant 1 keenly observed senior athletes' techniques by day and diligently practiced them on his own by night. His dedication bore fruit just a year later, when he was selected to represent his country in para-sports competitions. Since then, he consistently received medals in every event, which cemented his stature as an accomplished athlete. These achievements are a testament to his unwavering passion and perseverance.

Current life

During his athletic career, the only instance of Participant 1 not winning a medal occurred while he was courting someone who would become his wife. His fervent romance, which prompted him to change his team affiliation, culminated in his marriage with the woman he loves. Today, the couple enjoys a harmonious family life with their daughters. Furthermore, the friends who took special effort to support him when communication was difficult after the accident remain integral to his life. Their bond continues to endure and is strengthened by joint trips and couples' gatherings.

Following an injury, Participant 1 retired from his athletic career approximately 10 years ago. Currently, he is working as a coach, nurturing table tennis talents. He is committed to leading a life that he can be proud of as a person of distinguished service to the State and former national para-athlete. Despite his demanding schedule, he keeps visiting hospitals to showcase sports activities to fellow soldiers with disabilities, never forgetting his earlier apprehensions regarding social reintegration and feelings of deep-rooted despair that had stemmed from his disability.

Participant 2

Occurrence of the accident

Participant 2, who is currently in his 40s, holds an administrative position in a company. This soldier with disability is an active educator who champions

disability awareness and promotes injury prevention, as well. In his earlier years, Participant 2 was a remarkably healthy person who rarely required medical visits. However, this condition changed 21 years ago in February. A day before his final leave prior to discharge from an uneventful military service, he and 15 of colleagues boarded a military truck. However, soon after setting off, the driver's negligence caused the truck to crash on a slope near the base entrance. Although protocol required the truck's waterproof canvas to be removed during personnel transportation, it remained in its original position that day and obscured the external view during the mishap. Immediately after the accident, Participant 2 felt "something had gone terribly wrong" before becoming unconscious. Later, he regained consciousness in a military hospital's intensive care unit (ICU). The truck he had been in was so severely damaged that it had to be scrapped.

While recuperating from the accident shrouded in despair, he received an unexpected visit from the parents of the driver who had caused the accident. They pleaded with him to avoid any future contact with their son regarding the incident and emphasized the emotional toll it was taking on their son. Citing financial constraints, they conveyed their inability to offer any monetary compensation and left behind a box of grapes as a token of their apology. This meeting made Participant 2 reconsider the moral values he had once upheld. The accident left him quadriplegic and bedridden for life and, yet, the driver's parents' only concern was their son's emotional well-being. Moreover, with no comprehensive account of the accident's details, he was not even given the opportunity to allocate blame.

Disability acceptance process

On the day previously scheduled for his military discharge, Participant 2 found himself awaiting surgery in the ICU. Since the accident fractured his neck and caused swelling throughout his body, he could undergo surgery only more than 20 days after his transfer to the hospital. Although Participant 2 was paralysed and unfamiliar with the implications of nerve damage, he believed that his condition would get better over time. During one interaction, he inquired his nurse about his recovery timeline and received a daunting projection of nearly 10 years. Determined to defy this prognosis and fuelled by unwavering hope, he pushed his wheelchair through the hospital lobby every evening for the next two years. During one of his regular wheelchair rides, Participant 2 had a sobering realization: Despite his relentless efforts, he might never walk again. Memories of the past two years plunged him into profound despair. Unlike military service, which

ends with discharge, his disability seemed to have no end.

Once he was back home after his extended hospital stay, he felt a restless urge to visit a wheelchair shop. There, he met a customer who introduced him to the world of para-sports. On visiting the recommended sports centre, he encountered athletes who, despite having disabilities similar to his, were accomplishing incredible feats. This was a turning point for Participant 2, who, until then, had felt that his disability defined his limitations. Subsequently, he started training fervently, racing in his wheelchair until his arms could take no more for the next 30 minutes. One day, he achieved the remarkable feat of climbing a hill without assistance. It was a testament to his hard work and perseverance.

