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Reconstructing self-narratives in coping with traumatic brain injury

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Abstract

This study examined qualitative data from ten individuals with traumatic brain injuries (TBI) who felt at ease with their current situations. An analysis based on the grounded theory method revealed that one's experience of coping or adjustment to the disability was represented as narratives about him or herself. Each one with TBI reconstructed certain self-narratives in coping with their changed self-images and daily lives. The common narratives were classified into five categories: "the self better than others," "the grown self," "the recovering self," "the self living here and now," and "the protesting self." These self-narratives reflected renewed ways to view the selves, which were conceptualized to be intact "in spite of TBI" or to be worthwhile "because of TBI." The informants achieved this conceptualization by managing their perspectives on time or on space. This classification will serve as a framework for rehabilitation practice and for future research. © 2000 Elsevier Science Ltd. All rights reserved.

Keywords: Traumatic brain injury; Rehabilitation counseling; Adjustment; Self-image

Introduction

This study constitutes characteristic ways that individuals with traumatic brain injuries (TBI) describe their current situations when they feel relatively at ease with their lives. Many individuals with acquired disabilities, in fact, confront new lives that seem to have lost something believed to have been meaningful for them up to the time of their disabling experience. Because of the sense of loss, the individuals can altogether experience serious stress that threatens their psychological equilibrium and well-being (Holmes & Rahe, 1967; Russell, 1981). To overcome the unwelcome tensions and to "rehabilitate" themselves, they

may have to clear the task of not only cognitively and emotionally adjusting to the disabilities but coping with the changes in life as well. Rehabilitation professionals have evidently discussed how they can assist their consumers to illuminate that task since the failure indeed can interfere with the presumable intervention. This is also true of the field of TBI rehabilitation (Miller, 1993; Ponsford, 1995).

However, it is not well known what coping with the changed lives means in the experiences of people with TBI themselves. Logical arguments can be offered for this serious omission. First and foremost, rehabilitation professionals tend to pay more attention to individuals who have problems in managing their new lives. It is natural that the professionals wholly devote their main duty. Yet individuals who seem to succeed in coping with the disabilities should be examined, too. Caplan (1964) once wrote that clarifying characteristic life-

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styles of people who enjoyed a good quality of life was important to develop a prevention program against psychiatric problems. In this respect, those life-styles are likely to constitute a guideline that one can refer to for the purpose of maintaining the sense of well-being. In the same vein, characteristics of individuals with TBI who capably manage their changed lives can furnish worthwhile insight to professionals of TBI rehabilitation. Also, what they say and do in natural context may suggest viable strategies that many other people with TBI can use in their everyday lives to more decisively cope with difficulties accompanied by TBI.

The author focuses on narratives of people with TBI, or what they articulate about their lives. A narrative is a story constructed with language, which meaningfully connects concrete events and has a beginning and an end (Bruner, 1986; Sarbin, 1986). People construct narratives while interacting with other people and society. Individuals in the same category, such as women and black, can carry similar narratives because of life situations that they share (Richardson, 1990). Recent disability studies are interested in narratives of people with disabilities that reflect their unique perspectives (e.g. Bogdan & Taylor, 1994; Capps & Ochs, 1995; Karp, 1996). This study isolates and analyzes a number of narratives that individuals with TBI share when they seem to cope with their changed lives. It intends to learn from people undergoing TBI themselves so that rehabilitation services for them can be increasingly improved.

Method

The author used qualitative research methods for this study, including in-depth interviewing and participant observation (Bogdan & Biklen, 1998; Glaser & Strauss, 1967). The study was part of a larger project that investigated the subjective experiences that people with TBI encounter in relation to their TBI. The method was described in other reports concerning the project as well (Nochi, 1998a,b).

