Rebuilding Identity Through Narrative Following Traumatic Brain Injury

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Best Practices and Narrative

"We are born into the ongoing stories of our community. Just as scientific theory makes intelligible what were before seemingly disparate facts, so these stories impose an order on events and experiences, which appear unconnected when taken in isolation. These stories do not merely illustrate or symbolise the self; they embody the self; they are the self." (Giles, 1997, p, 1).

During the past ten years I have witnessed the struggle that is intrinsic to the process of recreating one's sense of identity following a traumatic brain injury (TBI). As a community-based rehabilitation therapist I too have struggled with how best to help someone with TBI restore his or her former life in the face of irreparable damage to neurological functioning and the erosion of identity. Current best practices in rehabilitation for people with TBI revolve around the concept of regaining lost abilities while learning to adapt to functional limitations. While traditional cognitive-behavioural methods are helpful in addressing these physical and cognitive disabilities, they do not speak to identity dilemmas that the client, the experiencing individual or the self must contend with. It is this issue of redefining self following the devastation of identity that I have come to view as central to the successful metamorphosis of an individual from one identity into another. It is also this particular issue that appears to be missing from traditional rehabilitation programs.

In broad terms, rehabilitation has been defined as the development of an individual's potential, consistent with his or her impairment level and with consideration to environmental limitations (Whyte & Rosenthal, 1988). The common goal of most rehabilitation programs for people with TBI is to "reduce handicap by optimising an individual's functioning" (Finlayson & Garner, 1994, p. 4). These descriptions attempt to capture the essence of professional aspirations in the treatment of a wide range of disabling deficits following TBI. Their intention is to consolidate a complex field of endeavour and to provide a useful, practical focus for rehabilitation efforts. But in so doing, they also function as perceptual templates that indicate how an individual with TBI is constructed or perceived by rehabilitation professionals. They are indicative of the limitations of the clinical perception of TBI as an incurable medical condition. In that sense they apologise for the inadequacy of current treatment methods; they presuppose an incomplete and unsatisfactory end to rehabilitation. Most notably, they underestimate the capacity of the client, the self, the experiencing identity, as a viable force in its own reconstitution.

The problem with defining TBI only in neurological terms is that it dictates a course of action that is only consistent with neurological reactions and clinical symptoms. Aggressive behaviour for example, becomes characterised as loss of impulse control combined with frontal lobe dysfunction. Medications and behavioural techniques are then employed to stop the loss of control and compensate for the impulsivity, thus solving the problem in the best way that professional thinking has at its disposal. However, aggression is also about rage and frustration, about outrage at having to accept limitations and stigma. It is about irrational desire and the fury of people at being excluded from the very society where once they helped define the inclusion criteria. These angry voices require a resolution that is beyond the narrow focus of current cognitive-behavioural definitions of rehabilitation. I propose that narrative has the ability to address these natural expressions of outrage.

How do people reconstitute their essence and establish new meaning following identity-shattering trauma? Must we not re-invent ourselves; come up with a new narrative of who we are and how we came to be where we are? Do we not, as beings driven to make sense of the world around us, need to see ourselves as a meaningful, viable part of society? In essence, we need to re-write our story.

It has been said that stories constitute our lives (White, 1993), and how we construct them determines what meaning we give to the past and what aspirations we hold for the future (Eron & Lund, 1996). Determining our reality through the meaning we assign to events is a process that most of us are unaware of in our daily lives. However, an individual coping with the effects of a traumatic brain injury is very cognisant of how their reality has changed, although he or she may not be aware of their power to affect that change.

