

TELL ME A STORY: THE RELATIONSHIP BETWEEN IDENTITY AND LIFE
STORIES FOLLOWING BRAIN INJURY

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ABSTRACT

Following brain injury, people can demonstrate cognitive-linguistic deficits as well as a shift in their identities. Clinicians use assessment and treatment methods that focus on cognitive-linguistic deficits with this population; however, they rarely (if ever) consider identity as a viable and necessary target for intervention efforts. For individuals with brain injury, life narratives can be used to assess and treat the cognitive-linguistic skills and discourse at a macro-systemic level, build relationships through the use of a client-centered approach, develop a strong sense of self-identity that aids in goal setting, establish life purpose that motivates greater participation and effort in rehabilitation, and facilitate reintegration into society. The development of therapeutic protocols that use life narratives as a diagnostic tool and treatment strategy with a focus on identity is important for the future as the field of speech-language pathology continues to shift toward using client-centered approaches to therapy.

CHAPTER 1: INTRODUCTION

Self-identity is how individuals perceive themselves based on personal goals, values, attitudes, and life experiences (Bryson-Campbell, Shaw, O'Brien, Holmes, & Magalhaes, 2013). Concepts of identity are embedded in discourse, or the way we use language to express our ideas. To convey identity through discourse, individuals construct life narratives that "integrate a reconstructed past, perceived present, and anticipated future" (Dunlop & Walker, 2013).

Bryson-Campbell, Shaw, O'Brien, Holmes, and Magalhaes (2013) reported a shift in identity occurring in adults after brain injury. Individuals with brain injuries must construct new identities using an understanding of their prior identity and their current perception of self in relation to a new life purpose and relationships with others. Because identity plays an essential role in discourse, patients participating in cognitive rehabilitation can construct new identities through discourse by constructing illness narratives based on their perceptions of self prior to, during, and after the injury (Hyden & Mishler, 1999). These illness narratives evolve over time, reflecting the course of the brain injury, the impact of treatment methods, and the patient's personal and social growth and transformation.

Previous studies have analyzed illness narratives and life stories in written form; however, written context does not reflect all aspects of global coherence that is used in oral narratives to convey a shift in identity through discourse (Hyden & Mishler, 1999). Habermas and Bluck (2000) described a conceptual framework for global coherence that encompasses each type of coherence found within successful life narratives. These include temporal coherence, cultural concept of biography, causal coherence, and thematic coherence.

The aim of this present study was to examine the relationship between patient perspectives of self and identities and life stories, including illness narratives, after brain injury. Changes in identity are common among those who suffer from a brain injury; however, these

changes are variable, which makes individuals with brain injury of interest for further studies regarding identity and perspectives of self. The significance of these findings will lead to better therapeutic services for individuals who reconstructed their identity and perceptions of self following a brain injury as well as recommendations for further studies.

The present study included six participants; two females and four males between the ages of 24 and 54 who, at the time of their participation, received services at a rehabilitation center for individuals with sustained head injuries. Participants were chosen using purposeful, convenience, and snowball sampling. Data were collected in the form of interviews. The interview questions followed the Life Story interview as well as focus questions regarding participants' brain injury and identity construction. Participants responded to interview questions using story narratives, scenarios, anecdotes, and other descriptive devices. Interviews were analyzed to show similarities and differences among participants' narratives and life experiences that impact perceptions of self and identity construction prior to, during, and after brain injury. Both within-case analyses and cross-case analyses were completed.

The results of the study used Habermas and Bluck's (2000) conceptual framework describing four types of global coherence to classify participants' life narratives as successful or unsuccessful. This provided the foundation of how the participants' interviews reflected a breakdown in global coherence related to cognitive-linguistic deficits from brain injury. Successful life narratives were directly related to the understanding and construction of a new identity, established life purpose, and cognitive-linguistic skills following brain injury. Using narratives as a means of assessment and treatment focuses on cognitive-linguistic skills through the analysis of global coherence, deeper perception of self in past and present constructs, and established life purpose for progression in treatment and societal roles.

The following chapter will discuss the supporting literature for the present study to establish focus, explain a conceptual framework, form the research design, and provide explicit rationale.

CHAPTER 2: CONCEPTUAL FRAMEWORK

When conducting research for publication, a literature review serves as the fundamental task that summarizes and analyzes a specific field of interest for a wide audience (Boote & Beile, 2005). The present study, however, was conducted in academia with the purpose of completing thesis work. Maxwell (2006) states that dissertation literature reviews differ from other publications because they serve to inform a planned study by establishing focus, explaining a conceptual framework, forming the research design, and providing explicit rationale.

When providing the rationale for academic research, writers must use careful judgment regarding what to include within the literature review. Specifically, the works found within dissertation literature reviews should support the decisions made for that particular study, rather than solely educate the audience (Locke, Spirduso, & Silverman, 1999). Maxwell (2006) emphasized the importance of relevant works, stating that the literature included should possess significant implications for the research design and analysis of the study. Including works that merely mention the topic of interest or field of study may decrease the strength of the literature review and distract the reader away from the specific research purpose. The design of the present study corresponds with Maxwell's (2005) methods model that emphasizes reviewing and revisiting the literature throughout the study's completion, as the research goals and methods influence each other.

When identifying relevant works to incorporate within academic research, Maxwell (2006) proposed that the idea of a conceptual framework rather than a literature review best corresponds with a dissertation's goal of integrating theoretical concepts and findings to support the study's purpose. Because the present study focused on narrative identity, its conceptual framework includes relevant works regarding identity, narrative, and identity within narratives of individuals with brain injuries.

NARRATIVES AND TBI

People tell stories, or narratives, to various people in unlimited contexts. Narratives provide a means of remembering and reflecting upon life events, sharing experiences with others, and understanding the course of one's life (Habermas & Silveira, 2008). They also allow individuals to describe, analyze, and understand self-continuity and self-discontinuity (Dunlop & Walker, 2013). Self-continuity refers to consistency within an individual's self over time, while self-discontinuity refers to changes in the self. For instance, one of the participants you will meet describes self-continuity by stating "I'm pretty much like the way I was before". Another participant, however, describes self-discontinuity by sharing "I'm just a totally different person".

Narratives are also individualistic because storytellers control what details of an event are included or excluded, how characters within the story are portrayed, and the emotions conveyed explicitly or implicitly throughout. Specifically, life narratives are unique because they show the relationship between life events and the development of the storyteller's personality, including how the individual makes life decisions according to central values (Habermas & Silveira, 2008).

Le, Coelo, Mozeiko, Krueger, and Grafman (2011) explained the relationship between individuals' narrative discourse and cognitive-linguistic skills, such as working memory, problem solving, organization, and making inferences. When sharing life narratives, for example, a person must remember details of the story, problem solve about what details to include, organize the events in chronological order, and analyze whether the listener understands the narrative. Individuals with cognitive deficits, however, will exhibit deficits in narrative discourse because of their impairments (Le, Coelo, Mozeiko, Kruegar, & Grafman, 2011). Specifically, patients who suffer from brain injuries will show difficulty producing narratives due to their impaired cognitive-linguistic skills (Le, Coelo, Mozeiko, Kruegar, & Grafman, 2011).

Chase (2005) investigated the use of narratives during therapy and focused on the relationship between a life story and an individual's lived experience to improve overall quality of life. Because individuals' life stories are ongoing, their lived experiences have the potential to alter how they create narratives. Despite its evolution, a life narrative is valuable to the individual's mental health and well-being because narratives promote personal growth and understanding. (Habermas & Silveira, 2008; Chase, 2005).

IDENTITY AND TBI

Self-identity is how individuals perceive themselves according to personal goals, central values, attitudes, and life experiences (Bryson-Campbell, Shaw, O'Brien, Holmes, & Magalhaes, 2013). Similar to the relationship between narratives and cognition, identity construction and its continuous development also rely on intact cognitive abilities that allow individuals to understand their perceptions of self and the world they live in (Meunchberger, Kendall, & Neal, 2008). The evolution of identity may be notably impeded if an individual does not possess the capability to consistently analyze and make sense of critical life events (Meunchberger, Kendall, & Neal, 2008).

Bryson-Campbell, Shaw, O'Brien, Holmes, and Magalhaes (2013) reported that individuals experience a shift in personality, memory, reasoning, and motivation following brain injury as well as difficulty reintegrating into society, living independently, and returning to their previous occupations. Muenchberger, Kendall, and Neal (2008) explained how the incongruence between patients' physical abilities and their perceptions of identity initiates the identity construction process following brain injury. Individuals who do not possess a strong sense of identity are unlikely to develop the personal and social skills needed for a healthy physical,

emotional, and psychological state of being, which in turn negatively affects the establishment of life purpose (Muenchberger, Kendall, & Neal, 2008).

Ylvisaker, McPherson, Kayes, and Pellett (2008) discussed individuals' difficulty of reconstructing identity following brain injury as an obstacle for active participation in patient rehabilitation. Rehabilitation professionals set goals and organize strategies for goal achievement; however, patients may reject these goals because they do not correspond with their newly constructed identities; therefore, identity reconstruction is significant to the rehabilitation process because patients' goals must be developed with the patients' reconstructed identity in mind (Ylvisaker, McPherson, Kayes, & Pellett, 2008).

Current literature does not provide practical information or confirm clinical procedures regarding how rehabilitation programs should specifically target identity construction among TBI patients (Ylvisaker, McPherson, Kayes, & Pellett, 2008; Bryson-Campbell, Shaw, O'Brien, Holmes, & Magalhaes, 2013). Specifically, limited evidence has been reported regarding therapy approaches that address both identity construction and cognitive impairments common among patients with brain injuries (Ylvisaker, McPherson, Kayes, & Pellett, 2008). Bryson-Campbell, Shaw, O'Brien, Holmes, and Magalhaes (2013) concluded that research regarding self-identity following brain injury should be expanded to analyze all components of identity. Muenchberger, Kendall, and Neal (2008) strongly stated that increasing therapists' knowledge about processes involved in identity development following brain injury will facilitate contextually relevant and motivational forms of rehabilitation and possibly change delivery models for therapy in the future.

IDENTITY WITHIN LIFE NARRATIVES

Life narratives are constructed to convey meaningful perceptions of self, identity, and reality; therefore, concepts of identity are embedded within narrative discourse (Chase, 2005; Bryson-Campbell, Shaw, O'Brien, Holmes, & Magalhaes, 2013). Life narratives allow individuals to share their identity, explain how it's changed over time, and what they believe the future holds (McAdams & McLean, 2013). McLean, Pasupathi, and Pals (2007) developed a theoretical model suggesting that a narrative identity becomes more intricate as individuals continue to share life narratives with others.

Semerari et. al (2003) stated that individuals who can perceive variations within their discourse as a consistent identity possess intact metacognitive skills. This includes using one's behavior and the actions of others to problem solve and adapt in various contexts. Because individuals with brain injuries experience breakdowns in both identity and narrative abilities, Chase (2005) collected samples of narrative discourse used by individuals with brain injury to better understand how individuals' identities are conveyed within discourse as a means of narrative inquiry.

Traditional, clinician-centered therapy approaches for patients with brain injury focus on creating scenarios that elicit communication deficits for the sole purpose of patient correction leading to improvement (Kovarsky, Shaw, & Adingono-Smith, 2007). These approaches, however, do not allow the patients to share narratives for the purpose of constructing new identities. Kovarsky, Shaw, and Adingono-Smith concluded that speech-language pathologists must learn to develop discourse within therapy that promotes positive identity construction.

The following chapter will discuss the methods used to conduct the present study, including the participants, data collection process, interview protocol, data analysis, and rigor.

CHAPTER 3: METHODS

This study was situated within a qualitative within-case and cross-case paradigm. Additionally, this study was a narrative study. When designing the study, methods were chosen to effectively collect data from participants that most significantly correlated with the study's purpose and research questions.

A narrative, qualitative methodology best suited the purpose of this study because it provided a detailed analysis of the rich descriptions of individuals' experiences that led to possible explanations of a phenomenon (Maxwell, 2005). In the following chapter, the components of the study's research design will be outlined and explained in detail with rationale to support each component.

PARTICIPANTS

The present study included six participants, who at the time of their interviews were receiving services at a rehabilitative center located in Appalachia that specializes in traumatic brain injuries. Participants were chosen using purposeful sampling to ensure they met the inclusion criteria. The inclusion criteria consisted of the following: must be 18 years of age or older; suffer from a traumatic brain injury; and currently receive services from a speech language pathologist. More specifically, convenience sampling led us to a facility that was accessible geographically, and snowball sampling extended our participant list within that facility.

I collected various elements of demographic information varied among participants, including gender, age, etiology of brain injury, hometown, occupation prior to brain injury, marital status, and number of children. Participants included four males and two females with ages ranging from 24 to 54 years. All participants' hometowns were located in Appalachian Kentucky within a 150-mile radius of Huntington, West Virginia. All participants held vocational or public service occupations prior to brain injury. Three participants are parents of

one child, and all participants are not married. Specific participant demographic information is provided in the following table:

Table 1: Participant Demographics

	Participants					
Category	Fanny	Grace	Isaac	Owen	Andy	Henry
Gender	Female	Female	Male	Male	Male	Male
Age	37	24	54	42	37	32
TBI Etiology	MVA	MVA	Assault	Epilepsy Surgery	MVA	MVA
Prior Occupation	Caregiver Waitress	Student Waitress	Iron Work	School Janitor	Construction Work	Telecommunication
Marital Status	Single	Single	Single	Single	Single	Single
Children	1 son: 20 years	None	1 daughter: 30s	None	None	1 daughter: 13 years

DATA COLLECTION

Data were collected in the form of interviews. Prior to each interview, the co-investigator verbally explained the study and obtained informed consent that outlined the study’s methods, confidentiality agreement, benefits, risks, and rights as a research participant. Participants received a signed copy of the informed consent, and the co-investigator kept the original document. The interview questions were adapted from the McAdams Life Story interview (McAdams, 1995) protocol and included additional focus questions regarding participants’ brain injuries, identity, and identity construction. Participants responded to interview questions using story narratives, scenarios, anecdotes, and other descriptive devices.