Informants

Ten adults who participated in this study were recruited from a local TBI support group in a middle-sized city located in the eastern region of the United States. In particular, the author had been involved with this specific group for more than 2 years. These informants were not randomly selected, but the following criteria were used: the individual understood that he or she had TBI; the individual lived in a community after discharge from a hospital; the individual exhibited observable language and intellectual abilities for in-depth interviews; and, finally, the individual was

Table 1
Background of the informants^a

Name	Age (years)	The cause of injury	Length of Coma ^b	Post-injury (years)	Main neurological/neuropsychological deficits ^b	Marital status	Employment status
Ben	32	Fall	Unknown	12	Changes in STM (short-term memory), speech, and ambulation	Single	Unemployed
Don	50	Car accident	Unknown	10	Changes in STM, attention, and emotion	Single	Unemployed
Ed	49	Car accident	2 months	3	Changes in STM, attention, emotion, and sense of taste	Married	Full-time
Fred	30	Car accident	1 month	11	Changes in STM, LTM, and emotion	Divorced	Unemployed
Jack	27	Car accident	1 month	7	Changes in STM, speech, and limb coordination	Single	Part-time ^c
Karen	24	Car accident	2 weeks	4	Changes in STM and hearing	Single	Part-time
Lisa	54	Car accident	0	28	Changes in STM and attention	Separated	Student
Norm	28	Car accident	4 months	6	Seizure disorder and a change in STM	Single	Unemployed
Richard	45	Sports injury ^d	0	9	Changes in STM and emotion	Divorced	Self-employed
Sam	40	Car accident	0	5	Changes in STM and emotion	Single	Student

^a Note. All information was current at the time of the interview.

^b This information is from the informants themselves and/or from their families.

^c When the author conducted another interview with him three years later (10 years post-injury), he was unemployed.

^d He had two accidents: one was an accident during training 9 years ago, and the other was a car accident 7 years ago.

interested in talking about and reflecting on his or her experience. By and large, the informants did not represent the entire TBI population. People characterized by lower self-awareness due to TBI, for instance, are likely to have an altogether different sort of narratives.

The informants' background information, as well as their main neurological and neuropsychological deficits, is presented in Table 1, with names changed to protect their privacy. They consisted of two women and eight men whose ages ranged from 24 to 54 years. In general, the time since the injury ranged from 3 to 28 years, with the mean of 9.5 years. They attended a TBI support group and/or participated in a program designed for people with TBI by the independent living center. They all had an awareness of their injuries and a willingness to be identified as an individual who sustained TBI. Brief life-stories of some of the informants were presented in Nochi (1998a).

Data collection

The author conducted in-depth interviews with the informants, as well as participant observations of them, to collect qualitative data. First, the author began to have conversations with the informants at the independent living center or to participate in their daily activities to build rapport. Participant observations of them were also started during this period in order to record their remarks and actions in natural settings. Requiring a fair amount of work, the length of the observation varied with the informant, ranging from several hours to several days in total.

After establishing rapport with each informant, the author conducted two or more semi-structured interviews, each of which lasted from 45 to 60 minutes. The author asked open-ended questions about the interviewee's background, rehabilitation activities, present situations, and plans for the future. The author paid attention to the interviewee's thoughts and feelings about him or herself in particular and asked him or her to recall specific episodes, situations, or events that seemed to be related to these thoughts and feelings. Following each interview or observation session, comprehensive fieldnotes were written, which chiefly included word-for-word transcriptions of the tape-recorded interview as well as the author's feelings and reflections. It deserves special mention that the resulting fieldnotes filled almost 600 single-spaced pages.

Data analysis

The author conducted data analysis inductively using the grounded theory method (Corbin & Strauss, 1990; Glaser & Strauss, 1967). Linked in terms, the analysis started with a data set from a particular informant during the data collection. The author did the

open coding by picking up that informant's remarks and actions that seemed to suggest his or her perspective on his or her life conditions after the injury. These remarks and actions were used as concepts, namely, basic units of analysis. The author focused on concepts that seemed to connote neutral or positive views of the current situations, while negative views were also identified for another part of the project. These concepts were provisionally grouped and organized, and accordingly each group was also given a name. The author then checked whether the concepts and their organization were consistent with the whole picture of that particular informant.

In the next stage of analysis, the author used the group of concepts as a guide to do the coding of a data set from another informant. Some concepts were added or changed in this process so that they could cover both of the data sets. The author also developed categories that represented their basic strategies to cope with their changed lives. Above all, refinement of concepts and development of categories were continued until the author finished comparing all the data sets from the informants. Several times during the analysis stage, the author also wrote analytic memos, which included possible relationships among concepts and developing themes together with supporting data. A senior researcher, well experienced in qualitative research, read these memos to see if the analysis was logical and if it fitted to the data. Finally, resulting categories were presented at a TBI support group meeting, which many of the informants attended. The author's analysis received affirmative responses from them.