My involvement with people who are desperately engaged in a process of self reinvention has led me to believe that story telling, or a narrative approach, can be used as an adjunct to current rehabilitation methods. Although counselling is often included in treatment approaches, sessions are usually too infrequent and during the later stages of recovery, too removed from the environmental contexts where problems with coping exist. In community rehabilitation settings, psychological intervention is directed at cognitive-behavioural issues such as strategies to improve executive functioning or non-compliance to treatment plan goals. Individual counselling is usually centred on coping with grief over the loss of the old self and teaching the

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acceptance of injury-imposed limitations. The emergence of a new self in the wake of traumatic injury is assumed but not fostered through treatment plan objectives. In effect, people with TBI have little to say about who they are becoming in current community rehabilitation programmes.

A narrative approach that helps individuals redefine who they are becoming through a process of self re-invention, is intuitively complementary to traditional rehabilitation methods of regaining functional abilities. Indeed, traditional approaches may be enhanced by incorporating the reconstruction of an empowered, sustainable concept of self, capable of being motivated by aspirations for a etter future. I have chosen to approach narrative from a psychological perspective, rather than from a sociological, philosophical or political view, in order to speak to the rehabilitation paradigm most commonly associated with affecting change in the lives of people with identity crises as a consequence of trauma.

The Construction of Narrative

The narrative approach has its roots in a social constructionist view of reality, which focuses on the interaction between social structures and self, rather than on the self as an unalterable experiencing entity. In essence, social constructionism is not concerned with what the self is, but how the self exists. The inquiry is not about the true nature of self, but rather how the self is constructed through discourse (Potter & Wetherell, 1987). This concept of the construction of self through language has important implications in the study of narrative as a means of redefining self following TBI. As Gergen (1999) points out, "the meaning of our world is generated through the way we use words" (pg. 35). There appears to be however, no singular truth to the relationship between words and events. That is, in spite of the commonly held belief that some words capture the essence of reality better than others (the language of science in particular), there is no limit to our "forms of description" (Gergen, 1999, p. 34) concerning an event. Consequently, there is no necessary relationship between any one means of expression and reality. According to the basic tenants of constructionism, reality is pluralistic and not objectively discernible. We therefore interpret experiences through worldviews that are unique to each individual, and there exists no essential truth or elementary self, lying inside an individual waiting to be uncovered. Instead, the self is conceived, not as a thing, but as "a process or activity that occurs in the space between people" (Freedman & Combs, 1996, p. 34). Accordingly, the self is a dynamic, changing aspect of human experience that is not only amenable to change, but depends upon change to exist.

Consider how such a radical notion of how one's self is constructed might impact on a person who has always believed in a cohesive unity of being. The idea that meaning does not reside within a stable, unalterable self, but is inherent in communication has revolutionary implications for the understanding one's identity following TBI. Essentially, self can no longer be perceived as the centre of reality; it exists by virtue of its relationship to linguistic expression, and language becomes the pervading centre of meaning, not the individual. According to Kenneth Gergen (1991), the postmodern fragmentation of self creates a new conception of being that is more capable of change, and a world or reality that is "freed from the limiting constraints of the past" (p. 248). For persons with TBI, who have been thrust into an accelerated rate of change, embracing a deconstructionist view of self, although initially unnerving, can offer the hope of rebuilding a new way of being through reauthoring or rewriting their identities according to ever-changing opportunities.

People who live with the post-trauma effects of brain injury understand the impermanence of identity at a 'gut' level, even though their ability to think about it or articulate it may be limited. Although they struggle to regain their footing; to recapture the security of being that is offered through well-meaning observers such as therapists and family, the illusion of a stable, unalterable self has been shattered. Even if the pieces can be reassembled, the reflection of the old self is now distorted. It is that distorted image that people with TBI recognise as alien and unacceptable, a mirror of self that is reflected through interactions with others and is only subjectively perceivable. One person with TBI confided that although everyone kept telling her how much better she was, she knew that when she saw herself in the mirror, a different person was staring back at her (Anne, 2002, personal communication). Another young man told me that recovering was "like being born again, but into someone else's body" (Jon, 1994, personal communication). Although not many people are as articulate as Anne and Jon, people with TBI know that they have changed and they struggle to undo that change; to repair themselves rather than to reinvent themselves. They do this because reinvention is not an option presented by society or by the medical-rehab professionals, whose prescription for normalcy they attempt to fill. But it is through the remaking or reinvention of self that identity can be resurrected. Metaphorically, the rebuilding of one's life following TBI needs to be seen more like a phoenix rising from it's own ashes, rather than gluing the pieces of a shattered mirror back together.