Although the interviews adhered to a specific protocol, each interview varied in length due to participants' responses to questions and number and length of breaks taken by the participants during the data collection process. The approximate mean length of time for the interviews was 60 minutes with the shortest interview spanning 39 minutes and the longest interview spanning 101 minutes. Cognitive-linguistic and narrative abilities varied among participants; therefore, the researcher used individualized and contextualized prompts to increase the length of the participants' responses. Specifically, the prompts served to collect additional relevant information, clarify key points and order of events, guide the participant in the story selection process, and help the participant draw conclusions regarding critical life events (Seidman, 2013).

McAdams Life Story Interview

The McAdams Life Story interview (McAdams, 1995) was adapted to concentrate on the following question categories: life chapters, critical events, life challenges, influences on the life story, stories and the life story, alternative futures for the life story, personal ideology, and life themes. Within each category, the interview questions prompted participants to play the role of storyteller to provide narratives specific to their perceived pasts, presents, and futures. The structure of this interview protocol served the study's purpose because it prompted participants to provide narratives embedded with a strong sense of identity and purpose (McAdams, 2013). In its entirety, the adapted McAdams Life Story interview illustrated a multifaceted perception of the participants' lives both chronologically and thematically (McAdams, 2008).

Focus Interview Questions

Following the McAdams Life Story interview (McAdams, 1995), participants were asked focus interview questions regarding the participants' brain injury, identity, and identity construction. The questions asked participants to provide illness narratives and describe their

identities prior to and following their brain injuries. The interview consisted of the following questions:

1. How would you describe yourself before your brain injury?
2. Tell me how you acquired your brain injury.
3. How would you describe yourself after your brain injury?
4. What aspects of your life are the same as before your brain injury?
5. What aspects of your life are different?
6. Describe how you interact with other people in your life now. Is this different from before the brain injury?

Including questions regarding the participants' brain injuries, identities, and identity construction processes best served the study's purpose because the questions allow participants to use perceptual analysis to communicate identity (Hyden & Mishler, 1999). Specifically, these questions provided the participants with an opportunity to reflect on their identities prior to brain injury, convey their current perceptions of identity, and use comparisons and correlations to show consistency, change, or growth.

DATA ANALYSIS

Following the data collection process, the co-investigator transcribed the interviews verbatim. Within-case and cross-case analyses of the participants' narratives were completed. I identified the plots, or what the stories were about. The table below represents those plots for the eight critical events, life challenges, and life theme interview questions:

Table 2: Participant Story Plots

Critical Events	Participants					
	Fanny	Grace	Isaac	Owen	Andy	Henry
Peak	Birth of her son	Approved for living in the apartments	Gave up alcohol and drugs	Graduate from the school for the blind	Driving his dad's Corvette	Birth of his daughter
Nadir	Death of grandfather	Alcoholism/ Drug Use/ Promiscuity	Alcoholism and Drug abuse	Right now: medical issues	Someone stealing his four-wheeler	Death of his girlfriend
Turning Point	Moving back to WV	Car accident	Turned to the Lord	Getting enrolled in school	Getting a new car	Becoming a father
Earliest Memory	Papaw riding a bicycle and weekly pizza party	Playing spotlight with her cousin	Moving to California	Fell during a seizure and broke his leg	Playing baseball	Playing with his sister
Childhood	Family support at church plays	Going to Grandma's for Christmas	Family pet; chores to help out at home	Relationship with his psychiatrist	Wanting to get his driver's license	Finding out his dad was his stepdad
Teenage	Finding out she was pregnant	Could not remember her mom after the wreck	Going to the bar for the women and drinking for free	Getting into a fight with his sister	Getting a motorcycle for Christmas	Quitting school
Adult	Going back to school	Aunt eating a meal she prepared	Rehab	Brain operation	Building houses	Having a daughter
Additional Story	Throwing her son a birthday party	Turning to the Lord	Eating tomatoes out of the garden	Having a girlfriend in 3 rd grade	Racing cars	Traveling
Greatest Challenge	Currently trying to go back to school	Waking up from her accident	When he got almost got beat to death	Right now – rehab/ medical issues	Rehab	Becoming a parent
Theme	Perseverance	Determination	Peace and Happiness	Disability	Alive and happy	Hard worker

In the following table, simplified codes of the participants’ responses to focus questions regarding identity and identity construction prior to, during, and following brain injury are listed:

Table 3: Simplified Codes About Identity

Focus Questions	Participants					
	Fanny	Grace	Isaac	n	Andy	Henry
Identity Prior to Brain Injury	Mother and Provider	Selfish, impulsive, looking for an easy escape	Hard worker, kind, loving	Child with seizures, friendly	Hyper, wanting a job	Outgoing, honest, trusting
Identity After Brain Injury	Slow	Religious, determined, thoughtful, caring	Religious	Irritable, not hungry or thirsty	Screwed up, not the same person	Hard worker, provider, trying to be a better father
Identity Similarities	Nothing	Nothing	Nothing	Attitude	Values	Nothing
Identity Differences	Relationship with child, school, friends, communication	Everything, kind and friendly, appearance	Shaking all the time, willing to find love and happiness	No seizures, medical issues	Different person	Church, social circle, being helpful, not taking life for granted
Interactions with others	Same	Caring about others more than herself	Want to “get in and find out what makes [people] tick”	More outbursts	Talking to more people about their life	More outgoing and participates in therapy
TBI: Positive or Negative Event	Positive – second chance	Positive – second chance	Positive	Positive and negative	Positive	Positive

RIGOR

A study that is carefully and strategically conducted in terms of data collection, analysis, and interpretation is considered more valuable because the methods are chosen with particular

research purposes in mind. When conducting qualitative research, the study's rigor must convey a strong sense of credibility and consistency for the results to be meaningful in the context of a particular theory, field of study, or practice (Maxwell, 2005). In this particular qualitative study, rigor can be described according to its internal validity and reliability.

A qualitative study's internal validity is found within the methods used to increase credibility and strategies that help to rule out threats to the study (Maxwell, 2005). This study used the following strategies: triangulation, reflexivity, and rich descriptions. Triangulation of the data included collecting multiple sources of data (Creswell, 2007). Each of the six participants participated in an interview that consisted of two separate protocols. The first interview protocol was the revised McAdams Life Story interview previously described. The latter collection of interview questions focused on the participants' identity construction related to brain injury, which directly elicited more specific information regarding the research purpose. Using triangulation strengthened the study's internal validity through a deeper understanding of the data collected. Reflexivity, or defining the researcher's position within the study, was used to identify any potential biases or assumptions (Merriam, 2009). To successfully implement this strategy, the investigator and co-investigator discussed each of the participant's interview transcriptions and identified potential biases or reactivity reflected onto the data by the researchers' personal experiences or perceptions. The strategy of using rich descriptions was embedded in study's method of data collection through conducting a multidimensional interview protocol and transcribing the data verbatim for the purposes of analysis and interpretation.

A qualitative study's reliability, or the degree to which the findings are generalized, is found within the consistency of its findings throughout participants (Merriam, 2009). Generalizability serves to represent the "philosophical underpinnings" of qualitative research and

can lead to the development of a theory that is applicable by providing rich, detailed data (Maxwell, 2005; Merriam, 2009). The study's generalizability focused on whether the results and implications were applicable to the participants' lives as well other individuals unrelated to and beyond the participant group (Maxwell, 2005). Strategies used to increase reliability in this study included triangulation and reflexivity, which were previously described related to internal validity. In this study specifically, rich descriptions of the data in the form of multiple interview excerpts strongly supported connections and interpretations of the study's results. In turn, the excerpts related directly to a theoretical framework that can be applied to individuals within the participant group and externally to other populations. The theoretical framework along with its connections and interpretations to the data are later explained in the study's findings and implications.

The following six chapters will introduce each of the study's participants. Each chapter contains highlights from a participant's life narratives as well as explanations of the participant's perception of self.

CHAPTER 4: OWEN

This chapter introduces Owen, one of the six participants in the study, and provides a within-case analysis of his narratives. In the chapter, Owen's stories are chronologically organized to illustrate the story of his life, specifically referencing direct quotes from his interview. Following his life story, I will describe Owen's identity prior to and following brain injury using descriptions from the participant's perception of self and implications gathered following transcription analysis.

CHILDHOOD: EPILEPSY

Owen was born in a small town in Appalachia in 1973. His childhood is characterized by his disability and how it affected him physically, socially, and emotionally. Throughout childhood, Owen suffered from epilepsy. The narratives he shared regarding his childhood are directly and indirectly related to his seizures.

“Because I Had Seizures – That’s Why!”

When Owen was young, he often had seizures that resulted in injury. One particular seizure caused him to fall and break his leg at home. Owen felt embarrassed and scared, especially when the ambulance arrived. When asked about his earliest memory, he explained:

When I had seizures, I fell a lot. I remember that really well. I fell and hit my head all the time...I fell and broke my leg one time. [I was] about nine years old or so...I was embarrassed because I had seizures – that’s why!

Bullied

When Owen attended elementary school, he did not form many social relationships. He was often bullied because of his disability and preferred to avoid interactions with his peers. In

third grade, however, Owen formed a special relationship with a classmate. When asked to share a significant event from any point in his life, Owen discussed his first girlfriend. Owen used this narrative to make connections to other social interactions with his peers at school. He elaborated:

Whenever I got a girlfriend. Her name was Mary Elliot...I had a crush on her, and at the time, she had a crush on me...She was pretty...She was always nice to me...There just was a bully that picked on me in school...Her and that bully ended up getting married. Them two did!

When asked to share an important adolescent scene, Owen discussed an argument with his younger sister. Although he did not provide an age for this event, the story suggests it occurred during his earlier childhood years. He noted that his sister picked on him, and his parents “whooped” him over the dispute.

Owen attended high school at a school for the blind. Although he continued to experience bullying from his peers, he formed positive relationships with the school administration. The school psychiatrist and one of Owen’s teachers served as his support system. Owen recalled that both professionals were “likable” and “had a good sense of humor”.

Owen considers the day he graduated from the school for the blind as his peak experience thus far. When describing how he felt on the day of graduation, he shared that he was proud and overjoyed because he was “glad to get away from those scoundrels – that’s why!”

BRAIN OPERATION

At the age of thirty-four, Owen went to the Medical Center to undergo brain surgery. His family members accompanied him for the procedure. He elaborated on the event when discussing a significant event from adulthood:

I finally had to have this brain operation that screwed up my right side...I had it on my frontal lobe. Do you see this scar on my head? That's where they had the operation at...I had severe grand mal seizures...it fixed that, but it left me with medical problems...[My memory] is all gone...I was in a coma for about a week or so. That's what my mom said.

ADULTHOOD: MEDICAL ISSUES

After Owen's surgery, he experienced multiple medical complications that significantly impact his daily life. When asked about his nadir experience, Owen classified his current medical issues related to medication as the lowest point in his life. He explained:

Because of all the medical issues I've got going on right now...the doctor switched around my meds last time...I've got it all situated now...it's affecting my biological self. It's just shit all the time. It feels like a near debility. All the time...Also, I have outbursts too because of this pain. Uncalled for.

Owen currently receives services at the rehabilitative center where professionals are helping him enroll at the local vocational and community college. When asked to share his peak experience, Owen discussed taking college classes; however, because this event has not occurred yet, it appears that Owen does not classify any past event as a peak experience.

PERCEPTION OF SELF

During the focused interview, Owen answered questions regarding his perception of self prior to and following his brain injury, what aspects of his life have stayed the same or changed, and how he interacts with others. Owen shared:

I was a kid with seizures. That's pretty much it. I tried to be likable. Friendly. [Now I'm] irritable all the time...Not hungry or thirsty. I don't eat...My attitude about life is about the same. I don't enjoy life too much now. I did beforehand...I just don't have those seizures anymore though...The medical issues. I have more outbursts now because I'm irritable. The medical issues make it negative, and the positive is the relationships I have now.

Owen's description focused on his medical issues and how they have negatively impacted his life. His perception of self was reflected within the life narratives he chose to share, as many of his life stories focused on his disability and medical issues. Because he consistently identified with a disability, Owen did not experience a dramatic shift in his identity; however, he shared that he is more irritable after his brain injury due to his medical issues, which affects his interactions with others.

CHAPTER 5: ANDY

This chapter introduces Andy, one of the six participants in the study, and provides a within-case analysis of his narratives. In the chapter, Andy did not provide age specific information regarding all of his narratives and often touched on several events when asked to recall a specific event; therefore, his stories are topically organized to illustrate the story of his life. Each topic specifically references multiple direct quotes from his interview. Following his life story, I will describe Andy's identity prior to and following brain injury using descriptions from the participant's perception of self and implications gathered following transcription analysis.

LIFE BEFORE BRAIN INJURY

Andy was born in a small town in Appalachia in 1978. His life prior to the brain injury is characterized by personal interests and his occupational journey. Although other characters were present within his stories, Andy shared narratives that solely reflected his perspective and focused on events that conveyed personal gain or struggle.