Due to his relentless efforts, he was offered a position on the national wheelchair rugby team. He considered receiving the national team's jersey an indelible moment, since it not only symbolized an opportunity to represent his country in international sports but also validated his resilience. He further ventured into table tennis and emerged victorious in multiple tournaments. He expressed his disability acceptance using the lyrics of a song (Yim, 1997):

Loneliness is not always detrimental.
Solitude made me realize something precious that
no one else would tell me.
Now I can step out into the world.
I will unabashedly chase my dreams.
I will spread my wings that have been tucked away
for too long.
I will soar high and start afresh.
I will not shirk challenges anymore.
My painful wanderings will give me the strength to
face this world.

<Bisang [Soaring] by Yim Jae-beum>

Current life

Although Participant 2 continues to have moments when he requires assistance from others due to his disability, he is leading an autonomous daily life. Currently, he works in the Veterans' Village designated by the MPVA to help persons of distinguished services to the State live autonomously. He actively works as an instructor to improve disability awareness, prevent injuries, and make the world a better place for people with disabilities. For a long time, Participant 2 refrained from dreaming of getting married like ordinary young men. However, now, since he has accomplished much, Participant 2 wishes to build a family and live a normal and joyful life.

Table II. Categorization results.

Category	Subcategory
Oscillation between life and death	A foreseeable accident occurring without warning Rescue from near death by my comrades
Broken body devastating the mind	Feeling unrecognized as a victim by the military's response Brief initial phase of hope to recover from paralysis Seeking a target to blame in uncertain circumstances Contemplating ending one's life due to a bleak outlook Confronting the boundaries of my perseverance
Emotional burden from self-caused inconveniences	Living with guilt while relying on parents Reshaping of relationships by my profound sense of loss Being misunderstood and hurt due to prejudice against disabilities and my own inferiority complex
Crafting an identity as a person with disability	Looking around and seeking change, unwilling to remain complacent Infusing each step forward with hope Facing yet another obstacle in my path Overcoming hurdles with a passion for life
Overcoming discomfort and leading a resilient life	Aspiring to inspire hope in others Navigating everyday life while accepting my disability

Cross-case analysis

In cross-case analysis, we reviewed the major experiences of participants over time and reconstructed their lives after understanding the meanings and contexts of their common experiences. The reconstruction of participants' lives yielded 310 meaning units, 16 subcategories, and 5 categories, which represented the experiences of soldiers who accepted their disabilities, as shown in Table II.

Oscillation between life and death

Foreseeable accident occurring without warning

Participants felt that the accidents experienced by them could have happened to anyone. Participant 1 became permanently disabled on mistakenly pressing a button during training; the danger in this situation was exacerbated by the absence of professional staff or protective gear. Participant 2's accident was attributed to a driver's inexperience. However, the gravity of the situation is that people were being transported in a truck that violated standard vehicle capacity and disregarded the protective measures associated with waterproof canvas.

At the time, the military truck was overloaded. ... I was informed that the driver was initially assigned to operate the commander's personal vehicle; however, due to his poor driving skills, he was reassigned to drive regular soldiers. (Participant 2)

Rescue from near death by my comrades

Accident sites presented critical situations necessitating immediate rescue actions for participants. Participant 1 was trapped under the cargo hold of a dump truck that had been transporting sand, whereas Participant 2 was sprawled inside a vehicle surrounded by sparks, with his entire body soaked in oil. Both participants lost consciousness immediately after their respective accidents, which rendered them unable to seek help or evacuate on their own.

Participant 1, who could have been crushed in his unconscious state, narrowly escaped death due to the swift mobilization of all the military personnel who were available at the base. For Participant 2, waiting for a rescue team was not an option; hence, he was rescued by his less severely injured comrades.

While I lay unconscious, the military personnel rallied to extract me ... Had there been any further delay, I might have lost my life. Once I was pulled out, overwhelming pain consumed all my attention. I narrowly escaped being crushed to death. (Participant 1)

Feeling unrecognized as a victim by the military's response

Despite being the victims of military accidents, participants often found themselves in situations where they felt they were not treated as victims. Participant 1's life-threatening safety accident was covered up within the unit and allowed to quietly pass by. The participant was bewildered at the unit's response of downplaying such a significant accident. Participant 2 encountered a similar situation, as well. Although concerns were raised that his accident did not result from the driver's error alone but from potential vehicle defects, as well, the incident was simply attributed to the individual driver's mistake. Since they were unmistakably victims of accidents that occurred within their units, the participants were disheartened by the apparent lack of unit-level effort to investigate or rectify the circumstances surrounding the accidents. According to Participant 1, "The unit would have been in an uproar at the time of the accident; however, they covered it up and let it pass by quietly."