Narrative Solutions for People with TBI

Resolving the personal identity crisis that people with TBI must contend with requires an approach that can remain flexible enough to work within the fragmented, shifting boundaries of postmodern culture. It must also provide some degree of stability or point of reference for individuals seeking to redefine who they are becoming. People with TBI are confronted with the necessity of redefining their assumptions about who they are and how they fit into various social structures on a daily basis. It can be argued that they experience a disintegration of self to an extent where the complexities of daily living become disjointed and meaningless. The common thread of meaning that ties past events to future aspirations through the purposeful actions of the present is broken. This experience can be termed existential angst (Heidegger, 1962) and it causes a disintegration of the implicit connection between events, aims, values and beliefs. Frank (1995) uses the phrase 'narrative wreckage' to describe the resulting sense of bewilderment about who one is and the 'purpose of being' following severe trauma.

For a person with TBI, redefining who one is and how one fits into a community invariably means, in contemporary rehabilitation, how to compensate for the brain injury in the least objectionable way. With its primary focus on resolving impairment and disability, community reintegration becomes an exercise in accepting the terms disabled and broken as synonymous. It then means constructing a new self based on a 'broken' metaphor that defines an individual with TBI as irreparable. At best, the self and others define the barrier to reintegration as the TBI, rather than locating the problem as a deficit within the individual (Condolucci, 1991). Regardless of how blame is assigned, the individual is left with a problem-saturated story of self that offers a very "thin description" (White, 1998, p. 15) about who they are becoming. It can be suggested then, that redefining one's self according to the dominant societal discourse on rehabilitation is not in one's best interest, if one is intent on rebuilding a vibrant identity.

People with TBI are in a unique position to redefine, or reconstruct their view of self according to their "preferred view" (Eron & Lund, 1996, p. 45). The raw material of life's events provides a constantly changing mosaic of possibilities that are available to actualise the construction of reality according to one's preferred view. Although it may be difficult to understand TBI as an opportunity for change, the event can be interpreted as a chance to rebuild a stronger identity. People with TBI need to develop a constructive redefinition of self that offers hope and purpose. The redefined self needs to be capable of evolving, to pursue the life-enterprise of weaving a link from past events through present actions toward the actualisation of a desirable future. Narrative can serve as that vehicle of transformation, making sense out of the trauma while validating the experiencing individual and creating hope for a life that need not be defined by TBI.

According to Morgan (2000), narrative is essentially about understanding, creating and living our lives through stories. We attribute meanings to life experiences, and a narrative is "like a thread that weaves the events together forming a story" (p. 5). Freedman and Combs (1996) contend that "people are born into stories" (p. 42). We all have stories about our history, our relationships, interests, competencies and struggles in life. It is through creating stories and telling them that we infuse the events of living with meaning. Gergen (1999) maintains that "story telling is a major means by which we make ourselves intelligible to each other" (p. 172). As Carr (1991, cited in Wood) notes, we are the authors of our lives through our capacity to select and omit certain events and through story telling, to make sense of our lives. It is this need and capacity to create sense and meaning from chaos that makes the use of narratives important to people with TBI.