Playing Baseball

When asked about his earliest memory, Andy recalled playing baseball, basketball, and football during his childhood. He particularly focused on playing baseball at 9 years old with his brothers. When elaborating on this story, Andy shared baseball stories from his childhood along with memories of playing with his brothers as a teenager. These narratives overlapped to provide various accounts of his experiences playing baseball. For example, Andy stated:

I was playing baseball when I was young. My brother would try.

First oldest brother, then my second oldest brother, which I would

call my bubby now...So me and Scott went together to play

baseball. He asked me how I got so good, and I told him I just have

lots and lots of practice. You know how you do when you hit golf balls. You know? Same thing with baseballs. For an hour straight just hitting them balls. Hitting them balls and he'd throw them back to me. I was throwing them back to him. He kept doing that and doing that where I was good enough. If I could, I would go to the car and sit down and get my stuff on and go back out there and play baseball with him.

After Andy shared the previous experience, he gave a brief account of playing with his other brother, Owen. This story reflected his memories of playing baseball at a younger age.

Andy stated:

Playing baseball with my first older brother...I was nine years old, then turning ten...[I remember] hitting that ball...It was fun to hit it.

“He Doesn’t Know What He’s Talking About”

Andy shared multiple detailed narratives regarding his occupational journey. After high school, Andy attended Morehead State University to pursue a degree in radiology. After two years of school, Andy decided drop out to become a construction worker. He worked in construction for four years; however, he struggled to maintain a steady income. He shared a narrative regarding how he attempted to build clientele. Andy explained:

I ended up building houses and doing sidewalks and stuff over and over. I'd build one house, and then I'd go build another house...I ended up after I left the job, I went back home and got tired of sitting at home. So I tried to volunteer. I did volunteer work...I tried to get them to give me money. Then I'd go to every person

you know that I was neighbors with and stuff. I'd tell them that I was a construction worker, and I needed some work. My major was radiology. I told them that, and a couple of them thought that well maybe he doesn't know what he's talking about. I thought, well okay. Then some of the other guys asked if I was full of shit, which I was...I'm just telling you that I lied purposely. Not meaning to hurt their feelings but just to make me look better.

Andy continued to struggle finding construction jobs and experienced a period of unemployment. He finally decided to pursue a degree in radiology again. He shared:

I got done with construction work with some of the workers that built houses. I left, but I kept on doing it for a long time...I worked hard trying to do my own jobs in construction. I put an ad out, and no one ever called. So construction business was slow or no one just wanted to call my number. One of the two...I was still fooling around with going back to school...It came time for me to go back to school. So I said okay, and went back to school...I went back to Morehead for two more years. Because the first time, I went two years...So the second time, I went two more...to equal four years to get me a radiology degree...which was to me bad enough...and it didn't happen...I just wanted a degree in radiology...I wanted it pretty bad. Still do.

The Need For Speed

The majority of Andy's narratives uniquely referenced life events involving cars, motorcycles, and all-terrain vehicles. When asked to describe an important event from his

childhood, Andy noted that when he was 12 or 13, he remembered wanting his driver's license so he could start driving a car. Following this short recollection of a life event, when asked to tell a story from his teenage years, Andy explained an event during Christmas when he was thirteen.

He stated:

When my dad and mom, the parents, would always get us gifts. Well they got me a motorcycle. An RX80 for Christmas. It's a motorcycle. A dirt bike...I went outside. I found my dad bent over like...what happened. He ended up trying to ride a wheelie across our yard dragging his feet and wrecked it.

Chronologically, Andy's life events continued to resonate the theme of vehicles. When describing his peak experience, Andy discussed the day he drove his father's Corvette in detail. Throughout the narrative, however, he provides an account for a conversation between him and his father that suggests the story contained different accounts of driving his father's car. Andy elaborated:

It was a great, wild experience because I never drove a Corvette before. This was a '78 model Corvette, but it was somewhat new to him. I wanted to drive it. I drove it, and it was awesome...I wanted to race somebody to see what this Corvette got. I was sitting at a red light, and I squealed the tires off of it. I would try to race people and get beat...I thought I better not tell dad about it. What are you doing trying to race my car? Yeah, I tried to race people in it, and I turned around and got beat. I told you twice, and this makes two times.

Andy continued to discuss his love for cars when providing narratives for the interview. When he was thirty-two years old, Andy bought a Mustang. He shared narratives regarding this car when asked to describe a turning point and continued to discuss it between interview questions. Andy explained:

When I got my car, I treated it like the king. Yeah. I [did] everything for it. I replaced the wheels on it and everything. I made it a nice little car. Racecar. I washed it and waxed it and everything like that...It was a good turning point because it was a sharp, fast car. Good looking...It shot my self-esteem way up.

Although Andy's additional narratives provided a glimpse of a unified timeline of all life events told, his life story did not convey a clear recollection of oriented events. When asked to specifically provide a nadir event, Andy shared:

Somebody [took] my four-wheeler when I was gone in my Mustang. Took it, and I don't know what they did, where they took it to try to see what it had. They took it for a ride or something like that. Come to find out they were standing around trying to wreck the hell out of it.

THE ACCIDENT

Andy did not choose narratives regarding life events during or following his brain injury; however, he briefly shared an illness narrative, "Through a car accident. Getting hit by another car. Not by me driving the car."

Andy currently receives services at a rehabilitation facility for individuals with brain injury. He dreams of one day completing a degree in radiology and owning a business.

PERCEPTION OF SELF

During the focused interview, Andy answered questions regarding his perception of self prior to and following his brain injury, what aspects of his life have stayed the same or changed, and how he interacts with others. Andy shared:

Very hyper, but wanting to look for a job and couldn't find one.

[Now I'm] pretty screwed up. I'm not the same person because if you know the person I was before I got the brain injury, you probably wouldn't know because everyone that knew me before would say you're not the same person I thought you were. They've said that exact thing. I thought it was to try to get me to straighten up so I would stop what I was doing. Trying to straighten my own self up, which was what I wasn't used to doing those days anyhow... The only way is the highway, and that's my way... There ain't nothing about my life that's the same. After the accident, I think that everybody who knows who I was before; I ain't like that now... I interact better with people now. I talk to more people and don't get into nosing around people. I can sit and have long conversations like we are not about my life and stuff about their life. What's going on, what they need to do, and what I need to do.

[My friends] would say he's smarter now. He's a better influence because he used to want to party over here and drink a beer. So he doesn't drive a car all stupid and dumb like I used to. I'd drive smarter, you know. More cautious. Maybe a bit more. You never know... I feel like myself as a person is changed and for the better

because I don't do all the stupid shit that I used to do. My values are still the same. I believed in God then, and I believe in God now.

Andy reported that his perception of self prior to and following his brain injury differed, suggesting a shift in identity; however, when selecting narratives to share, he only chose to represent critical events in his life that occurred following his brain injury. Additionally, Andy's description of his current identity emphasized who he is not, rather than who he is and claimed that his values prior to and following his brain injury remained the same. Consequently, Andy did not provide sufficient information to clearly explain his perception of self following his brain injury.

CHAPTER 6: FANNY

This chapter introduces Fanny, one of the six participants in the study, and provides a within-case analysis of her narratives. In the chapter, Fanny's stories are chronologically organized to illustrate the story of her life, specifically referencing direct quotes from her interview. Following her life story, I will describe Fanny's identity prior to and following brain injury using descriptions from the participant's perception of self and implications gathered following transcription analysis.

CHILDHOOD

Fanny was born in a small town in Appalachia in 1978. Her childhood is characterized by her familial relationships, events, and traditions. During childhood, Fanny lived with her mother, but she often stayed with her grandparents. Throughout her narratives regarding childhood, she directly and indirectly expressed the high priority she placed on time spent with family.

Family Tradition

When asked about her earliest memory, Fanny recalled a tradition she celebrated beginning at the age of four. She and her grandfather spent time together every Friday evening. Fanny noted that she loved this tradition so much that she continues to spend time with family on Fridays like she did with her grandfather. Fanny described the event:

Me and my papaw. He was off Friday nights. We would always get pizza. We'd get Papa Johns. We'd get that when we was little.

Then now we do that on Fridays...my papaw always did fun stuff with us.

Family Support

When asked about a childhood memory, Fanny shared another story regarding her family. She participated in the youth group at her church, and specifically recalled participating in

church plays. Many of her family members came to support her at performances. Fanny explained:

I used to go to church when I was younger. We used to go to a church of the Nazarene so we used to go to there. With them, we got to go...I forgot what it was called...the youth stuff...We used to when we were younger, we'd be in plays over at the church. A lot of my family would come up there. My dad, my papaw, his dad, my stepdad...my mamaw, my papaw. They used to come over and see my other papaw. My papaw Toe and my papaw Buck...they used to come and take me to church. We used to do all that stuff.

Moving

When Fanny was twelve years old, she left her hometown to move with her mother to North Carolina. After a few short months, she moved back to Kentucky to live with her grandparents. At fifteen, she moved to North Carolina again to live with her aunt Melissa.

MOTHERHOOD

When Fanny was sixteen years old, she found out that she was pregnant. Although it wasn't planned, she decided to keep the baby. When asked about a significant memory from her teenage years, Fanny elaborated:

I was in North Carolina when that happened, and I went to take a pregnancy test. I did not want to be pregnant. So that's what I told my mom. After that, she offered me the money that she said would cover it if I had an abortion, and I told her no. That I'm pregnant for a reason, so I ended up having Brandon.

Giving Birth

Soon after Fanny found out she was pregnant, she moved back to Kentucky. When asked to describe her peak experience, Fanny shared a narrative regarding the birth of her son, Brandon, when she was sixteen years old. Fanny explained:

I was lucky when it come to having Brandon. I was sixteen and terrified of having a child. Brandon...he was butt first, shoulder...I mean, I was two weeks early, and Brandon was still that big and butt first so they took Brandon out. So I didn't have to worry, but I was just terrified of actually having a child...I liked it.

“We Should've Stayed”

After giving birth, Fanny and her son Brandon moved back to North Carolina. While living away from her family, Fanny received news that her grandfather was ill. Because of work obligations and a report of her grandfather's improving health, she did not travel to her hometown to be with family. Unfortunately, her grandfather passed away that night. Crying, Fanny elaborated:

My papaw. When he passed away when Brandon was two or three, I was in North Carolina. I couldn't come up here to see my papaw. I was working at the Waffle House in North Carolina, and that's why we didn't come up because my papaw was doing good...Then that night, my papaw passed away. The bad part is that I do not remember it, but [we] should've stayed around here with my papaw.

“Come on Baby, You Can Do It!”

When Fanny’s son was five years old, she wanted to celebrate his birthday by throwing him a party and giving him a big surprise. The gift reflected a significant memory about her grandfather that she holds dear to her heart. Fanny shared:

I had him a birthday party...I got him a tall bicycle, and he got all kinds of stuff. He loved it. He went outside to go ride on the bicycle up at the top of the hill of the trailer park. He was going down and poor little thing. He ended up wrecking, and I was standing there recording it...I was laughing but trying not to. Poor little thing...It was awful. I said ‘Come on baby, you can do it!’ I was trying to fix his knees where they were all scratched. He was fine, but it hurt him for a little while.

“That Was a Good Thing, What I Started”

Fanny enrolled at a vocational school to pursue a degree in computer drafting; however, she moved back to Kentucky after one semester. Fanny explained:

I went back to school, and I was doing stuff I wasn’t supposed to. I went and got my books and everything...but it didn’t last too long. It was Christmas, and I had to leave. But yeah, it was a good thing, what I started.

THE ACCIDENT

Although moving back to Kentucky ended Fanny’s pursuit of a degree, she shared that it was a turning point in her life because she “was just dumb in North Carolina”. She moved back in with her grandmother, and her son transferred to a local elementary school. A few years later, Fanny suffered from a brain injury due to a car accident.

“They Could’ve Used Me as Parts”

During the interview, she told narratives about the incident within her chapters and when asked directly about her illness narrative. Fanny shared:

It was September 12th of '03...it was like 7:26. I may be off, but right around 7:30. I, for some odd reason, my water got turned off, which I knew everything was up to date. I didn't mess it up. They must've turned off the wrong one. So that's when I left because I had to take a shower. I went to Steve's house so I could take a shower, and then I came back so I could take Brandon to school. Mom said that it was probably about 10 or 10:30 that they finally heard that they had called Mom wanting to know if she knew me. Mom thought that I probably got in trouble or something, but they knew that I had my [car] accident...I didn't think I would live. I figured that I wouldn't make it. I was a donor, and I didn't have my purse with me, so they didn't [know] I was a donor. They could've used me for parts...I was dead. When they got there, I was dead. They revived me six or seven times. I had died...I went and stayed at St. Mary's. I stayed in the hospital up there for a month or two. From the 12th of September until it was the end of November or the beginning of December...It was in Lexington, so they moved me from up here at the hospital to down there in Lexington. They put me in a coma. A medical one. It wasn't because of me. Then I woke up after three months in December.

REHABILITATION

When Fanny woke up from a medically induced coma, she began the process of recovering from her brain injury. She had no recollection of the accident. Fanny explained:

Then I woke up after three months in December. There was quite a bit of stuff that I did, and I do not remember it. Mom and Brandon came down and seen me...I would wake up, and I don't know who these people are. Called my mamaw and my mom and asked what was going on. What did I do? They said I had a brain injury... You see, they gave me a medicine...it's what I took when I was younger when I was in school. That what I told my mom. Do I get my ideas back? Do you know? But I told her that I was driving. I guess I had gotten a walker with wheels....That was kind of rough because there at first.