In the military, there's a clear hierarchy, right? Those who consider it a career need to climb ranks. If they are not promoted a certain number of times, they often have to leave. This is why many avoid taking responsibility for accidents. The moment they accept responsibility, they become liable for such accidents. This can hinder their promotions or force them to

transfer units. Hence, the default response is to sweep it under the rug. (Participant 2)

Broken body devastating the mind

Brief initial phase of hope to recover from paralysis

Despite being in a critical condition where they could not immediately undergo surgery and had to stay in the ICU for weeks and they could not feed themselves or control their bowels, participants believed that their condition was temporary and their impaired bodies would recover soon. Was this belief fuelled by hope or denial?. Participant 1 said, "After the surgery, I hoped to serve in the military again" "At first, I did not even realize that I would become disabled. I was in the dark," said Participant 2.

Seeking a target to blame in uncertain circumstances

Once their belief and hope in recovery started fading, participants started seeking someone to blame for their predicament. They harboured resentment towards the unit where the accident had occurred or the driver who had caused the accident. Participant 1 said, "I put the blame on the unit at first. I despised the fact that I would have to live my life in a wheelchair." Participant 2 agreed, "I also held a lot of resentment towards the guy (who caused the accident). It was because of him that the accident occurred. At first, it was tough ... "

Contemplating ending one's life due to a bleak outlook

After their doctors' diagnoses, participants realized that they could not return to their former lives and, hence, experienced profound emotional distress. At times, they felt that, perhaps, it would have been better to have died in the accident. On witnessing their parents sacrificing their lives for them, the participants experienced guilt and felt it a challenge to live with shattered hopes. Participant 1 said, "The moment I was notified of the outcome, I started crying. I cried under my blanket. Honestly, the first week was very tough on my mental health. I even thought about ending my life ... "

I felt I couldn't give up, mainly because of my mother. Initially, that thought crossed my mind. If I had just died in the accident, I wouldn't have had to go through this tough time. While my mother would have been heartbroken about losing me, as time went on, she would have been spared the burden of tending to me round the clock. (Participant 2)

Confronting the boundaries of my perseverance

While living in a state of hope, denial, and despair, participants started confronting their reality and initiating steps towards recovery. Participant 1 endeavoured to regain sensation in his legs to accept

elimination challenges. For Participant 2, even the act of sitting up was a monumental task; however, constantly motivated by the fear of becoming completely helpless if he could not, he persisted relentlessly in sitting upright. The participants consistently honed their skills in using a wheelchair, as well. Although their untiring efforts initially seemed to promise recovery, they soon realized that there were limits to their progress, which plunged them once again into feelings of despair.

Initially, it took me 20 minutes to complete one round in my wheelchair. With time and effort, I managed to reduce it to just 10 minutes. I felt a certain satisfaction with that progress. However, during the same period, a harsh realization dawned on me: even if I dedicated every hour of my day to practice, I wouldn't be able to walk again. The feeling that things wouldn't change no matter how hard I try was deeply disheartening. (Participant 2)

Emotional burden from self-caused inconveniences

Living with guilt while relying on parents

The tragedy that befell participants affected more than simply their own lives. Soon after the accident, they could not manage their elimination needs independently and required continuous assistance. Their parents selflessly put their lives on hold to provide unwavering support. Participant 1's parents shut down their seafood restaurant in their hometown and moved closer to the hospital to tend to their child. Similarly, Participant 2's parents gave up their active lives to be with their son in the ICU every day. Even though the participants felt guilty about burdening their parents with their struggles, it was the presence of their mothers and other family members that helped them persevere through their toughest times.

I felt a pang of guilt when my parents visited me. Yet, having them nearby provided a sense of comfort and stability. My feelings of self-loathing sometimes caused me to lash out at them, all the more so because they are so close to me. With the passage of time, my feelings of guilt for treating them this way deepened. (Participant 1)

"At the time, my mother rented a place near the hospital. Having my mother around made me feel I shouldn't express my difficulties in front of her," said Participant 2.