Findings: narratives reconstructed about the self

Several categories emerged from the qualitative data based on the informants' remarks. Those categories were concerned with stories about self that the informants reconstructed when they saw their current lives in either positive or neutral ways. People with TBI are not coping with their TBI or changed lives just by "accepting" their injuries. Instead, they seem to ultimately revise their self-narratives by changing the appearance of their past and future or their environments. At all events, this section briefly presents five typical categories that at least three of the informants mentioned in their remarks.

The self better than others

The first category is called "the self better than others," which was mentioned by seven informants. They contrasted the present self with comparable images that looked worse. For instance, some infor-

mants often said, “Things could be worse,” suggesting that they juxtaposed their current situations with possible worse ones. “Things” were sometimes involved with their functional changes. When an informant, Ben, remarked, “My hand-writing is not the best, but it could be worse,” he obviously imagined a situation in which he could not write at all. Also, “things” could be related to more general life situations. Another informant, Don, frequently used this phrase when he casually talked about his everyday life. He stated, for example, “Something is wrong with my car brake, but it’s all right. Things could be worse.” He seemed to have in mind a more negative condition that he might experience in his daily life.

From time to time, a model of a “more negative condition” was supplied by other people who presented apparently more severe TBI symptoms. To illustrate, an informant named Ed recollected what the nurses had referred to other patients with TBI; “A lot of people are a lot worse off than I am, and — knock it off. You’re getting better; they never will.” He stated that he still believed in this remark. He occasionally soothed his feeling of grief about his loss when he saw some patients in the hospital who sustained severe TBI symptoms. Also, the comparison with other people with TBI may allow the individual in acquiring greater motivation for future planning. Another male informant, Sam, remembered that seeing other individuals with more severe TBI had been helpful in initiating thoughts about what he could do in society. He said, “You know, [I thought] ‘OK. I did survive.’ You talk with some more people who survived. You see, your injury is not the worst.” In fact, he decided to return to school while wondering what he would be able to do in the future with his remaining strengths.

Moreover, the informants compared themselves in terms not only of functional changes accompanied by TBI but also of the influence of TBI on their entire lives. A typical example was found in Richard’s narratives. Talking about a young friend with TBI who was 20 years old, he said;

I was older. He was a younger man when he got injured. I was thirty...seven? Yeah, I was 37 when I was injured. So, I already lived pretty much my...you know, not much was going to be changed for me. I didn’t miss anything. You know, I have pretty much life experience by 37... I feel bad for them [younger people with TBI] because they are never going to have, have girlfriends...

It is doubtful whether young men with TBI really are unable to have girl friends, but this comparison certainly helped Richard to reinterpret his life as a whole. Thus, he repositioned himself in his self-narrative by contrasting the two lives from a broader perspective.

The grown self

The second category was named “The grown self,” which was included in six informants’ narratives. They stated that the experience of TBI had contributed at least a certain positive characteristic to the scenario of their lives. One type of this category commonly involved their pre-injury lives that were undeniably narrated in a negative tone. Ben, for example, remarked; “My use of alcohol mixed up things for me quite a bit [before the accident]. I just — When I had my accident, it was kind of a balancing because it stopped my drug use and alcohol use for a while.” In actuality, it was not immediately after the accident when he completely stopped abusing alcohol and drugs. He certainly considered the accident a fundamental step toward abstinence, however. Another informant, whose name was Fred, also explained in detail that he was grateful to the woman who had hit him in the accident because he could stop illegal drugs thereafter. He admitted, “If she didn’t do what she did, I probably would be dead by now if I lived the same way I was.” These informants constructed a story that their accidents brought on them new lives that they could not have expected with their pre-injury lives. Although they were conscious of their functional changes that were apparently negative, they believed that they had been grown as seen from a moralistic point of view.

In another type of this category, the informants indicated that they acquired an insight into themselves or other people because of their TBI experience. A prime example, Ed, said that he had discovered a new characteristic in himself that made him feel good. He readily related;

I don’t want to forget how bad I was because — I feel that I’ve worked so hard and trying to be better that — why should I forget it? I deserve a pat on the back for it... I like the idea of being — a guy that has been through something this bad. And I’m strong enough, mentally and physically, to conquer it. I like that feeling.