Getting “Straightened Out”

After Fanny left the hospital, her family helped her search for a rehabilitation facility that best fit her needs. Because she needed extensive rehabilitative services, she gave custody of her son to her mother. Fanny elaborated:

That place in Lexington, they had occupational therapy [and] for the speech. Better than that place I was in. Then in April, I think it was the 5th. They took me and had all my teeth taken out because it deadened all the nerves in my mouth. After that, they sent me home the very next day...Then my mom and them were trying to find brain injury places where I can get it straightened out. The first place was at Bellefont. They have spots like they do here...I

went there for probably a year or two. Then when we found out about this place, they came and got me...I've been going here, but at first it was part time. I was staying at my mom's. Then my mom was keeping my son, so I gave her custody of Brandon because there were things that I couldn't do that my mom could.

A Second Chance

Fanny currently receives services at a rehabilitation facility and resides in the facility's townhouse. She views this opportunity as a second chance, as she recently began the process to enroll at the local community college to pursue her dream of becoming a chef.

Since I'm back down here in rehab, I can get to go back to school.

Where I got in trouble when I was a kid, I kind of messed up everything. Now I can be able to go back to school, and I'm staying in one house. The rehab [staff] has helped me so much.

First I came down here, there wasn't nobody other than one dude that used to go to school. You know? But yeah. They let me go to school and stuff...I'm lucky that they do brain injury stuff here because I never thought I would be here. I figured I would probably die, you know? I wouldn't live this long.

PERCEPTION OF SELF

During the focused interview, Fanny answered questions regarding her perception of self prior to and following her brain injury, what aspects of her life have stayed the same or changed, and how she interacts with others. Fanny shared:

I always made sure that Brandon had everything that he wanted...[Now] I'm slow. My walking and stuff. I won't be able

to go back to work...The relationship between me and my child [is different]. We were better before...I'm in school now...My friends. A lot of them have changed...I guess now I'm pretty much like the way I was before, but doing it in a better way. This way, with school and stuff, getting everything straightened out. I tried to do that when I was younger, but I got into trouble. This is what I was supposed to do all along...It's like a second chance. I get to go back to school. I get to start all over pretty much and do stuff. Now at the beginning. I had to do things slower ways to do it than I used to, but I'm getting closer to it...I'm lucky that they do brain injury stuff here because I never thought I would be here. I figured I would probably die, you know? I wouldn't live this long.

Fanny's description of her perception of self prior to and following her brain injury included examples of self-continuity and self-discontinuity, suggesting a shift in only specific aspects of her identity. Fanny described consistency in her identity, or self-continuity, by using examples of life experiences to support the continuation of goals established prior to her brain injury. She described the change in her identity, or self-discontinuity, by focusing on differences in her perception of self associated with her relationships with others. Her perception of self was reflected within the life narratives she chose to share, as her narratives focused on relationships and the pursuit of accomplishing life goals.

CHAPTER 7: HENRY

This chapter introduces Henry, one of the six participants in the study, and provides a within-case analysis of his narratives. In the chapter, Henry's stories are chronologically organized to illustrate the story of his life, specifically referencing direct quotes from his interview. Following his life story, I will describe Henry's identity prior to and following brain injury using descriptions from the participant's perception of self and implications gathered following transcription analysis.

CHILDHOOD

Henry was born and raised in a small rural community in Appalachia in 1983. His childhood is characterized by familial interactions. The narratives he shared regarding his childhood convey defined boundaries of trust and deception among family members that continue to affect his current perceptions and relationships with others.

Playing

Like many families in Appalachia, Henry's family unit consisted of both immediate and extended family members. Due to a family problem, one of his cousins stayed with Henry, his sister, and parents. He often spent his free time with his younger sister and cousins playing games with fictional characters. When asked to recall his earliest memory, Henry explained:

I think I was maybe five or six. I don't remember. Me and my sister...we did that just about everyday...We played with pretend guns and knives, and I remember that and love it...That was from daylight to dark. We all liked playing...It was me and my sister and sometimes my cousins. They stayed with us. It was just his mom. She got with a man he didn't like, so he stayed down with us. And

we had him with us. He was there everyday to play. He was like a brother to me, and he still is...I was happy. Very happy.

“He’s the Only Dad that I Know”

Henry’s immediate family consisted of him, his mother, stepfather, and younger sister. Henry, however, believed that his stepfather was his biological father until his younger sister “let it slip”. During the interview, Henry displayed negative emotions and body language as he shared this significant childhood memory:

My mom didn’t tell me, but my sister did...She told me and wanted me to keep it a secret. She told me because I was pretty close to him. We had fun. He gave me stuff. Gave me a gun, jackets, everything...My real dad died when I was just a baby, but I have an awesome step dad. I call him Dad...My mom always told her not to tell me...One day she let it slip. Broke my heart because they lied to me for so long. But I got an awesome step dad that I love. He’s been there for me my whole life. He’s the only dad that I know.

Quitting School

On Henry’s eighteenth birthday, he made the decision to quit school. He immediately began working in telecommunication and earned his GED soon after. When asked to share a significant memory from his teenage years, he explained:

I didn’t care much about school. I never did...I went to school and signed myself out forever...I wish I could go back and kick myself in the butt and do it all over again. I’d make a lot more different changes in my life...I worked everyday forever, it seemed like.

When I was eighteen, I started working in telecommunication. I had a cousin that was doing it, and he got me on it. It was a cake job. I got paid good too...I was making good money, and I traveled a lot. I saw a lot of places.

FATHERHOOD

When Henry was 19 years old, he became a father. This event served as his peak experience, turning point, and most significant event in his adult years. Henry shared narratives regarding the day his daughter was born, how it changed his life, and his current relationship with her. He elaborated:

I wasn't there. I was working. I got a call, and it was my mom or my sister called and told me, and I was out the door, in the car, and down the road. [I was] twenty years old...When she first got to come home, I was tickled to death...Before we had her, we partied all the time, and I smoked weed. I drank occasionally, but not very much. Pot was my biggest thing, and I quit school when I turned eighteen...I quit stuff I was doing. I started working to take care of her and her mom...I took care of them both. My girlfriend had already had one kid by another guy, and I practically raised her too before my daughter came. When my daughter came, I started working harder to try to get her the stuff she wanted and needed, as any parent would do for their kid...She's the love of my life. She just turned thirteen...she actually does good for herself. She's a trooper. I stay with my parents, and I only see them on the weekends.

THE ACCIDENT

A year after Henry and his girlfriend's daughter was born, he experienced significant tragedy in his life. When asked to share his nadir event, Henry told his illness narrative; however, his experience focused outward toward the loss of his girlfriend. Henry shared:

When I first heard about it...nobody told me that she was in the accident with me. Then one day we were talking, and my sister let it slip. It crushed me...We were at her mom's house. My girlfriend's mom's house. It had been snowing all day. Later on that night, we decided to go back to my parent's house. We hit black ice, ran off the road, and hit a tree head on. We laid there all night. The next morning, the snow plow came, and they called the ambulance. She was dead on arrival...I thank God that He let me live, and I think it's to raise my daughter. She was really little. She was born in November, and the car accident happened in December.

Following his brain injury and recovery at a hospital, Henry received and continues to receive rehabilitative services at a local facility. Henry shared:

When I first got here, I wouldn't say nothing. I wouldn't raise my hand and participate in groups. Now I do because I know that the people here are trying to help me so I can get better and go back home and take care of my daughter.

PERCEPTION OF SELF

During the focused interview, Henry answered questions regarding his perception of self prior to and following his brain injury, what aspects of his life have stayed the same or changed, and how he interacts with others. Henry shared:

Outgoing, honest, and trusting. [Now] I'm still a hard worker trying to do my best for me and my daughter, and trying to be a better father to her...Before, I had people in my life. Friends and my girlfriend, but I don't consider them true friends because they were there for me before when I was working and buying them pot and beer and all that stuff. Since my accident, they haven't called or been around...Before, I wouldn't go to church. [Now I'm] being helpful and not taking life for granted. Being who I really want to be, not what somebody else wants me to be. When I first got here, I wouldn't say anything. I wouldn't raise my hand and participate in groups out there. Now I do because I know that the people here are trying to help me so I can get better and go back home and take care of my daughter.

Henry's description of his perception of self prior to and following his brain injury differed, suggesting a shift in identity. His explanation focused on the changes in his identity, or self-discontinuity, as he shared that he does not think he is the same person after his brain injury. Additionally, he provided a short list of adjectives to describe his previous identity and elaborated on his current perception of self. His perception of self was reflected within the life narratives he chose to share, as his narratives following his brain injury focused on his identity as a father.

CHAPTER 8: GRACE

This chapter introduces Grace, one of the six participants in the study, and provides a within-case analysis of her narratives. In the chapter, Grace's stories are chronologically organized to illustrate the story of her life, specifically referencing direct quotes from her interview. Following her life story, I will describe Grace's identity prior to and following brain injury using descriptions from the participant's perception of self and implications gathered following transcription analysis.

CHILDHOOD: MOVING

Grace was born in a small town in Appalachia in 1990. Her childhood is characterized by moving in with four different family members over the span of twelve years. During her first years of life, her parents divorced. At the age of five, her mother was diagnosed with breast cancer. Her stepfather made the decision to put her mom in a nursing home, where she died a year later. Because of her father's alcoholism, she could not live with him at that time; therefore, Grace moved in with her grandmother NeNe. When living with her grandmother, Grace was lonely because she did not have any friends.

Family Christmas

When asked about a childhood memory, Grace recalled the first Christmas spent at her grandmother's. She explained that her family began this tradition after members of her family "changed their mindsets" regarding prioritizing family in their lives. This memory was significant to Grace because she cherished just being with family and family values. Grace described the event:

Well when I was about eleven, we started going to my
grandmother's for Christmas. All the family would come and just

have Christmas together. It was just a fun time...I didn't have much of a parent-child relationship and I just longed for that.

Spotlight

At thirteen, Grace moved in with her cousin Shawna because her grandmother could no longer take care of her. After a period of normalcy, Shawna and her husband divorced, which left Grace to look after their children until the late hours of the night. Although she inherited this responsibility, Grace still found time to have fun with new friends.

When asked about her earliest memory, Grace recalled playing with kids at Shawna's house. Grace stated:

When I was living with my cousin Shawna, I was always playing Spotlight out on the weekends at her house with all kinds of kids...it was so significant. We did it every weekend...how much fun we had.

“Hell was Better”

When Grace moved in with her Uncle Tracy, she described another short period of normalcy until her father passed away. When recalling her nadir event, she elaborated:

Right after my dad died, I went downhill. My dad was an alcoholic, so I wanted to see why my dad loved Budweiser so much. When I got depressed, hand me a Budweiser. Then I started saying 'hand me some pot' because that's what he smoked. I just drowned my sorrows with alcohol and drugs... I just treated everyone like crap. I lied to you. I stole from you. I pawned stuff just to get money for drugs. I conned you. I did everything I could

to get drugs...at one point in time, I wanted to kill myself because to be honest, I thought hell was better off than the life I was living.

The Ultimatum

When Grace's uncle caught her partying in his house, she was forced to move again.

Grace explained in her life chapters:

Things were going good until I got really wild. I decided to throw a party, and my uncle came home unexpectedly. He said, "Grace you are just being too wild. You are either going to move in with your brother or go to Juvenile because I can't deal."

THE ACCIDENT

Grace made the decision to move in with her brother. Soon after, she had the car accident that resulted in a traumatic brain injury. When asked to describe key events in her life, Grace often referenced the wreck. When asked to describe her life in chapters, Grace shared her illness narrative:

I was late for school. I was so worried about getting to school, and I hydroplaned in a ditch. I remember saying to myself, "I'm going to get out of here. Friends can tow me out of here." I remember seeing headlights. I think that's when I hit my head on the steering wheel. When I went to Cabell, they said to pull her plug because her brain is just too gone for us to do brain surgery. Dr. Walters was the only doctor that thought I would live. He said, "She's young. The swelling will go down in her brain." Eventually they were able to do brain surgery, and all the swelling in my brain went down. I went back to Cabell because my sister was there, and

they all were making comments that they were looking at a ghost. When I first came home, I had a really bad problem with mumbling really bad. Of course, you know, as my brain improved that went down a whole lot. They said my brain would improve everyday.

ADULTHOOD: RECOVERY

Grace's narratives describing her life following her traumatic brain injury reflect a perceived second chance. These redemption stories use comparatives of Grace's former perception of self to convey the formation of a newfound spiritual approach to life.

When describing her greatest challenge in life, Grace said:

I would have to say waking up from my deathbed because the doctors said "you're looking at a ghost." They told me I was a ghost because they swore up and down that my brain was just too swollen. Dr. Rogers told me that. He's optimistic. We don't see what he sees. They just swore up and down that we needed to plan a funeral because they just thought that I'd be on a vent and just be laying there...I had to relearn. My memory was horrible. I couldn't remember five minutes ago. I can't remember where I was...It was bad, and I wanted to give up so many times...I just took what the doctors said at Cabell and changed it and see how far I've went. That's pushed me to go on.

Wakeup Call

When Grace woke up from a seven-week coma to begin the recovery process, she viewed this opportunity as a second chance. Her spiritual redemption story gives an account of a purpose for negative experiences in her life. She elaborated when describing her turning point:

I'm just so thankful of the miracle...when I woke up, I had no desire to hang out with the same people or do anything again...I used to do drugs every weekend and party with the lowest people in the world. I'm just so thankful that my mindset is completely changed...I'm just so thankful that I turn all my problems...from drugs...to the Lord because I think that was my biggest problem. I just thought that the Lord can't be alive because He let my parents die. He let my dad die. He let my mom get breast cancer. He can't be real. I just automatically resorted to drugs...I'm just so thankful that He had mercy on me and gave me a wakeup call on August 27th.