Reshaping of relationships by my profound sense of loss

Participants experienced feelings of loss regarding the changes caused by disabilities to their appearances and roles. They felt physically restricted, as well as emotionally and socially isolated. They did not want to face friends in their disabled state; further, on

realizing their inability to fit in like before, they let go of their relationships. Participant 2 opined, “Now, I’m out here in a wheelchair; however, back then, I felt embarrassed. I didn’t want to be seen by others. I wanted to live like an invisible person. I didn’t want to show myself like this.”

Being misunderstood and hurt due to prejudice against disabilities and my own inferiority complex

Often, participants felt hurt by society’s prejudice against persons with disabilities. They realized the challenges of living with a disability only after becoming disabled themselves. Further, they were hurt by well-meaning people taking it for granted that they needed help and attempting to help them with tasks they could perform themselves.

When I go out with friends to have a drink nearby, there is a threshold at the entrance ... People stare at me. Maybe, they were trying to help because the threshold was high; but from my perspective, it felt like, “He’s out drinking in that state?” Even if others didn’t think that way, that’s how I felt. So, I didn’t want to go out, or to be seen. It took me a long time to change that mindset. (Participant 2)

Sometimes, people think I can’t do certain tasks because of my physical constraints. But it upsets me when they exclude me from the tasks I can do just because I’m disabled. I felt I had adapted to society for a long time; but, these instances tend to set me back to the beginning. (Participant 1)

Crafting an identity as a person with disability

Looking around and seeking change, unwilling to remain complacent

Initially, participants experienced difficulties in locating information about their disabilities due to an overall information deficit. However, they refused to be confined by this situation and started actively seeking resources. During his hospital stay, Participant 1 acquired information on para-sports and approached the medical team for assistance to begin physical activity. Participant 2 consulted a renowned doctor for disability-related information and visited a wheelchair shop to understand the lives of people with similar disabilities. He regretted extending his hospital stay due to his apprehension regarding social reintegration.

I felt I needed to do something. No one around me knew about my disability or persons of distinguished services to the State; so, I went to a wheelchair shop to make some enquiries. I wanted to know if there was any group or place where I could exchange information with people having the same disability. There, they introduced me to a gym. (Participant 2)

Infusing each step forward with hope

In the gyms they visited, participants encountered para-athletes who, despite having similar disabilities, had realized remarkable physical accomplishments in their lives. Although they lived in wheelchairs, these athletes were actively involved in sports, travelling to different places, getting married, and living their daily lives successfully. Seeing them, the participants felt both astonishment and a newfound hope to live. According to them, this period marked the beginning of their disability acceptance process; further, sports was the foundation of their second life. Participant 1 said, “About 6 months after receiving my disability diagnosis, I witnessed some senior athletes in action. It was a decisive moment for me. It urged me to adjust to my life within the wheelchair.”

At first, I was a bit scared ... It felt like I was running away from society. I thought I should adapt in places where there were people like me, away from the society that seemed intimidating and scary. It felt like a sanctuary. However, this was a transformative moment, which set the groundwork to renew my journey in life. (Participant 1)

Facing yet another obstacle in my path

In their attempts to use exercise to overcome their disabilities, participants encountered several challenges. Participant 1 struggled to learn in a hierarchical environment and received instruction from senior athletes, rather than professional trainers, which made it difficult for him to even find opportunities to learn. On the other hand, Participant 2 encountered a favourable environment to learn para-sports; however, he faced some physical constraints. His inability to use all 10 fingers restricted his sports options. It was only after confronting multiple challenges and finding solutions, such as wrapping bandages around his hand, could he commence his exercise regime. According to Participant 2, “At first, my inability to use all 10 fingers significantly limited my sports options. I attempted archery, table tennis, and shooting; however, these sports weren’t suited to my condition.”

Overcoming hurdles with a passion for life

In the absence of direct opportunities, Participant 1 keenly observed other players and learned by watching over their shoulders and practicing diligently. This persistence enabled him to master one challenging skill after another. Their unwavering efforts eventually culminated in being selected as national players, which was a testament to their sustained efforts. Participant 1 said, “During the day, I observed and memorized the movements of senior (table tennis) players. At night, I practiced on my own, which significantly accelerated my progress.”