Another informant named Lisa came to understand other people better by associating her TBI experience with their “problems.” She stated, “I think it [the TBI experience] has really expanded my appreciation of other people and problems.” Becoming central to her purposes, she also linked this insight to her future direction and studied at a graduate school to become a rehabilitation counselor. Thus, each of the informants presented their TBI experience as a momentum for growth while they developed images of themselves that were becoming better toward the future.

The recovering self

The third category was “The recovering self,” which was mentioned by four informants. They presented themselves as being on their way back to the selves before the injuries. For example, Ed was making an effort to restore the previous self, believing in his recovery. In snatches of dialogue, he explained with confidence;

I’ll keep probably working on it for ten years, twenty years, no matter what, you know? I’m not looking forward to... never being 100% again. But I think I’m going to be very close to be 100%.

It may be a commonly held expectation to keep the hope of recovery in the early stage of rehabilitation (Nochi, 1997). The informant had an accident just a few years ago, and so he was not an unusual case. However, much the same would sometimes be true of the informants who had survived the injuries for many years as they carried a story of future recovery. An example could be found in Ben’s remarks. He had sustained a TBI 12 years before, but he still presented himself as the one who was recovering to the pre-injured self. He talked about some recent experiences, interpreting that they exemplified his on-going recovery. Drawing attention to one of the incidents, he discovered his résumé without searching for a long time. Reporting this to the author, he said, “I’m not even worried; there’s some confidence it [=memory] would be improved.” The sense of heading toward the goal of recovery made him feel at ease even though he had not yet reached it.

The informants who had this category in their narratives positioned idealistically their past selves in the future and used these images as the guides of daily activities. For instance, an informant whose name was Norm voluntarily started to play a computer game thereby hoping his memory would be restored. Clearly feeling productive, he responded, “I now like any computer things, and there’s one game, memory game... I wish I could get better. That’s what I’m keeping concentrating on.” Another example was Jack, who chose a part-time job of pushing a cart at a grocery store because he expected that it would distinctly facilitate the recovery of his balance and muscle strength. Both of these informants became motivated to move toward the more positive selves. In the sense of approaching their “true” selves in the future, they seemed to feel better about themselves at present.

The self living here and now

This category, “The self living here and now,” was conveyed by four informants again. It seems that they

were trying to restore the feeling of self-worth without contrasting themselves with other people or their pre-injury self-images. For instance, Fred asserted that he was “normal”, by emphasizing the individual differences among people in society. Taking this into account, he stated, “OK, I had a head injury. OK, I don’t have a leg... That’s normal for me... Normal is what you believe. I believe I’m normal.” As far as practicable, he refused to use other people’s norms to evaluate himself, dissociating his own viewpoint from others. This strategy of dissociation can essentially be found in another part of his remarks, too. The following statement suggested that he attempted to pay exclusive attention to the present time;

Every day I live for today. I do everything *for* today because, to me, the past never comes back... If I look at life from that respect, it gives me respect. It gives me hope. That’s [how] I can make today, like, better than yesterday, and I don’t worry about tomorrow [The emphasis is his].

Admittedly, he condensed his life-story both spatially and temporarily and thereby acquired the viewpoint of “here and now.” It seems that, by constructing this narrative, he succeeded in feeling self-confident with his present status.

Some other informants employed similar strategies to focus on the selves that existed here and now. Sam, for example, did not like to use a word like “recovery” because it was strongly associated with the pre-injury conditions. From this frame of constructs, he maintained that thinking of himself before the injury often made him depressed. Instead of that word, he concentrated on words like “progress” or “improvement” so that he could attach more significance to small, positive changes of his day-to-day performances. Also, Karen, a female informant in her twenties, kept as her motto the phrase of “one day at a time,” which enabled her to view her life in a short time span. The fact of the matter is that she had a dream of having a permanent job and getting married, believing that the accumulation of “one day” would carry her to the goals someday. In the daily life, however, she said to herself, “One day at a time. Don’t rush it, take it as it comes. Like tomorrow, whatever comes tomorrow, comes tomorrow.” With these strategies, the informants seemed to avoid looking down their present conditions from the future goals that corresponded to their past selves.