Narrative therapy in particular provides a means of rebuilding or re-authoring the story of one's self following trauma (Morgan, 2000; White, 1998; Freedman and Combs, 1996). Through narrative, people can understand that they while they have problems, their problems also 'have' them. (White & Epston, 1990), in the sense that the problems associated with TBI tend to dominate people's lives. Narrative allows individuals to define and externalise the problems they experience as something separate from their self; as foreign entities that can be held at a distance, examined and resolved. Reconstructed in this manner, the problems created by TBI can be more clearly understood by individuals with TBI as the barriers to rebuilding a confident identity, rather than locating the source of difficulty within themselves (Condolucci, 1991). Once the individual takes possession of a problem, or empowers themselves by investing in their own construction of disability, the externalisation opens new possibilities to describe oneself and one's relationship with others from a different, "non-problem saturated perspective" (Gergen, 1999, p. 172).

Narrative enables the development of an alternative story about self; a different view of self and identity, nurtured through investing in experiences that do not fit with the dominant problem-saturated story about one's life. These "unique outcomes" Morgan, 2000, p. 51) that occur in the spaces between the problem-controlled definitions of self are important in reinforcing or "thickening" (Morgan, 2000, p.15) the alternative story. Alternative stories allow opportunities for individuals with TBI to redefine their existence based on their preferred view of self, or how they want to live their lives (Morgan, 2000). As Freedman and Combs (1996) observe, "As people begin to inhabit and live out the alternative stories, the results are beyond solving problems. Within the new stories, people live out new self images, new possibilities for relationships and new futures" (P. 16).

But people cannot create new stories about themselves or new meaningful lives, without being influenced by the broader cultural contexts within which any recreation of one's self is embedded (Morgan, 2000). A therapeutic context is of particular relevance to people who have TBI because of the persuasive influence the concept of 'treatment' has on how individuals come to terms with trauma. Therapy seeks to resolve conflict, and the act of receiving rehabilitation therapy is in itself a method of coping with trauma. Frank (1995) describes one set of stories about trauma and coping as 'quest' narratives. Quest narratives use a journey or growth metaphor to describe how an individual triumphs over adversity by surviving a crisis and deepening her or his relationship to the greater mystery of life. These narratives accentuate the relevance of moral and existential concerns through their questions about relationships, personal values and life-

priorities.

One of my clients is engaged in the struggle to make sense out of the senseless injury that changed him and caused him to re-examine what made him who he was. He saw the world around him as hostile and knew that if he was going to have a life at all, he needed to move toward a closer connection with people; to reclaim some of the social adeptness that had distinguished him prior to his injury. Over several months, we retold the new, constantly evolving story about who he was. In the retelling, facets of an emerging new self were elaborated and given substance. Other nuances of the new identity grew from association and in some instances, were grafted from previous identities. A new story about a self that was wiser through experience grew in the telling; a self that had moved away from naïve acceptance to a more profound trust of others based on personal experience and effort. This new story of self, constructed within the context of coping with sudden, irreversible life-altering change, created new purpose and coherence for an identity that had been shattered by trauma.

Quest narratives, although advantageous to people who are open to developing a more reflexive way of being, are only one means of reconstructing life following TBI. Restitution narratives, embodying the modernist expectation that there exists a remedy for every problem, constitute the "culturally preferred narrative in contemporary culture" (Crossley, 2000). These expressions of self hinge on the assumption that by taking action, a solution to any problem can ultimately be discovered (Crossley, 2000). Rehabilitation programs rely on this narrative to frame program goals for clients. The restitution narrative encourages striving toward goals, a belief in progress, and champions the ability of individuals to seize their lives and control their own destinies. Although somewhat useful as a motivator in program compliance, this narrative is not beneficial to people who have lost the capacity to actualise personal independence or to those who see the world as an opportunity for growth rather than conquest.

Narratives about fighting back are superficially similar to restitution narratives but they do not incorporate the same unquestioning allegiance to the dominant societal discourse that implies personal deficiency if a remedy to the TBI cannot be achieved. Narratives about fighting back or beating the odds are about the re-establishment of personal power. They reconstruct self as a fighter, determined to win the battle to recreate a meaningful life, despite impossible obstacles. These narratives have no predetermined, culturally sanctioned outcome; no sense of guaranteed result subject to a societal judgement of adequacy. Stories about fighting back are the creations of people who have gathered their determination to defeat the metaphor of being broken and replace it with one of rebuilding.