“I Couldn't Remember Anything”

As Grace recovers from her brain injury, she has faced obstacles that tempt her to regress back to her toxic lifestyle choices. Yet, she remains strong in her faith through prayer and determination to succeed. Grace described a memory from her teenage years:

When my friends and I would talk, they would talk me through some bad situations that I was going [through]. They really did help me because I was going to turn to drugs. They tried to help me out...I had just seen some pictures of Mom. She died when I was six, and I couldn't remember anything. After my wreck, I

couldn't remember anything about my mom. I was just automatically thinking about resorting to drugs. I can't remember my mom. I'm just – I can't take it!

“The Chains Were Lifted Off”

As Grace received services at a local rehabilitative center in Appalachia specializing in traumatic brain injuries, she not only made strides in recovering her physical and communicative abilities. Grace began regaining her independence. When asked to describe her peak life event, she explained:

When I got approved for living in the apartments...I came to [the rehabilitation facility] in 2009, and they kept denying me saying I wasn't in danger enough to live in the apartments. Finally, one day...my mom's uncle moved in and for other reasons, they approved me. My aunt would not let me do anything at her house...She let me clean my room, and that's the only thing she'd let me do. She managed my money, cooked for me, did my laundry...she did everything. My independence was...pshhht! I live here, and I could do anything. I feel so much better.

Overjoyed. I just felt so happy. I praised the Lord because I prayed a lot about it. It was just so much relief. I felt like the chains were lifted off me. I could finally do my own laundry...make my own food.

PROVING HERSELF

One particular accomplishment gave Grace a sense of accomplishment and approval. After she moved into the rehabilitation facility's apartments, she proved her increased independence to her aunt. Grace elaborated:

Me and my therapist cooked a meal and brought it after treatment.

When I came home, I brought her the food I made. She was happy.

When she ate the food I cooked for her, I thought she was really proud of me. She smiled and said, "good job."

Grace shared that she continues to make progress at the rehabilitative center. She recently began studying to take a college entrance exam so she can pursue her dreams of majoring in psychology. She hopes to graduate with a degree, become a grief counselor, and start a family.

PERCEPTION OF SELF

During the focused interview, Grace answered questions regarding her perception of self prior to and following her brain injury, what aspects of her life have stayed the same or changed, and how she interacts with others. Grace shared:

Before my brain injury, I was all for myself...I never thought things through. I was very impulsive. I was after guys' attention. If drugs didn't comfort me, food comforted me. I was always looking for the easy escape for everything...Now I am very religious and determined and very caring...My ways of thinking and the way I treat people [are different] because before, I would lie to you just to be able to get drugs...and I could care less if I did, and I didn't feel bad about nothing, and now I have a big heart. I'm very caring...I'm trying to make it a habit, but I care more about other

people than myself. I'm just kind and very friendly...My dad didn't give me any attention, so I looked to guys to give me attention...Now I definitely know that's totally wrong, and I'm a totally changed person...I have the Lord, and when I get sad, I just pray and read. I'm just a totally different person.

Grace's description of her perception of self prior to and following her brain injury differed, suggesting a shift in identity. Specifically, Grace provided clear, detailed comparisons of self-discontinuity to describe how her identity changed. For instance, she shared, "I'm just a totally different person" and did not provide similarities to support any aspect of self-continuity, or consistency in her identity. Her perception of self was reflected within the life narratives she chose to share, as many of her narratives included comparisons of her previous and current identities. Specifically, she embedded her identity as a Christian within the majority of her life narratives, before and after her brain injury.

CHAPTER 9: ISAAC

This chapter introduces Isaac, one of the six participants in the study, and provides a within-case analysis of his narratives. In the chapter, Isaac's stories are chronologically organized to illustrate the story of his life, specifically referencing direct quotes from his interview. Following his life story, I will describe Isaac's identity prior to and following brain injury using descriptions from the participant's perception of self and implications gathered following transcription analysis.

CHILDHOOD

Isaac was born in a small town in Appalachia in 1959. His childhood is characterized by relationships and responsibility. The narratives he shared regarding his childhood convey a reminiscent period of time, containing memories that remain significant decades later.

Rowdy Little Kid

At the age of three, Isaac moved with his family to California. When asked to recall his earliest memory, he explained:

Believe it or not, I can remember moving to California...[I was] about three. I'll tell you what I used to do. I was so much full of just, wooo fun! I'd walk around outside of the house there when no one was around and I fell over. I fell three stories...but I landed in the bushes...I was full of energy. I didn't take sugar or anything. I was full of that junk before there was sugar. I was just a rowdy little kid.

Isaac and his family moved back to Appalachia shortly after their move to California. Although they lived in a highly populated area, his family managed to continue their rural traditions and raise a garden. Isaac shared an example of how he behaved as a child:

Mom and dad told me all the time how ornery I was, like “Hey! Get out of that garden! Don’t be eating all that food!”...I was out there getting me them tomatoes. I’d just eat right out of the garden.

Familial Responsibilities

As a child, Isaac enjoyed having responsibilities that helped his family. When he and his family moved to a rural area in Appalachia, he found pride in doing his chores and looking after the family dog. Isaac shared:

I remember we lived around the wooden house by the railroad tracks. It was a depot-like, and my aunt and uncle moved across the tracks from us. Back in the day we used pots to poop and piss in, and I had to take them out and dump them and make sure they were cleaned up...I had a dog named Brutus. He came all the way from another town after we moved. He come home and sure enough, my dad came and found me...He had everything I had. I loved him. He knew I was the master and I did for him. His paws were so big! A big German Shepherd...a loveable dog.

“If You’ve Got It, You’ve Got It”

When Isaac was a teenager, he spent much of his time at a local bar socializing with women. Even though he didn’t have money and was underage, the bar owners allowed him to drink and hang out to attract customers and make money. When asked to share a significant memory from his childhood, Isaac elaborated:

All my time was either trying to hook up with women or drinking. Well, I’m telling you the truth! Bartenders would let me come in and drink, and I didn’t have money. They give me money. You

know, kind of like a provider of some type. Even though I wasn't having sex, I was getting money for being there. They really liked that. They liked me...I always had the hots for women. They had the hots for me too...They treated me so good. I can remember down at the ridge. I was messing with one girl and messing around with another girl. And I had a girlfriend. I just had my hands full...A lot of times I got in trouble...If you got it, you've got it. If you don't, you don't. And believe me, I've still got it.

THE ACCIDENT

Isaac worked as a construction worker for his father in rural Appalachia. When he was thirty years old, he suffered a brain injury from assault with a piece of rebar. While at work, a coworker got physical because he thought Isaac stole a check. When asked to give an account for his life story in summary, Isaac shared his illness narrative:

What happened in 1989. I was working with my father. I would do work. I would do anything for my father...I was working with my father on a construction job where I did rebar work. Pipe, steel, pouring concrete over the steel. It was hard work. I didn't enjoy it very much, but I would do anything for my father workwise or anything...My life started. It started again in '89. I was born in '59, but in '89 was my accident. The story is that this old boy thought that me and this other guy...stole a check from him. That's crazy because I can't write. It doesn't matter to me because I know I didn't steal it or anything. And he beat me to death. I don't know how to explain the feelings I have for him...They said I died in the

helicopter on the way to UC. I don't recall, don't remember it, and don't want to remember it because I'm sure it's painful, you know? To know that there's another human being out there in this world that'd do that to a human being. Blows my mind, it does.

REDEMPTION AND REHABILITATION

Following his brain injury, Isaac turned to alcoholism and drug use. Isaac describes this period as his lowest point and the significant nadir event in his life. In 2003, however, Isaac made the decision to stop drinking and doing drugs by seeking help, forgiveness, and a relationship with God. When asked to describe his nadir, turning point, and peak events, Isaac shared his redemption story:

Before I said I quit everything. Before my brothers died...Back when I was drinking and trying to play rules I couldn't play. I thought I could, but I couldn't. That's what turned me to the Lord...I stood up and when I got close to the Lord, and said please help me get away from all these drugs and drinking...I asked the Lord then to please remove all those wants so I don't have to do drugs and alcohol...And one day I had nothing since...I believe in the Lord, you know? And that's a firm thing to have is the Lord by your side. But I'm very happy that happened to me. It's hard to explain to you, but it's easy if you can believe in it.

“I Kind of Fell in Love with this Place”

After Isaac gave up alcohol and drugs, he searched for a rehabilitation facility where he felt a strong sense of love, acceptance, and belonging. After trying out various facilities, Isaac

began receiving services at his current facility. Isaac shared his feelings toward rehabilitation and his current facility when asked about a significant event in adulthood:

I'm grateful for being alive with these people...[My speech therapist] is a good friend...This place is tremendously helpful for a person to help get outside of this place and be a normal human being. I know that I can do that, and I'm going to do that. This is hard, but I can pull my pants up again, you know? I don't do it once, so I can do it again. And I pray to God for letting me do it again...What I think about this place is more than just me because I give my heart out for these people. I love them. They're my friends. I couldn't find that in other places. My sister moved me away from where I was getting comfortable feeling, and this has been the longest lasting place and the only place I'm going to be happy with...I kind of fell in love with this place. These people are my friends...The people show me that they love me. They bought me a Stevie Nicks Fleetwood Mac concert shirt...That was about the coolest thing they've ever done for me.

PERCEPTION OF SELF

During the focus interview, Isaac answered questions regarding his perception of self prior to and following his brain injury, what aspects of his life have stayed the same or changed, and how he interacts with others. Isaac shared:

A hard worker. A person that would complete all tasks available to him, and would do it, has done it, and would do it again. It's kind. For me, it's loving. [Now] I'm wanting to find out more about the

Lord so I can speak more on his level...I'm willing to find love and happiness. I don't have it now, but I have the want...I want to get in and find out what makes [people] tick...I know that I'm different. I'm willing to give, you know? I'm pretty simple, but it's hard to love again. I've not been in love. I don't want that. I was a whore hopper, or whatever you call it. Now I'm just laid back Isaac.

Isaac's description of his perception of self prior to and following his brain injury differed, suggesting a shift in identity, or self-discontinuity. His descriptions, however, only focused on few aspects of his identity shift. Specifically, he described the importance of love and happiness in relation to his perception of self following his brain injury. Although his perception of self was reflected within the life narratives he chose to share, his narratives provided additional evidence to support self-discontinuity.

Now that you have met the participants and become familiar with their life narratives and identities prior to and following brain injury, I will use the next chapter to present and discuss the findings of the present study. Additionally, I will present the conceptual framework of global coherence, which will be used to describe and analyze the participants' life narratives.

CHAPTER 10: FINDINGS

Life narratives are recounts of an individual's life that are bound in time and social contexts (Habermas & Bluck, 2000). These narratives are used as a means to convey a specific identity using his or her understanding of self-continuity, self-discontinuity, and self-reflection. To successfully communicate a life story, individuals must have the capability to reflect upon the past, choose self-relevant events, find connections between the life lived and the self, and organize the memories to form a story (Habermas & Bluck, 2000). When a life narrative reflects the individual's ability to carry out this process, the life story is said to possess overall global coherence. For this study, a conceptual framework describing types of global coherence provides the foundation of how the participants' interviews reflect a breakdown in global coherence related to cognitive-linguistic deficits from brain injury.

CONCEPTUAL FRAMEWORK OF GLOBAL COHERENCE

Temporal Coherence

Habermas and Bluck (2000) described four types of global coherence found within a life narrative: temporal coherence, cultural concept of biography, causal coherence, and thematic coherence. Temporal and cultural coherence serve to form a basic, skeletal life narrative that consists of a linear sequence of culturally defined, major life events (Habermas & Bluck, 2000). Temporal coherence focuses on the ability to sequence life events in chronological order using temporal indicators within the narrative.

The participants in this study demonstrated various degrees of temporal coherence. For example, when elaborating on her life chapters, Grace demonstrated a fair level of temporal coherence by providing a narrative of life events in linear sequence with temporal indicators that gave the listener a distinct timeline spanning over her entire life. She chronologically included her mother's death at age six, living with her grandmother until she was thirteen, and living with

additional family members during her teenage years. When Owen described his life narratives, however, the sequence and organization within each life event did not follow a linear timeline. Owen did not set temporal boundaries for his narratives unless prompted and did not provide a distinct moment in time for each event. Owen also chose narratives that did not appropriately fit within specific timeframes. For example, when asked to share a life story from childhood, he discussed relationships with his high school teachers. This example reflects poor temporal coherence because Owen's narratives lacked a specific sequence, which typically serves as the foundation for all narratives.

Cultural Concept of Biography

Cultural concept of biography reflects the events and memories deemed typical and appropriate to include within the life story depending on cultural norms, such as affiliations with family and institutions. When analyzing participants' cultural coherence within their narratives, the co-investigator noted the importance of using cross-case comparisons with individuals who identify with the same culture. Because all participants' hometowns were located in Kentucky and all identified Appalachia as a component of their culture, the cultural concept of biography for all participants of this study were analyzed similarly.

Various degrees of cultural coherence were found within the participants' narratives. For example, when choosing appropriate life events to include within her life stories, Fanny demonstrated a high degree of cultural coherence because her critical event narratives included family memories and multiple relocations. Andy, however, chose life events that do not reflect culturally significant happenings. Of his eight critical event narratives, six of the stories focused on vehicles, such as a stolen four-wheeler, getting a Mustang, and racing cars. Andy's narratives reflected poor cultural concept of biography because he chose topics that are not viewed as significant to the life story compared to cultural norms. Although his some of his stories did

include family members, most of Andy's narratives were self-focused rather than relationship-focused like many narratives told within Appalachian culture.