The protesting self

The last category was named “The protesting self,” to which three informants referred in their remarks. Given this category of narratives, they obtained a cer-

tain image of the world and, at best, learned what they should do in the world as individuals who had sustained TBI. One of these informants was Norm. Talking about his hardships of present life, he explained, “Thanks for everything costs so much money. I think that the world has switched so much since my accident... like the economy and moral of people. People are a lot ruder nowadays.” Whereas people with TBI are likely to associate their difficulties with brain damage, this informant considered that his difficulty mostly came from his social environment that was namely oppressive to people. He understood that his TBI had brought some challenges in his life; but in effect it was considered to be only one factor. Though he was not actively “protesting” against society, it seems that his view of relationship between him and society had been changed.

The other two informants had already implemented some actions to change the social environments for other people as well as for themselves. One of them, Sam, voluntarily accepted the role of the chairperson for a TBI support group. He worried that many individuals with TBI were isolated and had no one to talk to since people in society were likely to misunderstand them. Having an emphatic nature, he wanted to create a place where people with TBI could express their feelings and opinions without hesitation. The other informant, Fred, went further and tried to change the system that had been giving him a hard time. He observed;

Most of my concern right now is government, pretty much, red tape and bureaucracy of all this garbage. If someone has a problem, someone works for school to help people with that problem. But now you've got to go through all the red tapes and bureaucracy and all their regulations. Now you can't directly help exactly what I need to be helped because of their regulations.

With this unswerving attitude, Fred planned to start an agency to help people with disabilities to manage the system more effectively. He fairly believed that people's disabling conditions, as well as his TBI, were characteristically connected to the defective social environment. In the category of protesting self, the informants defined TBI not as “disability” or “impairment” but as a “handicap” (WHO, 1986).

Discussion

This qualitative study discovered several, typical categories that people with TBI carry when they cope with changed lives after the injuries. Apparently, those categories do not represent the whole spectrum of

TBI-related experiences because the individuals with TBI who participated in this study were highly selective. The TBI population includes many individuals who have difficulty in adapting to their TBI. Also, some people with TBI, unlike the informants in this study, sustain lowered levels of self-awareness due to more severe injuries. This study, however, did not try to clarify categories of pathological symptoms of TBI, with which much neuropsychological research has dealt thus far. Rather, the author intended to focus on coping strategies that individuals with TBI devise. These strategies may reflect a non-pathological aspect of TBI experiences, which people in general can understand while comparing it with their own experience.

This study adopted a qualitative research method to analyze data collected from a relatively small number of informants, which may appear to be another limitation of this study since generalization of the findings is difficult. Admittedly, the findings should be verified in future quantitative research to see whether they are applicable to other individuals from the whole TBI population. However, the qualitative method allowed a deeper analysis of individual informants' personal accounts for this study. Quantitative methods, which tend to use a large number of subjects and pre-conceived categories, might not produce a new hypothesis that closely corresponds to the subjects' experiences (Bogdan & Biklen, 1998). Thus, the findings of this study do not represent final truth but suggest a hypothetical model that has heuristic value. In the following sections, some implications of this study will be discussed.

First of all, the categories discovered in this study cover some part of self-narratives found in people with other types of disabilities. Many researchers interested in rehabilitation have studied the topic of coping with a disability, whereas other researchers have used the terms like “adjustment” or “acceptance” instead of coping (e.g. Andersson & Ekdahl, 1992; Elliott, Witty, Herrick, & Hoffman, 1991; Herrmann, Freyholdt, Fuchs, & Wallesch, 1997; Wasley & Lox, 1998). Although the nuances of these terms are slightly different, many of the research findings or theoretical statements observed in the literature can be “translated” into self-narratives. For instance, the acceptance of loss theory by Dembo, Leviton and Wright, (1975) maintains that acceptance of physical disability often accompanies the person's value change, such as subordination of the physique to non-physical characteristics. This represents reconstruction of one's self-narrative about the relative importance of his or her own characteristics. This kind of reconstruction is found in the category of “grown self” that is described above.