There are narratives about rebirth that emerge during that stage of recovery when people need to find meaning for the traumatic changes in their lives. These narratives draw on faith in an ultimate meaning to life. They create sense, order and hope in the midst of the internal chaos and disillusioning repercussions of TBI. A client recently told me that he felt as though he had been given a second chance to turn his life around. He interpreted the accident as a signal from his deity to become a selfless person rather than the egocentric individual that he considered himself to be. Another client was amazed that it took a traumatic brain injury to draw her attention to her destructive life-path. She marvelled at how 'dense' she had been, and felt grateful that she was being allowed a second chance to redeem herself. She set about creating a new sense of self that characterised her as a "sinner with experience" (Amy, 1999, personal communication) who could share her hard-won lessons with others. The new story about who she was and why she was 'spared' gave her life purpose and allowed her to navigate through the disorienting aftermath of TBI.

There are narratives about anger and outrage, about getting back at a senseless world. Although anger and outrage are not usually considered positive attributes, these reactions can generate powerful narratives that fuel determination to take back lifestyles that were arbitrarily truncated by the TBI. As one man related, "I'll be dammed if this thing (the TBI) is going to destroy my life" (Paul, 2000, personal communication). That statement encapsulates the conviction and determination that Paul brought to his narrative of who he was and who he was going to be, regardless of obstacles. Narratives of this kind are about re-establishing the courage of self-conviction. They are about reclaiming self-confidence and the reacquisition of personal power. Regardless of which narratives people chose to invest themselves in, the need to develop a story; an explanation about one's trauma that makes sense of the past and guides the present seems inescapable.

Problems?

Narrative is a viable solution to a crucial problem, but there are a few concerns that warrant consideration prior to enveloping oneself in the world of narrative, particularly with respect to therapeutic narratives. Theoretical objections to using narrative in the reconstruction of human experience seem to hinge on the dilemma that story telling can be both an empowering ethical practice, as well as a means of reinforcing subjugation through fabricating a self according to the dictates of dominant cultural metaphors (Foucault, 1998, cited in Frank).

People in a therapeutic environment are encouraged to reveal intimate details about their inner being, and are taught to internalise a process a self-surveillance that could simply be a manifestation of control through the 'colonisation' of experience by psychological practices. As Foucault (1998, cited in Frank) has noted, the effectiveness of the 'social fabrication' of the individual is to make a person the instrument of his or her own making and in so doing, create "the sense of authenticity in what is fabricated" (p. 331). For example, the predominant societal belief in restitution; that for every problem there exists an attainable answer, may initially motivate someone with TBI. However, if a satisfactory resolution is not forthcoming, disillusionment and despair can quickly replace hope and confidence in therapy goals.

Therapists need to guard against laying claim to the personal experiences of clients in the process of facilitating narrative, which is essentially a client-driven natural way of coping. Rose (1989) is particularly concerned with the rise of the therapeutic culture in postmodern society, and the danger of allowing the expropriation of individual experience by the helping professions in the name of self-enlightenment.

Another potential difficulty involves the tendency in rehabilitation to standardise treatment modalities and treatment

regimens. Despite our best efforts to tailor programs to meet the unique needs of each client, brain injury rehabilitation programs typically follow a predictable profile. Most include Physiotherapy, Occupational Therapy, Speech-Language Therapy, Psychology and perhaps Community Reintegration and/or Vocational Therapy. In most situations clients must attend scheduled therapies in lieu of working in order to qualify for ongoing treatment and medical benefits, regardless of whether or not they consider those therapies beneficial. To be effective, narrative should not be considered a mandatory part of the treatment regime for traumatic brain injury. Narrative is not suitable for everyone with TBI to the same degree and for some, reinventing self may not be possible.