Causal Coherence

Although temporal and cultural coherence are found within life narratives, they do not hold most substantial importance when judging a narrative's overall global coherence. Causal coherence, however, is a significant component contributing to the overall global coherence of a life narrative because it provides external causation for the narrator's life events and points toward internal causes that connect directly to the individual's identity, life purpose, and goals over time (Habermas & Bluck, 2000). In this study, the level of causal coherence greatly varied between participants and impacted overall global coherence. For example, Henry's narratives exhibited a fair degree of causal coherence because he provided explanations of actions as well as explanations of personal discontinuity. Throughout Henry's narratives, he made connections between life events and his identity, purpose, and goals. Specifically, when sharing a narrative about the car accident in which he acquired his brain injury, he stated, "I thank God that He let me live, and I think it's to raise my daughter". Henry also discussed throughout multiple narratives that the birth of his daughter helped him make more positive decisions in his life, such as working harder and giving up substance abuse.

When life narratives lack adequate causal coherence, an individual's life events appear as if they happened by chance and are therefore deemed meaningless (Habermas & Bluck, 2000). For example, Andy's narratives lacked causal coherence. None of his stories included internal or external causation for critical events. For example, when sharing his narrative about a new car, Andy did not make connections between the life event and his identity, life purpose, or goals. Although he discussed pursuing a college degree in radiology on various occasions within his narratives, Andy did not express how that affected his life in any way. Because Andy's life

stories did not demonstrate causal coherence, his narratives do not reflect a life with an established meaning or purpose.

Thematic Coherence

The final type of global coherence found within narratives is thematic coherence, which is established by examining various elements of a life and establishing thematic similarity between life events (Habermas & Bluck, 2000). Thematic coherence can be explicitly recognized by means of an individual's narrative regarding a life turning point, through comparisons of similar life events, and the use of life trajectories (Habermas & Bluck, 2000). In this study, each participant shared a narrative describing an event deemed as a turning point. Isaac's turning point demonstrated a good level of explicit thematic coherence because he identified multiple similar occasions where his behaviors reflected each theme. He identified his turning point as turning away from alcohol and drugs and finding God, and within this narrative, he identified behaviors as characteristic of his previous self and compared it to his current sense of self and identity. Specifically, Isaac described his identity prior to his salvation within the life turning point narrative as "I was drinking and trying to play rules I couldn't play" and compared it to his current self saying "I know that I'm different; I'm willing to find peace and happiness".

Poor explicit thematic coherence implies that the narrator does not acknowledge the necessity to analyze one's life and give it meaning (Habermas & Bluck, 2000). For example, Owen's narratives reflected poor explicit thematic coherence because he did not clearly demonstrate an explicit understanding of the similarities between life events within his narratives. Specifically, his life turning point narrative was an event that had not occurred yet. He also did not express insight to various aspects of his life. Throughout his entire life narrative, Owen did not compare similar life events or use life trajectories; however, when specifically asked to provide an overarching theme for his life, he stated, "disability to me".

Thematic coherence can also be implicit, meaning that themes are embedded within the life narrative and can be readily categorized by the researcher. In this study, the co-investigator analyzed each interview and found multiple overarching themes for each participant. Owen's life narratives conveyed an overarching theme of victimization. Familial relationships and a sense of belonging were themes embedded within Fanny's narratives. Henry's life narratives conveyed an overarching theme of life purpose. Redemption, desire for stability and relationships, and acceptance were themes found in Grace's narratives. Isaac's life conveyed themes of wisdom, growth, and a desire for companionship. Andy's narratives, however, did not contain embedded themes of similarity, reflecting a lack of implicit thematic coherence. Although many of his stories focused on vehicles, the topic only superficially connected one aspect of his life.

SUCCESSFUL LIFE NARRATIVES

Although a narrative's goodness can be quantitatively measured by its organization and completeness through the process of discourse analysis, the degree to which temporal coherence, cultural concept of biography, causal coherence, and thematic coherence are present provides similar information qualitatively (Le, Coelho, Mozeiko, Krueger, & Grafman, 2011; Habermas & Bluck, 2000). Quantitative story organization measures, or story grammar, focuses on temporal and causal coherence, while content completeness measures analyze overall global coherence of a narrative (Coelho, Youse, Le, & Feinn, 2003). Using the conceptual framework describing the four types of global coherence provides additional information regarding self-continuity, self-discontinuity, awareness of how lives unfold over time, and whether conclusions can be drawn based on similarities or patterns of life events. To determine whether the narratives were successful or unsuccessful, the presence, absence, and degree of each type of coherence was identified using specific indicators identified at the level of propositions (Habermas & Paha, 2001; Habermas & Silveira, 2008). Table 4 provides a list of those indicators associated with

each type of coherence that contributed to the success of the participants' narratives and the subjective coherence ratings derived for each participant as shown in Table 5:

Table 4: Indicators of Coherence Types

Type of Coherence	Code for Indicator
Temporal Coherence	Life phase Age Calendar date Distance from present
Cultural Coherence	Birth Affiliations with family Transitions from family Institutions Geographical locations
Causal Coherence	Causally related states of long duration (e.g. Extended event, personality) Causal links between personal states and events (e.g. Personality explains action, event explains personality) Biographical arguments (e.g. Developmental status, biographical background, lessons learned, generalization, formative experience)
Thematic Coherence	Illustration Hedges (e.g. Regarding explanations, descriptions or interpretations) Complex cognitive processes (e.g. Understanding, opinion)

Table 5: Participant Subjective Coherence Ratings

Type of Coherence	Participants					
	Owen	Andy	Fanny	Henry	Grace	Issac
Temporal Coherence	Poor	Fair	Good	Fair	Fair	Fair
Cultural Coherence	Fair	Poor	Fair	Fair	Good	Fair
Causal Coherence	Fair	Absent in sample	Fair	Fair	Good	Fair
Thematic Coherence	Poor	Absent in sample	Fair	Fair	Fair	Good
Overall Global Coherence	Poor	Poor	Fair	Fair	Good	Fair

Owen

Owen's life narratives demonstrated a poor degree of temporal coherence, as stated above. In regards to cultural concept of biography, Owen's life narratives reflected a fair sense of cultural coherence. While he chose socially appropriate critical life events to share, such as graduating and brain surgery, he also selected questionable life stories. For example, when asked to share an additional critical event, Owen discussed his girlfriend from third grade and how she married a man that bullied him in high school. While this story may be of significance to Owen, this narrative does not hold significance when compared to social norms. His narratives reflected a fair level of causal coherence. For example, he made the connection between his brain surgery and current medical issues but did not provide a clear correlation or causation between any life event and reason for personal growth, lesson learned, or deeper self-understanding. His narratives focused on previous and current medical issues and elaborated on how his disability affected various aspects of his life, such as his mood and ability to form relationships with others. As previously discussed, Owen's life narratives demonstrated a poor level of thematic coherence. Because his life stories exhibited fair cultural concept of biography and causal coherence, along with poor levels of temporal and thematic coherence, Owen's life narratives were deemed unsuccessful with poor overall global coherence. This correlated with the listener's perception of Owen's life narratives, as the listener held the majority of the responsibility for the communication exchange. Additional interview questions, prompts, and clarifications were consistently required to collect sufficient data for the study's purpose.

Andy

Andy's life narratives demonstrated a fair level of temporal coherence. Although his life chapters followed a linear timeline, his critical life event narratives did not include adequate temporal indicators; therefore, making it difficult for listeners to organize his narratives

chronologically. His narratives also demonstrated questionable organization, which affected the skeletal infrastructure of his life stories. As previously stated, Andy's narratives demonstrated poor cultural concept of biography and lacked causal coherence. Andy's narratives also did not exhibit implicit or explicit thematic coherence, as he did not include individual analysis for his life events within his narratives. He did not use comparatives to establish thematic similarity between events, even when six of the eight critical life events shared focused on the same topic. Because his life stories demonstrated fair levels of temporal coherence, poor cultural concept of biography, and lacked causal and thematic coherence, Andy's narratives were deemed as unsuccessful life stories with poor overall global coherence. This correlated with the listener's perception of Andy's life narratives, as the listener made several attempts to clarify significant information and order of events. Additional questions and prompts were also required to collect relevant data for the study's purpose.

Fanny

Fanny's exhibited a good degree of temporal coherence. She used multiple temporal indicators when sharing her narratives; which clearly organized critical events linearly within her life story. Specifically, Fanny consistently shared her age for each critical event and briefly described the corresponding life phase to orient the listener before she shared specific details. Fanny's life narratives reflected a fair degree of cultural concept of biography, as discussed earlier. Fanny also displayed a fair degree of causal coherence. While she identified a connection between her decisions in North Carolina and her identity in one particular life narrative, Fanny did not demonstrate a consistent ability to define and explain meaning for each of her narratives. While she made connections between specific events, such as traditions with her grandfather and carrying them over with her son, she could not provide causation for all critical life events without prompting. Fanny's life narratives possessed a fair degree of thematic coherence. While

themes were readily found implicitly within her life stories, Fanny did not consistently examine different aspects of her life and draw explicit conclusions regarding thematic similarity. She did not reference narratives during her explanations of similar life stories or provide deep understanding or significance for each narrative. When asked why a particular story about her grandfather held significance, Fanny could not explain its underlying significance related to her familial relationships. Because her life stories possessed good levels of temporal coherence and fair levels of cultural, causal, and thematic coherence, Fanny's life narratives were deemed successful with fair overall global coherence. This correlated with the listener's perception of Fanny's life narratives, as the listener used additional prompts to guide the participant in story selection and drawing conclusions of critical events in her life.

Henry

Henry's life narratives possessed a fair degree of temporal coherence. His life chapters and critical life event narratives followed a linear sequence. Henry also used transitional phrases, such as "until we were little" and "when I turned 18" within his narratives to temporally guide the listener's comprehension. In regards to cultural concept of biography, Henry displayed a fair level of coherence. He chose to share narratives that align with social norms, such as the death of his girlfriend, the birth of his daughter, and quitting school. Henry's narratives also possessed self-relevance and significance because his critical life events and life chapters focused on events that greatly impacted his life. As previously discussed, Henry's narratives reflected a fair degree of causal and thematic coherence. He also demonstrated fair thematic coherence. Specifically, explicit thematic coherence appeared prominently within his narratives. Henry's turning point narrative included a statement regarding mistakes he made prior to the birth of his daughter. He stated, "I could go back and kick myself in the butt and do it all over again. I'd make a lot more different changes in my life." Given the fair levels of temporal, cultural, causal, and thematic

coherence, Henry's life narratives were deemed successful and demonstrated fair overall global coherence. This correlated with the listener's perception of Henry's life narratives, as the listener served as a passive communication partner. Henry shared his life narratives and required occasional prompting by the listener to share additional information when needed.

Grace

As previously stated, Grace's narratives demonstrated a fair level of temporal coherence. Her narratives showed a good level of cultural concept of biography because each of her critical life event narratives focused on culturally appropriate topics that were deemed significant, such as affiliations with and transitions from family. Grace's narratives prominently exhibited causal coherence because she used each critical life event narrative to explain internal and external causes that directly support her reconstructed identity, life purpose, and goals following her brain injury. For example, Grace continually made connections between her car accident and accepting God as her savior. She stated that the car accident gave her a second chance to give up poor habits and live her life according to God's plan. The reflective and redemptive nature of her narratives revealed that she is able to find meaning and purpose within her life events. Grace also reflected a fair level of thematic coherence within her life stories. She identified her turning point as the car accident, and within this narrative, she identified behaviors as characteristic of her previous self-identity and compared it to her current perception of self. Grace also used complex processes such as understanding and option to analyze her life narratives. Her life narratives proved to demonstrate the strongest overall global coherence of the participants because the fair and good levels of each type of coherence work together to form a successful life narrative. This correlated with the listener's perception of Grace's life narratives, as the participant readily shared her narratives using significant information and rich details. The

listener only prompted Grace to elaborate on critical events to collect additional information to satisfy the listener's curiosity rather than to complete the narrative.

Isaac

Of all of the participants, Isaac's life narratives possessed a unique combination of coherence levels. Despite the rich detail within his life stories, Isaac's narratives only demonstrated a fair level of temporal coherence. When sharing his life chapters and critical life events, he often changed topics during a story and needed prompting to continue with the initial story line. For example, when asked to provide life chapters, he quickly changed the subject and began sharing his illness narrative. After prompted, he hurried through his life chapters and quickly changed subjects again to his father. Even though he was the oldest participant, most of his narratives spanned over the first thirty years of his life. While Isaac showed some difficulty sharing his narrative in a linear structure, his narratives exhibited a fair level of cultural concept of biography. He shared life stories that paralleled society's norms, such as moving, familial responsibilities, and working. Isaac's narratives demonstrated fair causal coherence. As he was the oldest participant, Isaac's life stories conveyed a strong sense of wisdom and reflection over life occurrences. Within each story shared, he found internal and external causation for the events contributing to and resulting from decisions made in his past. These connections contributed to his good levels of thematic coherence as stated above. Because Isaac's temporal, cultural, and causal coherence levels were fair and his thematic coherence level was good, his life narratives were deemed successful. This correlated with the listener's perception of Isaac's narratives, as the listener served as a passive communication partner throughout the interview. Although the listener prompted Isaac to provide clarifications regarding the organization of his narratives, he shared significant information and rich detail for each critical event.

The following chapter will describe the implications of the present study. Specifically, the discussion chapter will provide detailed explanations for the relationships found between successful life narratives, identity construction, life purpose, and cognitive-linguistic skills following brain injury. Clinical implications, limitations of the present study, and directions for future research will also be discussed.