Overcoming discomfort and leading a resilient life

Aspiring to inspire hope in others

Despite encountering numerous challenges and enduring painful experiences while coming to terms with their disabilities, participants ultimately triumphed, holding onto hope throughout their journey. Participant 1 found courage while unexpectedly watching a disabled sports team's physical education demonstration while staying at a military hospital at a time when he considered life not worth living. Similarly, Participant 2 felt hopeful after a serendipitous visit to a gym and some conversations with para-athletes leading normal lives. Their transformative experiences indicate that the participants aspired to ignite hope in others suffering from similar disabilities. Today, as experienced players, they not only assist people with similar disabilities as themselves but also work diligently to enhance overall disability awareness.

I was anxious about guiding the young ones effectively. Yet, on experiencing their pure joy and enthusiasm as they eagerly absorbed lessons from me, they felt like my own children, and my heart was filled with genuine happiness. (Participant 1)

Overcoming discomfort and leading a resilient life

Participants were not only living with the challenges posed by their disabilities but also suffering from pain and various side effects. Rather than lamenting their circumstances, they incorporated their pain into their daily lives. After the accident, over time, they developed methods to cope with difficult situations and enable them to live without major inconveniences. Nonetheless, they emphasized the necessity of dedicating additional facilities to the disabled and changing the societal perceptions of people with disabilities.

Once you become disabled, certain side effects of the injury become lifelong burdens. Pain also manifests in the lower body with the regeneration of peripheral nerves. I continue to struggle with these effects. The options are to manage it with medication or resort to spinal nerve block procedures ... and elimination issues exacerbate with age. The aftermath of the injury is something one endures throughout their life. (Participant 1)

Finally, Participant 1 said, "Although there has been an increase in facilities for the disabled, they remain woefully insufficient. I've managed to adapt; however, there's a clear need for more amenities for recently injured individuals and those in the phase of adjusting to their disability."

Discussion

This study was conducted to obtain an in-depth understanding of the experiences of individuals who became disabled during active-duty military service. The study's main objective was to propose practical and institutional interventions to support such soldiers. This study adopted a qualitative case study approach to clarify the relatively under-researched phenomenon of disability acceptance among soldiers. The methods for within- and cross-case analyses proposed by Stake (1995) were used to meticulously scrutinize diverse data sources. Following the analyses, five salient categories were identified: Oscillation between life and death, Broken body devastating the mind, Emotional burden from self-caused inconveniences, Crafting an identity as a person with disability, and Overcoming discomfort and leading a resilient life.

The progression of disability acceptance of the participating soldiers was marked by the presence of distinct phases: initial turmoil, denial, resentment, feelings of despair and depression, the subsequent discovery of hope, and the eventual acceptance of the disability. This progression is consistent with earlier research findings (M. S. Kim & Seo, 2019; Livneh, 2001; Shin & Kim, 2017), as well. However, unlike certain studies, this study did not derive "gratitude for being alive" as a stage of the disability acceptance journey. This is attributed to the participants' ambivalence: Although they were unquestionably victims of military mishaps, no attempt was made to clarify the incidents or rectify the underlying issues; hence, they felt bewilderment, rather than any gratitude for being alive. Further, the results of this study mirror the five stages of death acceptance observed in terminally ill patients, denial, anger, bargaining, depression, and acceptance, as proposed by Kübler-Ross (1969). The current study presented the discovery of hope and acceptance of the disability as two distinct stages to account for the pivotal role played by self-control, enhanced through perseverance and confidence amplified in the lives of para-athletes, in fostering disability acceptance. However, it is noted that the participants, despite having lived with their disabilities for more than two decades and largely accepted their condition, continue to struggle with the challenges it presents. They endure not only the physical pain caused by their disabilities but also the societal prejudices associated with them. In other words, acceptance does not impede them from their ongoing endeavour to manage the practical challenges introduced by their disabilities in their daily lives (Shin & Kim, 2017; Smart, 2001).