Self-narratives that this study discovered include some unique characteristics of the individuals with TBI

as well. Certainly, people with physical disabilities could allocate their identities with some aspects of “mind,” such as intellect. Using this strategy is not difficult in this society where people hold and share a common belief of the mind-body dualism and tend to consider the “mind” to be superior to the “body.” On the contrary, individuals with TBI cannot rely on the concept of mind so easily because many of them sustain cognitive and emotional changes, which seem to suggest the problem of their “minds.” Although the brain is certainly one bodily organ, our common knowledge says that the brain is a physiological representation of our “mind” (Johnson, 1990). People with TBI who are aware of their brain damage are obliged to use different ways in linking their identities to their own characteristics. The category of “grown self,” for example, involves acquisition of a moralistic viewpoint to believe in one’s growth. Also, in the category of “self living here and now,” the individual tries to distance him or herself from the current social criteria that attach value to him or her.

The self-narratives that assist the individual to get a neutral or positive self-image seems various, but it is possible to extract some common features in this variety. The five categories mentioned above can be classified when introducing two viewpoints (see Table 2). The first viewpoint asks how indeed one’s relationship with TBI is conceptualized in the self-narrative. Some people present narratives in which they have neutral or positive self-images *in spite of* TBI, as seen in the categories of “the recovering self,” “the self living here and now,” and “the self better than others.” Many narratives in these categories imply that there is a “true” self that TBI does not hurt. According to these logistics, people relatively dissociate themselves from TBI, supposing that it is something that should not exist. On the other hand, TBI and self have a different relation in the other categories, which mainly include “the grown self” and “the protesting self.” As a prevailing trait, the individual who carries these self-narratives believes that he or she has a neutral or positive self-image *because of* TBI. Thus, TBI has enabled him or her to acquire some characteristics that attach value to him or herself or that provide an opportunity to dis-

cover a goal of his or her life. Thinking so, the individual somehow connects his or her identity to TBI.

To classify the self-narratives that people with TBI construct, we can introduce the second viewpoint. This viewpoint concerns the aspect of self represented in the narratives. In the categories of “the recovering self,” “the grown self,” and “the self living here and now,” the self in *time* is virtually the main target in narrating about oneself. Individuals with TBI focus on their past, present, and/or future to reorganize their life-stories. It stands to reason that the time-perspective, or the view of one’s future and past at a given time in one’s life (Lewin, 1951), is changed in this case. On the other hand, people with TBI can also focus on the *space*, as observed in the categories of “the self living here and now,” “the self better than others,” and “the protesting self.” These categories involve self-narratives about the space where the individual lives. One’s perspective on the relationship with physical or social environments is changed there. Thus, the individual may manage the two aspects of self, self in time and self in space, to reconstruct the self-narrative after sustaining TBI.

This framework about self-narratives of coping with TBI serves as a guide for future research. Table 2 provides researchers with a broad picture about the variety of experiences that people with TBI have. In this respect, researchers can conduct further study with qualitative and quantitative methods, investigating each cell of the table. Many previous studies concerning coping with or adjustment to disabilities have focused on some part of this framework. For example, the literature suggested that one’s psychological well-being is related to his or her time-perspective (Lenning, 1992; Mahon & Yarcheski, 1994; Shmotkin, 1991). These quantitative studies are related to the row of “Self in time” in Table 2. It does not seem, however, that the cell that includes “the protesting self” has not been fully researched. In addition, each cell of the table may have some other types of self-narratives that researchers may find with qualitative research methods. In order to clarify diverse strategies that can improve the lives of people with TBI, cautious yet farsighted studies of every cell in Table 2 should be conducted.

Table 2
Five types of narratives of coping with traumatic brain injuries

	In spite of TBI-related changes	Because of TBI-related changes
Focusing on life as time	The recovering self	The grown self
Focusing on life as space	The self living here and now	The protesting self
	The self better than others	

By using this table, one may also be able to indicate a common career that people with TBI go through after the injury. Narratives in the group of “In spite of TBI,” thus, seemed to be constructed earlier in the TBI experiences even though people continue to use those narratives to maintain their senses of well-being. For instance, Ed, who compared himself with other individuals with TBI, stated nurses had taught him this strategy when he was hospitalized. Another informant named Karen, who believed in the motto “One day at a time,” vaguely remembered that she learned it from TV when she stayed at home after the injury. It is known that one’s perspectives on his or her disability or chronic illness can be changed over time (Charmaz, 1991; Karp, 1996). By the same token, people with TBI may gradually shift the focus of their self-narratives from “In spite of TBI” to “Because of TBI” while using many types of narratives in different occasions. It can be also hypothesized that people need to have a period of separating themselves from disability in order to incorporate it into their self-images. A longitudinal study is necessary to confirm these hypotheses in the future.