CHAPTER 11: DISCUSSION

The present study was designed to examine the relationship between patient perspectives of self and identities and life stories, including illness narratives, after brain injury. As previously stated, the study included six participants, who at the time of their interviews were receiving rehabilitative services for their brain injury. Data was collected in the form of interviews that consisted of an adapted version of the McAdams life story interview and focus interview questions regarding participants' understanding of self and identity prior to and following their brain injuries. The participants' interviews were transcribed and analyzed according to Habermas and Bluck's (2000) conceptual framework of global coherence. As stated within the findings of the study, the participants whose life narratives were deemed successful included Grace, Isaac, Henry, and Fanny. The participants whose life narratives were deemed unsuccessful included Owen and Andy. This chapter will further discuss the results and explain the findings as they relate to clinical implications regarding evaluation and intervention methods for the traumatic brain injury population.

SUCCESSFUL LIFE NARRATIVES AND IDENTITY

Participants whose life narratives were deemed successful also conveyed a strong sense of awareness and understanding of their identity prior to and following brain injury. For example, Grace's narratives exhibited good and fair levels of each type of coherence, reflecting strong overall global coherence and a successful life narrative. During the focus interview questions regarding identity construction as well as within her life narratives, Grace shared rich explanations regarding her perception of self prior to and following her brain injury. She also provided explicit connections between her previous and current identities to explain her transformation with justification of events that led her to a newly constructed identity as a

religious, caring, and determined individual. Additionally, Isaac, Henry, and Fanny also conveyed awareness and understanding of identity within successful life narratives.

On the other hand, participants whose life narratives were deemed unsuccessful did not convey awareness or understanding of their identities following their brain injuries. Specifically, those participants' life narratives focused on their former identities. Although participants with unsuccessful life narratives stated that their identity changed following brain injury, they could not describe their newly constructed identity in detail. For example, when asked focused questions regarding identity construction, Andy expressed that he was "screwed up" and "not the same person"; however, he did not demonstrate awareness or understanding of how his identity changed by not providing causal or situational reasoning to support how his perception of self changed over time. Additionally, Owen's life narratives also did not convey a strong sense of perception of self or identity awareness.

As individuals gain an understanding of their identities prior to and following brain injury, overall global coherence improves leading to a successful life narrative. Because identity is embedded within discourse, the degree to which individuals make sense of their identities prior to brain injury and construct new identities based on current perceptions of self impacts overall global coherence. Given the relationship between identity construction and discourse, it stands to reason that life narratives serve as a means for individuals to establish an understanding of self prior to their brain injury as well as construct new identities and increase perceptions of self following brain injury.

IDENTITY CONSTRUCTION AND ESTABLISHED LIFE PURPOSE

Participants who conveyed a strong sense of understanding and awareness of their identity prior to and following brain injury also expressed an established life purpose based on forming or improving relationships with others. For example, Henry, who shared a successful

life story, described his life purpose as living independently and caring for his parents and daughter. Grace, Isaac, and Fanny also shared life purposes that focused on building new relationships or improving current familial bonds.

On the other hand, those participants who did not convey an understanding of identity construction described their life purpose related solely to career goals. For example, Andy, whose life narratives were deemed unsuccessful, described a positive future that included finishing his radiology degree and managing his own construction business. Given his cognitive-linguistic and physical deficits related to brain injury, his expressed life purpose and goals may be unattainable. He explained a life purpose without providing a rationale for pursuit or motivation to achieve his goals. This greatly differed from the life stories based on building relationships with others. Owen also described occupational goals when asked about a life purpose.

Because a strongly established life purpose is positively correlated to relationships, individuals must first understand their own identities and how perceptions of self impacts interactions with others. Given the relationship between identity construction and life purpose, it stands to reason that individuals with a strong sense of identity and perception of self also establish life purposes based on relationships with others. The internal relationship of the self and external relationship with others form an overall understanding of how the individual fits within society and allows the individual to establish a life purpose that motivates toward an attainable goal.

SUCCESSFUL LIFE NARRATIVES AND COGNITIVE-LINGUISTIC SKILLS

Using discourse to convey successful life narratives relies on the presence of overall global coherence, which in turn, relies on fair and good degrees of all types of coherence described previously in Habermas and Bluck's (2000) conceptual framework of global

coherence. After closely examining each type of coherence found in successful life narratives, direct relationships between coherence and cognitive-linguistic skills emerged. As previously explained, cognitive-linguistic skills include organization, pragmatics, problem solving, awareness, memory, and attention (Brookshire & McNeil, 2014).

As defined earlier, temporal coherence forms the foundation of life narratives using a linear sequence of events. In order for life narratives to exhibit a fair or good degree of temporal coherence, the storyteller must possess organizational skills to arrange components of the narrative in a sequential order. Cultural concept of biography, or events deemed typical and appropriate to include within the life story depending on cultural norms, is another component of overall global coherence. Storytellers who create successful life narratives rich in cultural coherence possess the pragmatic skills to choose culturally appropriate stories that are accepted by the audience and within society.

Causal coherence provides an external cause for the life events within a narrative and points toward internal causes that connect to the storyteller's identity, life purpose, and goals. To share life narratives with a fair or good degree of causal coherence, the storyteller must exhibit higher level problem solving skills such as reasoning and insight because the individual must make connections between life events that may be directly or indirectly related.

Thematic coherence involves examining life elements and establishing thematic similarity between them. In order for life narratives to exhibit a fair or good degree of thematic coherence, storytellers must demonstrate self-regulation abilities that allow them to analyze all life events and come to a conclusion about how their life fits together for one overarching theme. Sharing successful life narratives also require individuals to possess functional memory skills to describe life events in detail. Storytellers also must exhibit functional attention skills in order to

share narratives with minimal distraction while maintaining the story's general topic and direction.

CLINICAL IMPLICATIONS

Given the direct relationship between successful life narratives, identity construction, established life purpose, and cognitive-linguistic skills, speech-language pathologists can use life narratives as a means of assessment and treatment for individuals with brain injury to evaluate and improve cognitive-linguistic skills and discourse at a macro-systemic level, build rapport through the use of a client-centered approach, develop a strong sense of self-identity that aids in goal setting, establish life purpose that motivates greater participation and effort in rehabilitation, and facilitate reintegration into society.

LIMITATIONS

One of the primary limitations within the present study is the concentrated location where participants were selected. Because purposeful, convenience, and snowball sampling was used to find participants that met the inclusion criteria, all participants from this study currently receive services at the same rehabilitative facility. This may be a confounding factor to control in further studies examining life narratives as a means to improve cognitive-linguistic skills following brain injury. Because the speech-language pathologists' therapeutic approaches were not analyzed for this study, it is impossible to know whether each participants' cognitive-linguistic and narrative discourse abilities would regress, improve, or remain consistent if they had received services from other practicing clinicians at another rehabilitative facility.

It could also be stated that another limitation within the present study is the number of participants. Although six participants are considered a reasonable amount to produce significant results within a qualitative study, an increased number of participants would have increased the researchers' confidence in the study's results. Additional participants could have possibly

provided more evidence regarding how life narratives reflect the conceptual framework of global coherence as well as the relationship between successful life narratives, identity construction, life purpose, and cognitive-linguistic skills among patients with brain injury.

Additional limitations for the study focus on the cognitive-linguistic abilities and identity of the participants. Because no data was available to indicate the cognitive-linguistic abilities or identity of the participants prior to their brain injuries, comparisons cannot be made to determine each participant's baseline of skills or specific shift in identity caused by the brain injury. Specifically, because the participants described their identities and portrayed them within the life narratives, their cognitive-linguistic skills could have hindered the accuracy of explaining their identities prior to their brain injuries. Variability of cognitive-linguistic skills for the participants also serve as a limitation because at the time of each interview, the participant may not have demonstrated their maximum abilities due to the unfamiliar communication partner, mental distractions, agitation level, and external influences of the particular day or time of the interview.

IMPLICATIONS FOR FUTURE RESEARCH

Future research regarding life narratives, identity construction, and the improvement of cognitive-linguistic skills for individuals with brain injury should focus on designing therapeutic protocols for using life stories as a diagnostic tool and the implementation of narrative-based treatment with a focus on identity. Specifically, narrative therapy for patients with brain injury should work toward client-centered and family-centered goal setting and implementation that promotes positive self-identity and reintegration into society. Although using the conceptual framework of global coherence established by Habermas and Bluck (2000) does not rely on quantitative data, future research is also warranted to develop rating scales that reflect individuals' temporal, cultural, causal, thematic, and overall global coherence along their corresponding cognitive-linguistic abilities.

REFERENCES

- Boote, D.N., & Beile, P. (2005). Scholars before researchers: On the centrality of the dissertation literature review in research preparation. *Educational Researcher*, 34(6), 3-15.
- Brookshire, R.H., & McNeil, M.R. (2014). *Introduction to neurogenic communication disorders*. Elsevier Health Sciences.
- Bryson-Campbell, M., Shaw, L., O'Brien, J., Holmes, J., & Magalhaes, L. (2013). A scoping review on occupational and self identity after a brain injury. *Work*, 44(1), 57-67.
- Chase, S.E. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In N.K. Denzin & Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 651-679). Thousand Oaks, CA: Sage Publications, Inc.
- Coelho, C. A., Youse, K. M., Le, K. N., & Feinn, R. (2003). Narrative and conversational discourse of adults with closed head injuries and non-brain-injured adults: a discriminant analysis. *Aphasiology*, 17, 499-510.
- Cresswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (5th ed.). CA: Allyn & Bacon.
- Dunlop, W. L., & Walker, L. J. (2013). The life story: Its development and relation to narration and personal identity. *International Journal of Behavioral Development*, 37(3), 235-247.
- Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological bulletin*, 126(5), 748.
- Habermas, T., & Paha, C. (2001). The development of coherence in adolescents' life narratives. *Narrative inquiry*, 11, 35-54.

- Habermas, T., & Silveira, C. (2008). The development of global coherence in life narratives across adolescence: Temporal, causal, and thematic aspects. *Developmental Psychology*, 44(3), 707-721.
- Hyden, L.C., & Mishler, E.G. (1999). Language and medicine. *Annual Review of Applied Linguistics*, 19, 174-192.
- Kovarsky, D., Shaw, A., & Adingono-Smith, M. (2007). The construction of identity during group therapy among adults with traumatic brain injury. *Communication*, 4(1), 53-66.
- Le, K., Coelho, C., Mozeiko, J., & Grafman, J. (2011). Measuring goodness of story grammar. *Journal of Speech, Language, and Hearing Research*, 54, 118-126.
- Locke, L., Spirduso, W.W., & Silverman, S. (1999). Research proposals that work.
- McAdams, D. P. (1995). The life story interview. Retrieved from <https://www.sesp.northwestern.edu/docs/Interviewrevised95.pdf>
- McAdams, D.P. (2008) Personal narratives and the life story. *Handbook of personality: Theory and research*, 3, 242-262.
- McAdams, D.P. (2013). *The Redemptive Self: Stories Americans Life By-Revised and Expanded Edition*. Oxford University Press.
- McAdams, D.P., & McLean, K.C. (2013). Narrative identity. *Current Directions in Psychological Science*, 22(3), 233-238.
- McLean, K.C., Pasupathi, M., & Pals, J.L. (2007). Selves creating stories creating selves: A process model of self-development. *Personality and Social Psychology Review*, 11(3), 262-278.
- Maxwell, J.A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks: Sage Publications, Inc.

- Maxwell, J.A. (2006). Literature Reviews of, and for, Educational Research: A Commentary on Boote and Beile's "Scholars before Researchers". *Educational Researcher*, 28-31.
- Merriam, S.B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco: Jossey-Bass.
- Muenchberger, H., Kendall, E., & Neal, R. (2008). Identity transition following traumatic brain injury: A dynamic process of contraction, expansion and tentative balance. *Brain injury*, 22(12), 979-992.
- Seidman, I. (2013). *Interviewing as qualitative research*. New York: Teachers College Press.
- Semerari, A., Carcione, A., Dimaggio, G., Falcone, M., Nicolo, G., Procacci, M. and Alleva, G. (2003). How to evaluate metacognitive functioning in psychotherapy? The metacognition assessment scale and its applications. *Clinical Psychology & Psychotherapy*, 10(4), 238-261.
- Ylvisaker, M., McPherson, K., Kayes, N., & Pellett, E. (2008). Metaphoric identity mapping: Facilitating goal setting and engagement in rehabilitation after traumatic brain injury. *Neuropsychological Rehabilitation*, 18(5-6), 713-741.

APPENDIX A: THE LIFE STORY INTERVIEW

Adapted from: Dan P. McAdams, Northwestern University (Revised 1995)

INTRODUCTORY COMMENTS

Thank you for agreeing to participate in our study. This is an interview about the story of your life. We are asking you to play the role of storyteller about your own life -- to construct for us the story of your own past, present, and what you see as your own future. People's lives vary tremendously, and people make sense of their own lives in a variety of ways. As researchers, our goal is to collect as many different life stories as we can in order to begin the process of learning how people, particularly people who have experienced brain injury, make sense of their own lives.

In telling us a story about your own life, you do not need to tell us everything that has ever happened to you. A story is selective. It may focus on a few key events, a few key relationships, a few key themes. In telling your own life story, you should concentrate on material in your own life that you believe to be important in some fundamental way -- information about yourself and your life which says something significant about you and how you have come to be who you are. This interview is for research purposes only, and its sole purpose is the collection of data concerning people's life stories.