All of the participants felt guilty for not fulfilling their responsibilities as the eldest son in the family

and for showing signs of being sick to their parents. These problems seem to be due to some extent to the Confucian filial piety and patriarchy in Korea. In Confucianism, filial piety was considered to be to do all your heart when your parents were alive, to perform the rite well with respect and love after death, and to give birth to a son so that the rite would not be interrupted. According to Confucius, the beginning of filial piety is to cherish the body received from parents and not to damage it carelessly. Furthermore, previous studies have shown that men with traditional gender role attitudes have higher gender role conflicts, which cause negative emotions such as depression (O'Neil, 2008). Participants also experienced negative emotions by seeing themselves unable to recover to their previous state and their parents sacrificing for themselves. This suggests that it is necessary to improve social awareness of gender discrimination in the process of accepting disabilities in Korea.

Persons with disabilities were found to accept their disabilities after witnessing other persons with disabilities maintaining a positive outlook on life or by gaining self-control by pursuing sports activities within their capacity range to address the physical constraints caused by their disabilities (Lim & Han, 2004). The participants in this study followed such strategies as well. Participant 1 gained confidence after witnessing a demonstration by a group of para-athletes who visited a military hospital by chance. Participant 2 visited a gym after being discharged from the hospital and met other individuals with disability, who were leading their daily lives positively; this meeting renewed his hope in life.

In this respect, professional intervention methods targeting soldiers with disabilities should incorporate activities to help them regain physical control and enable mentoring by fellow individuals with disabilities to improve their mental and physical health. Moreover, after peer counselling, many counsees displayed improved self-esteem and enhanced motivation for self-accomplishment, which aided their autonomy (C. Han & Kim, 2018). Further, studies reveal that exercise programmes not only improve physical functions, such as muscle strength and flexibility, but also induce psychological changes, such as enhanced confidence in exercising and adherence to exercise, in individuals with physical disabilities (J. Kim et al., 2020).

Despite being classified in grades 1 and 2, which denote severe disabilities, in the national meritorious service award system, the participants in this study persistently strive to overcome their challenges. Typically, individuals classified under grade 1 are those who have lost all labour capabilities; have only restricted mobility; and, consequently, enjoy limited societal engagement (Y. O. Yoo, 2011).

Although the Act on the Honorable Treatment and Support of Persons of Distinguished Services to the State offers benefits such as education, employment support, and medical care to those injured in the line of duty, these provisions often appear nominal to those with severely limited mobility (Enforcement decree of the act on the honorable treatment of and support for persons of distinguished service to the state, 2022). Distressingly, a majority of the young and middle-aged individuals with severe injuries live in solitude due to their conditions and are dependent on caregivers for their daily activities (Y. O. Yoo, 2011). Evidently, these individuals routinely confront immense physical and emotional challenges to leading normal lives. To address this issue, the government inaugurated Heart Sharing Centers (마음나눔터 in Korean), which offer psychological rehabilitation to the beneficiaries of veteran disability schemes, in July 2018. Primarily, these centres ensure the psychological well-being of persons of distinguished services to the State, including disabled soldiers and their families. However, since these centres' services are currently limited to only six regions (Seoul, Busan, Daejeon, Daegu, Gwangju, and Incheon), not all who require assistance receive it. Hence, there is a compelling need to extend the reach of these Heart Sharing Centers across all 17 provinces and their municipalities.

On their journey to disability acceptance, the participants of this study experienced anxiety and fear due to the scarcity of pertinent information. This information gap ranged from understanding specifics of their disabilities to leading day-to-day life with a disability, including the details needed for their professional lives. While the MPVA and Regional Veterans Administration offices maintain websites having information pertinent to soldiers with disabilities, including details on applying for available benefits and types of support, there remains a significant lack of information on details beyond support content and the nature of the disability itself. Other primary websites used by soldiers with disabilities, such as those of military hospitals, remain deficient in this vital information, as well. Hence, the government must ensure that soldiers with disabilities have easy access to comprehensive information relevant to their conditions.

The participants in this study reported feeling abandoned during the time they spent in military hospitals following their accidents and having struggled with intense emotions such as despair, depression, and suicidal ideation in the absence of professional counselling. In this context, it is noted that the Armed Forces Capital Hospital established the Mental Health Promotion Center in 2011 as a distinct institution from its pre-existing Department of Psychiatry. This centre offers educational and counselling services to curb suicidal

tendencies among soldiers and runs a specialized post-traumatic stress disorder (PTSD) clinic. Currently, mental health promotion centres are sprouting in various military bases to systematically ensure the mental well-being of military personnel; however, there remains a palpable shortfall pertaining to the presence of large numbers of disabled soldiers and their prolonged hospital stays. It is imperative to augment the presence of such centres in military hospitals countrywide. Due to the importance of psychological adaptation in ensuring the rehabilitation and autonomy of persons with disabilities (Nam et al., 2013; C. Yoo, 2017), it is essential to design interventions to address the individual needs of soldiers and ensure that they receive customized mental health care.