Political agendas are an undeniable aspect of any communal activity. Agendas based on the idea that rehabilitation must be completed in an efficient, cost-effective manner regardless of the speed at which clients are capable of processing information should not be allowed to guide the formation of narratives. Such a preoccupation with the idea of managed progress can undermine client and therapist aspirations. This is an important consideration in any rehabilitation program that depends on private insurance funding and the demonstration of goal achievement to secure continuing services.

Finally, the important question seems to be whose stories are being told and to what end? Is narrative about liberating the individual or entrenching existing power differentials? Frank (1998) seems to feel that this ambiguity is an unavoidable part of narrative; the struggle to actualise self in the face of opposition is perhaps necessary for true empowerment of the individual. As Bunton (1998, cited in Frank) maintains, "Self-actualisation is understood in terms of a balance between opportunity and risk" (p. 329).

Narrative Research

Approaching TBI through narrative, although straightforward in most respects, contains some uncertainties that need to be examined through practice. Further research is required on issues that include the viability of a narrative approach for someone with frontal lobe injuries and exploring the possibilities of a constantly changing self. Most people do not find themselves amenable to the concept of a constantly changing self and identity, particularly people with frontal lobe injuries who will find it impossible to shift into this flexible way of thinking. However, in my experience all people, regardless of impairment level, relate their experience through stories. Some stories are simple, others are elaborate explanations of life's experience, but all are the meaningful products of people making sense of their lives. If stories constitute our lives, and how we construct them creates meaning in our lives (Morgan, 2000; Eron & Lund, 1996; White, 1993), then all people, regardless of cognitive ability, need to create the stories of their lives in order to generate the unique meaning of their life experience. Although helpful to a comprehensive understanding of narrative, it is not necessary that clients understand the fluidity of self and being, or the social constructivist underpinnings of narrative in order to benefit from story telling. However it will be important that clients envision their new self and identity as alterable over time. The applicability of this concept remains to be explored.

Exploring the role of language in the rebuilding of self and identity and how language can be used to change the attitudes of clients and families toward a non-medical interpretation of the effects of TBI will also need to be examined. If the meaning of our world is generated by the way we use language (Gergen, 1999) then it can be expected that most people will have difficulty shifting away from the unhelpful, but culturally dominant medical-model descriptions of their 'condition'. They will need assistance in moving toward a more useful linguistic representation of their emerging new self and identity. Rather than accepting the metaphor of self as a broken, irreparable machine, people with TBI need to reattribute meaning to the sudden change in their lives in a way that promotes hope and provides positive direction.

The viability of a narrative approach delivered in a group format can also be explored. The individual effects of TBI are as unique as the people who possess them, and it remains to be seen how people with TBI can benefit from addressing issues of self and identity in a group setting. The initial success of one group using a narrative approach in northern Ontario merits mention, although the participating individuals did not have brain injuries. A group of people with psychiatric disabilities, sharing their individual narratives with one another, elevated their self-esteem and demonstrated significantly increased motivation toward program goals as a consequence (Powel, 2003).

Exploring the issues mentioned above, and demonstrating the plausibility of including narrative as an adjunct to traditional TBI treatment programmes may be best achieved by conducting a pilot programme with people who have completed the acute and post-acute stages of recovery in a hospital environment. In community settings individuals experience the loss of self more keenly, and begin to question the viability of reclaiming their pre-injury identities. Although each person appears to have their own innate sense of timing, many people I have worked with deal with who they are becoming during the 'community reintegration' stage of their recovery.