Implications for rehabilitation counseling

After encoding the narratives and their attributes, I would like to discuss this study’s implications for rehabilitation counseling. First of all, self-narratives could be a worthwhile focus of psychological intervention of people with TBI. More professionals in general counseling and psychotherapy are paying attention to their clients’ narratives (Kelly, 1996; White & Epston, 1990). A reconstructed narrative substituted for a dysfunctional one in a counseling process may orient the individual to new actions that are more suitable to his or her characteristics (Gergen & Kaye, 1991). The categories found in this study represent a reliable variation of self-narratives that an individual with TBI can aim at to have a positive or neutral self-image. They are what the informants with TBI actually constructed, not what professionals tenaciously pressed upon them from outside. Hence, other individuals with TBI, too, may be able to develop similar narratives without much difficulty if counselors willingly provide some help. These self-narratives can assist people to minimize, avoid, or overcome self-devaluation. This would provide a basis for considerable rehabilitation practice, supporting the client’s motivation for future planning.

Counselors should know that the clients can have more than one narrative about themselves. Many of the informants in this study used two or more self-narratives at different points in time without persisting to one. Crisp (1994) classified four types of individuals with TBI about their attitudes toward community integration, and no overlap of individuals was reported

among those types. This simplification certainly contributes to the intelligibility of his findings, but reality may be more complex, as the present study has suggested. Recently, theorists have criticized the concept of a consistent, unitary self and have developed a concept of multiple selves that co-exist within a person (Hermans, Kempen & van Loon, 1992; Hoskins & Leseho, 1996). The results of this study may echo this recent concept of self. According to Hoskins & Leseho (1996), the fundamental idea of multiple selves could assist the client to develop new possibilities and expand their roles in society. Likewise, people with TBI may be able to carry a repertoire of self-narratives, drawing upon various alternative ways to facilitate the coping process. By and large, understanding the advantages of multiple selves, the counselor should suggest that clients look at another narrative when they face any difficulty with a certain narrative.

Also, it is critical that self-narratives are developed in interaction with other people, society, and culture (Gergen, 1994; Hermans et al., 1992). Rehabilitation counselors can work on clients’ environments to assist their clients’ reconstruction of narratives. For instance, a rehabilitation counselor can help clients to reorganize interpersonal relationship so that it supports their newly-developed self-narratives. Rightly so, one could not make up and believe in a self-narrative freely. If other people are unanimous in saying that the narrative is not valid, the individual will not be able to maintain it. The counselor could educate or counsel the family members or community people to have them share such narratives as the clients construct about themselves. A client with TBI, for example, may want to have a narrative where he is still a bread winner of the family, although he has already lost his job. Even so, the counselor can explore possibilities and conditions in which the client can recover a role in the family that is equivalent to the one of a bread winner. In accordance with this, it is often necessary for the counselor to introduce to the individual or organize a group whose members are likely to accept the client’s self-narrative. A support group that is composed of people with similar disabling conditions may be helpful in this collaboration.

It should be noted that the self-narratives presented above are not always recommendable for the intervention, and so counselors should not stick to one specific narrative. For example, the categories of “the self living here and now” and “the grown self” seem to represent strategies of neglecting the fact of social impact on disabling conditions. It is certain that there are occasions and conditions in which the clients gain positive self-images through those narratives. However, counselors should not exclusively encourage such narratives all the time. It is well known that some difficulties that people with disabilities go through are

transmitted by social environments (DeJong, 1979; Nosek, 1998). Rehabilitation counselors should consider the client's recovery stage, age, and other contextual factors when assisting the construction of the client's self-narrative. In general, the story of associating the client's difficulties to their environmental factors may become more important as he or she is in the stage of going back to the community. But more studies are needed to examine in-depth what one gains and loses when constructing a certain self-narrative.

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