Most South Korean men are obligated to serve in the military and fulfil their duty of national defence, as mandated by Article 39 of Chapter 2 of the Constitution. The participants of this study were unfortunately involved in safety incidents during their mandatory military service. Their post-accident experiences were marked by feelings of helplessness and resentment, which were caused by the absence of any official explanation of the safety incidents and any expression of regret or concrete plan to prevent any such event in future. In this context, the Disclosure of Patient Safety Incidents initiative spearheaded by the healthcare sector merits particular attention. This initiative outlines a structured procedure to be followed by healthcare professionals in the event of a patient safety incident, regardless of whether it resulted from a medical error (Ock, 2016). The procedure involves four stages: 1) Taking the initiative to explain the incident to the patient and caregiver and conveying empathy and regret, as well as a commitment to investigate the root cause; 2) issuing apologies if the incident is found to be the result of a medical error; 3) providing suitable compensation, contingent on the severity of the damage inflicted by the medical error; and 4) pledging efforts to avert similar incidents in the future. This initiative has yielded several positive outcomes, particularly a reduced inclination to penalize healthcare professionals, enhanced trust in the doctor—patient relationship, and increased willingness to attend future medical visits (Ock et al., 2017). This is applicable to the military domain, as well: By adopting a response strategy similar to the Disclosure of Patient Safety Incidents initiative, military personnel can potentially temper the adverse emotional responses of individuals affected by safety incidents. Therefore, a priority should be assigned to the design of appropriate response guidelines for events transpiring during mandatory military service.

This study has the following limitations. In this study, two national para-athletes were selected as participants through purposive sampling to clarify the disability acceptance experiences of soldiers with disabilities. Follow-up research should examine the life trajectories

of soldiers who have accepted their disabilities and are living in various life contexts. In addition, it will be meaningful to conduct a study on the difference in disability acceptance experiences according to gender in consideration of the background such as Korea's traditional patriarchal culture and social system. Finally, this study used the concept of disability acceptance in previous studies to ask participants if they accepted the disability, and conducted a study on those who responded that they did. Respondents' opinions on the question were respected, and qualitative interviews were sufficiently conducted to confirm whether they accepted the disability. Nevertheless, we acknowledge the limitations of not using the scale to determine disability acceptance.

Conclusions

This study provides an in-depth understanding of the disability acceptance experiences of individuals who, after enlisting as active-duty soldiers, became disabled due to military accidents. For this purpose, a qualitative case study was conducted on two soldiers with disabilities. In their efforts to accept their disabilities, the participants encountered not only physical hardships but also psychological and societal challenges. Despite coming to terms with their disabilities, the participants continued to endure disability-related discomforts every day. To improve the autonomy and societal integration of soldiers with disabilities, a holistic support system must be established. This system's functionality should extend beyond the simple maintenance of soldiers' physical abilities and encompass mental health services tailored to individual needs, the provision of varied information, caregiving services, and other welfare offerings. The significance of this study lies in its pioneering examination of the disability acceptance experiences of soldiers with disabilities at a time when practical policy discussions on these individuals remain scarce.

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Notes on contributors

Haneul Lee is a researcher with a master's degree in counselling and is interested in qualitative study and public health issues.

Jeehee Pyo is a PhD candidate in preventive medicine and is interested in qualitative study and patient safety issues.

Minsu Ock is an associate professor at University of Ulsan College of Medicine and is interested in qualitative study and patient safety issues.

Hyun Joo Kim is a professor at Korea Counseling Graduate University and is interested in qualitative study.

ORCID

Haneul Lee  <http://orcid.org/0000-0001-9252-3738>

Jeehee Pyo  <http://orcid.org/0000-0001-7644-8088>

Minsu Ock  <http://orcid.org/0000-0001-9949-9224>

Hyun Joo Kim  <http://orcid.org/0000-0003-2644-0728>

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