Conducted in the community, the pilot project should encompass an exploration of the benefits of narrative on an individual level and within a group, since individual perspectives on the rebuilding of self and identity may be supported by contributions from others within the group. A large number of participants is not necessary, however, the project should include people who represent the broad range and diversity of difficulties associated with TBI. A wider range of problems will allow the generalisation of project findings to a broader representation of people with TBI. Participants should include those who have been classified as having catastrophic injuries as well as those who have been labelled with 'moderate' to 'mild' brain injury. Individual narrative sessions can be conducted twice per week and the same individuals can participate in weekly group sessions. Powel (2003) has piloted a narrative group format for people with psychiatric disabilities. The basic structure of this format may also prove to be valuable for people with TBI.

The project will need the support of funding authorities as well as the participation of clients and their families. In Ontario, confidence in beneficial outcomes for clients combined with the possibility of a reduction in long-term benefit payouts will be important considerations for auto insurance investors. The pilot programme will need to be initiated with the approval of all stakeholders including the client, the family, the funder and the

treatment team if one exists. Although novel to current community rehabilitation programmes, the benefits of this approach can prove invaluable to the reacquisition of identity for people with TBI.

Implications for People with TBI

If reality is socially constructed (Mertens, 1998) and if it can be agreed that individuals create unique versions of reality through story-telling (Morgan, 2000; White, 1993), then how self is redefined through narrative is critical to the recreation of identity following TBI. Although the redefinition of self seems crucial to successful rehabilitation, beyond helping people develop their potential within the limits of their impairment (Whyte & Rosenthal, 1988), the idea of redefining self may be non-negotiable. As Frank (1998) observed, "We live stories whether we want to or not, and the only real questions are how aware we are of the stories we are living and how effectively we try to tell some kinds of stories and avoid telling/living others" (p.330). Perhaps with more urgency than others who have not experienced life-altering trauma, people coping with TBI are intensely engaged in the process of redefining who they are and how they fit into the stories of their past while still trying to author the plot of their future. The need to attribute meaning to events and to form order from chaos is startlingly evident following trauma (Carr, 1986). How those existential needs are met with respect to regaining personal power are key concerns for people with TBI.

Issues of client empowerment related to self-determination, independence and advocacy have long been recognised as critical issues in rehabilitation programmes (Finlayson & Garner, 1994; Rempel, 1992; Condolucci, 1991). However, traditional rehabilitation programmes that focus primarily on cognitive-behavioural approaches need to be augmented with a narrative approach to reconceptualizing self and identity. Such programmes can then be used to help people with TBI rebuild strong identities. Psychological counselling can help individuals cope with the emotional fallout of TBI, but counselling sessions are typically too brief. Sessions are conducted in offices that are dissociated from problem environments and often, words are never actualised. The rebuilding of one's life requires the opportunity to explore who one is becoming through dialogue and action within community contexts where problems occur.

The process of reconstructing self through narrative can be a viable means of addressing issues of empowerment, self-determination and independence for individuals who have been disabled by circumstances and disenfranchised by unhelpful, disempowering ways of constructing the experience of TBI. As Anne recognised, the 'real' problem is not the TBI, but how she and others perceive her after the injury (Anne, cited in Morris, 2002). Anne eventually named the cause of her problems as a 'lack of self-confidence', something she could change, rather than constructing her problems as the insurmountable consequences of traumatic brain injury. In so doing, Anne took back the power to define her reality that had been usurped by acquiescing to a rehabilitation metaphor that described her self as irreparable and characterised her as powerless. She used narrative to help her bridge the gap between who she was and who she was becoming. As McAdams (1993) has noted, "In the midst of this existential nothingness, we are challenged to create our own meanings; discover our own truths, and fashion the personal myths that will serve to sanctify our lives" (p. 34). In no circumstance is that challenge more relevant than that in the space between identities that exists following a traumatic brain injury.

References

Bell, M. (1990). How primordial is narrative? In, C. Nash (Ed.), *Narrative in culture: The uses of storytelling in the sciences, philosophy and literature.* (pp. 172-199). London: Routledge.

Carr, D. (1986). *Time, narrative and history*. Bloomington: Indiana University Press.

Condolucci, A. (1991). *Interdependence: The route to community*. Orlando: Paul M. Deutsch Press Inc.

Crossley, M.L. (2000*). Introducing narrative psychology: Self, trauma and the construction of meaning.* Philadelphia: Open University Press.

Dunne, J. (1995). Beyond sovereignty and deconstruction: The storied self, *Philosophy and social criticism, 21.* (pp. 137-157).

Eron, J.B., & Lund, T.W. (1996). *Narrative solutions in brief therapy*. New York: The Guilford Press.

Finlayson, M.A.J., & Garner, S.H. (1994). Changes in rehabilitation of individuals with acquired brain injury. In, M. J. Alan Finlayson & Scott H. Garner (Eds.), *Brain injury rehabilitation: Clinical considerations.* Baltimore, MD: Williams & Wilkins.

Frank, A.W. (1998). Stories of illness as care of the self: A Foucauldian dialogue. *Health, 2(3),* (pp. 329-348). Thousand Oaks, CA: Sage Publications Ltd.

Frank, A.W. (1995). *The wounded storyteller: Body illness and ethics.* Chicago: University of Chicago Press.

Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities.* New York: W.W. Norton and Company.

Gergen, K.J. (1999). *An invitation to social construction*. Thousand Oaks, CA: Sage Publications Ltd.

Gergen, K.J. (1991). *The saturated self: Dilemmas of identity in contemporary life*. New York: Basic Books.

Giddens, A. (1991). *Modernity and self identity: Self and society in the late modern age.* Cambridge: Polity Press.

Giles, J. E. (1997). The story of the self: The self of the story. *Journal of Pastoral Counseling, 32.*

Heidegger, M. (1962). *Being and time*. Oxford: Blackwell.

Lasch, C. (1985). *The minimal self.* London: Picador.

Maslow, A. (1970). *Motivation and personality, second ed.*. New York: Harper and Row.

McAdams, D.P. (1993). *The stories we live by: Personal myths and the making of the self*. New York: William Morrow and Company Inc.

Mertens, D.M. (1997). *Research methods in education and psychology: Integrating diversity with quantitative & qualita-*

tive approaches. Thousand Oaks, CA: Sage Publications Inc.

Morgan, A. (2000). *What is narrative therapy?* Adelaide: Dulwich Centre Publications.

Morris, S.D. (2002). *Narrative interventions for TBI: A user perspective*. Calgary: University of Calgary, unpublished.

Parker, I. (1990). Discourse: Definitions and contradictions. *Philosophical psychology, 3,* (pp. 189-204).

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage Publications Inc.

Powel, C. (2003). *Recovery Program*. Calgary: University of Calgary, unpublished.

Rempel, R.G. (1992). *A report on post coma abandonment in Ontario*. St. Catharines, ON: Ontario Head Injury Association.

Rogers, C. (1961). *On becoming a person: A therapists view of psychotherapy*. London: Constable.

Rose, N. (1989). *Governing the soul: The shaping of the private self*. London: Routledge.

Shotter, J. (1997). The social construction of our inner selves. *Journal of constructivist psychology, 10,* (pp. 7-24).

White, M. (1998). *Re-authoring lives: Interviews and essays.* Adelaide: Dulwich Centre Publications.
White, M. (1993). Commentary: The histories of the present. In, S. Gilligan & R. Price (Eds.), *Therapeutic conversations*. (pp. 125-135). New York: Norton.

White & Epston, 1990

Whyte, J. & Rosenthal, M. (1988). Rehabilitation of the patient with head injury. In DeLisa, J.A. (Ed.), *Rehabilitation: Principles and practice*. Philadelphia: J.P. Lippincott.

Wood, D. (1991). *Paul Ricoeur: Narrative and interpretation*. London: Routledge.

Yardley, L. (1997). *Material discourses of health and illness*. London: Routledge.