The interview is divided into a number of sections and I think you will enjoy it. Most people do. First, I need to get your consent to contribute your life story to our database. After that, I will record some basic information so we can categorize your life story.

I. LIFE CHAPTERS

We would like you to begin by thinking about your life as a story. All stories have characters, scenes, plots, and so forth. There are high points and low points in the story, good times and bad times, heroes and villains, and so on. A long story may even have chapters. Think about your life story as having at least a few different chapters. What might those chapters be? I would like you to describe for me each of the main chapters of your life story. You may have as many or as few chapters as you like, but I would suggest dividing your story into at least 2 or 3 chapters and at most about 7. If you can, give each chapter a name and describe briefly the overall contents in each chapter. As a storyteller here, think of yourself as giving a plot summary for each chapter. This first part of the interview can expand forever, so I would like you to keep it relatively brief, say, within 20-25 minutes. Therefore, you don't want to tell me "the whole story" now. Just give me a sense of the story's outline -- the major chapters in your life. I will be paying close attention to your story(ies) and the time and will let you know if we have time to expand.

[The interviewer may wish to ask for clarifications and elaborations at any point in this section, though there is a significant danger of interrupting too much. If the subject finishes in under 10 minutes, then he/she has not said enough, and the interviewer should probe for more detail. If the subject looks as if he/she is going to continue beyond half an hour, then the interviewer should try (gently) to speed things along somewhat. Yet, you don't want the subject to feel "rushed." (It is inevitable, therefore, that some subjects will run on too long.) This is the most open-ended part of the interview. It has the most projective potential. Thus, we are quite interested in how the subject organizes the response on his or her own. Be careful not to organize it for the subject.]

II. CRITICAL EVENTS

Now that you have given us an outline of the chapters in your story, we would like you to concentrate on a few key events that may stand out in bold print in the story. A key event should be a specific happening, a critical incident, a significant episode in your past set in a particular time and place. It is helpful to think of such an event as constituting a specific moment in your life story that stands out for some reason. Thus, a particular conversation you may have had with your mother when you were 12-years-old or a particular decision you made one afternoon last summer might qualify as a key event in your life story. These are particular moments set in a particular time and place, complete with particular characters, actions, thoughts, and feelings. An entire summer vacation -- be it very happy or very sad or very important in some way -- or a very difficult year in high school, on the other hand, would not qualify as key events because these take place over an extended period of time. (They are more like life chapters.)

I am going to ask you about **8** specific life events. For each event:

- Identify which chapter of your life story would contain the event
- Describe in detail what happened:
 - where you were,
 - who was involved,
 - what you did, and
 - what you were thinking and feeling in the event
 - what impact the event had on you
- Convey what impact this key event has had in your life story and what this event says about who you are or were as a person.
- Why was this event important?

Please be very specific here.

EVENT #1: PEAK EXPERIENCE

A peak experience would be a high point in your life story -- perhaps the high point. It would be a moment or episode in the story in which you experienced extremely positive emotions, like joy, excitement, great happiness, uplifting, or even deep inner peace. Today, the episode would stand out in your memory as one of the best, highest, most wonderful scenes or moments in your life story.

[Interviewer should make sure that the subject addresses all of these questions, especially ones about impact and what the experience says about the person. Do not interrupt the description of the event. Rather ask for extra detail, if necessary, after the subject has finished initial description of the event.]

EVENT #2: NADIR EXPERIENCE

A "nadir" is a low point. A nadir experience, therefore, is the opposite of a peak experience. It is a low point in your life story. Thinking back over your life, try to remember a specific experience in which you felt extremely negative emotions, such as despair, disillusionment, terror, guilt, etc. You should consider this experience to represent one of the "low points" in your life story. Even though this memory is unpleasant, I would still appreciate an attempt on your part to be as honest and detailed as you can be. Please remember to be specific.

EVENT #3: TURNING POINT

In looking back on one's life, it is often possible to identify certain key "turning points" -- episodes through which a person undergoes substantial change. Turning points can occur in many different spheres of a person's life - - in relationships with other people, in work and school, in outside interests, etc. I am especially interested in a turning point in your understanding of yourself. Please identify a particular episode in your life story that you now see as a turning point. If you feel that your life story contains no turning points, then describe a particular episode in your life that comes closer than any other to qualifying as a turning point. [Note: If subject repeats an earlier event (e.g., peak experience, nadir) ask him or her to choose another one. Each of the 8 critical events in this section should be independent. We want 8 separate events. If the subject already mentioned an event under the section of "Life Chapters," it may be necessary to go over it again here. This kind of redundancy is inevitable.]

EVENT #4: EARLIEST MEMORY

Think back now to your childhood, as far back as you can go. Please choose a relatively clear memory from your earliest years and describe it in some detail. The memory need not seem especially significant in your life today. Rather what makes it significant is that it is the first or one of the first memories you have, one of the first scenes in your life story. The memory should be detailed enough to qualify as an "event." This is to say that you should choose the earliest (childhood) memory for which you are able to identify what happened, who was involved, and what you were thinking and feeling. Give us the best guess of your age at the time of the event.

EVENT #5: IMPORTANT CHILDHOOD SCENE

Now describe another memory from childhood, from later childhood, that stands out in your mind as especially important or significant. It may be a positive or negative memory.

EVENT #6: IMPORTANT ADOLESCENT SCENE

Describe a specific event from your teen-aged years that stands out as being especially important or significant.

EVENT #7: IMPORTANT ADULT SCENE

Describe a specific event from your adult years (age 21 and beyond) that stands out as being especially important or significant.

EVENT #8: ONE OTHER IMPORTANT SCENE

Describe one more event, from any point in your life, that stands out in your memory as being especially important or significant.

III. LIFE CHALLENGE

Looking back over the various chapters and scenes in your life story, please describe the single greatest challenge that you have faced in your life. How have you faced, handled, or dealt with this challenge? Have other people assisted you in dealing with this challenge? How has this challenge had an impact on your life story?

IV. INFLUENCES ON THE LIFE STORY: POSITIVE AND NEGATIVE

POSITIVE

Looking back over your life story, please identify the single person, group of persons, or organization/institution that has or have had the greatest positive influence on your story. Please describe this person, group, or organization and the way in which he, she, it, or they have had a positive impact on your story.

NEGATIVE

Looking back over your life story, please identify the single person, group of persons, or organization/institution that has or have had the greatest negative influence on your story. Please describe this person, group, or organization and the way in which he, she, it, or they have had a negative impact on your story.

V. STORIES AND THE LIFE STORY

You have been telling me about the story of your life. In so doing, you have been trying to make your life into a story for me. I would like you now to think a little bit more about stories and how some particular stories might have influenced your own life story. From an early age, we all hear and watch stories. Our parents may read us stories when we are little; we hear people tell stories about everyday events; we watch stories on television and hear them on the radio; we see movies or plays; we learn about stories in schools, churches, synagogues, on the playground, in the neighborhood, with friends, family; we tell stories to each other in everyday life; some of us even write stories. I am interested in knowing what some of your favorite stories are and how they may have influenced how you think about your own life and your life story. I am going to ask you about three kinds of stories. In each case, try to identify a story you have heard in your life

that fits the description, describe the story very briefly, and tell me if and how that story has had an effect on you.

TELEVISION, MOVIE, PERFORMANCE: STORIES WATCHED

Think back on TV shows you have seen, movies, or other forms of entertainment or stories from the media that you have experienced. Please identify one of your favorite stories from this domain -- for example, a favorite TV show or series, a favorite movie, play, etc. In a couple of sentences, tell me what the story is about. Tell me why you like the story so much. And tell me if and how the story has had an impact on your life.

BOOKS, MAGAZINES: STORIES READ

Now think back over things you have read -- stories in books, magazines, newspapers, and so on. Please identify one of your favorite stories from this domain. Again, tell me a little bit about the story, why you like it, and what impact, if any, it has had on your life.

FAMILY STORIES, FRIENDS: STORIES HEARD

Growing up, many of us hear stories in our families or from our friends that stick with us, stories that we remember. Family stories include things parents tell their children about "the old days," their family heritage, family legends, and so on. Children tell each other stories on the playground, in school, on the phone, and so on. Part of what makes life fun, even in adulthood, involves friends and family telling stories about themselves and about others. Try to identify one story like this that you remember, one that has stayed with you. Again, tell me a little bit about the story, why you like it or why you remember it, and what impact, if any, it has had on your life.

VI. ALTERNATIVE FUTURES FOR THE LIFE STORY

Now that you have told me a little bit about your past, I would like you to consider the future. I would like you to imagine two different futures for your life story.

POSITIVE FUTURE

First, please describe a positive future. That is, please describe what you would like to happen in the future for your life story, including what goals and dreams you might accomplish or realize in the future. Please try to be realistic in doing this. In other words, I would like you to give me a picture of what you would realistically like to see happen in the future chapters and scenes of your life story.

NEGATIVE FUTURE

Now, please describe a negative future. That is, please describe a highly undesirable future for yourself, one that you fear could happen to you but that you hope does not happen. Again, try to be pretty realistic. In other words, I would like you to give me a picture of a negative future for your life story that could possibly happen but that you hope will not happen.

[Note to interviewers: Try to get as much concrete detail as possible.]

VII. PERSONAL IDEOLOGY

Now I would like to ask a few questions about your fundamental beliefs and values and about questions of meaning and spirituality in your life. Please give some thought to each of these questions.

1. Consider for a moment the religious or spiritual dimensions of your life. Please describe in a nutshell your religious beliefs or the ways in which you approach life in a spiritual sense.
2. Please describe how your religious or spiritual life, values, or beliefs have changed over time.
3. How do you approach political and social issues? Do you have a particular political point of view? Are there particular issues or causes about which you feel strongly? Describe them.
4. What is the most important value in human living? Explain.
5. What else can you tell me that would help me understand your most fundamental beliefs and values about life and the world, the spiritual dimensions of your life, or your philosophy of life?

VIII. LIFE THEME

Looking back over your entire life story as a story with chapters and scenes, extending into the past as well as the imagined future, can you discern a central theme, message, or idea that runs throughout the story? What is the major theme of your life story? Explain.

IX. OTHER

What else should I know to understand your life story?

APPENDIX B: INSTITUTIONAL REVIEW BOARD APPROVAL



Office of Research Integrity
Institutional Review Board
401 11th St., Suite 1300
Huntington, WV 25701

FWA 00002704

IRB1 #00002205
IRB2 #00003206

December 11, 2014

Karen McComas, Ed.D.
Communication Disorders Department

RE: IRBNet ID# 662213-2

At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. McComas:

Protocol Title: [662213-2] Illness Narratives and Identity Construction in Adult Clients After Brain Injury: Patient Perspectives of the Past, Present, and Future

Expiration Date: October 14, 2015

Site Location: MU

Submission Type: Amendment/Modification APPROVED

Review Type: Expedited Review

The amendment to the above listed study was approved today by the Marshall University Institutional Review Board #2 (Social/Behavioral) Chair. This amendment is the addition of a recruitment letter.

This study is for student Sara Henson.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/Behavioral) Coordinator Bruce Day, ThD, CIP at 304-696-4303 or day50@marshall.edu. Please include your study title and reference number in all correspondence with this office.

VITA

Sara Henson

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Objective Statement

Possesses the knowledge required for the assessment and treatment of communication disorders across all populations by applying the best available research evidence, using professional clinical judgments, and considering clients' individual preferences and values.

Academic History

Marshall Graduate College August 2013 to August 2015
Communication Disorders, M.S. Graduation Date: 8/8/2015
Cumulative GPA: 3.8

Marshall University August 2009 to May 2013
Communication Disorders, B.S. Graduation Date: 5/11/2013
Cumulative GPA: 3.5

Professional Clinical Experience

Kings Daughters Medical Center: Inpatient May 2015 to August 2015

- Assess, diagnose, and treat patients with the following communication disorders: dysphagia, dysarthria, aphasia, voice, and cognitive communication disorders.
- Collaborate with fellow medical professionals to establish best plan of care
- Administer videofluoroscopic swallowing studies to determine safest and most appropriate nutritional intake

Marshall University Speech & Hearing Clinic August 2013 to August 2015

- Assess, diagnose, and treat preschool children with the following communication deficits: articulation disorder, phonological disorder, childhood apraxia of speech, language, fluency, and pragmatics
- Provide dialect modification services to ESL adults
- Complete appropriate documentation for clients, such as SOAP notes, evaluation reports, and progress reports

Kanawha County Schools January 2015 to May 2015

- Assess, diagnose, and treat children ages 4-14 with the following communication deficits: articulation, phonological disorder, childhood apraxia of speech, language, pragmatics, fluency, alternative communication modalities, and cognitive communication.
- Complete appropriate documentation, such as SOAP notes, evaluation reports, progress reports, individualized education plans (IEP), and present levels of education performance (PLEP).

HealthSouth Rehabilitation Hospital August 2014 to December 2014

- Assess, diagnose, and treat adults 18-65+ with the following communication deficits: cognitive communication disorder, language, dysphagia, voice, dysarthria, aphasia, and dementia.
- Complete appropriate documentation for clients, such as evaluation reports and daily notes.

Research & Presentations

Thesis: “Tell Me A Story: The Relationship Between Identity and Life Stories Following Brain Injury” August 2013 to August 2015

“Having a Disability in Appalachia: Social and Cultural Considerations” January 2013 to December 2014
ASHA Convention 2014
ASA Conference 2014
ASHA Convention 2013

Academic Awards & Distinctions

Marshall Graduate Research Award Spring 2014
ASHA Progeny Research Award Fall 2013

Professional Work Experience & Community Service

City Mission Literacy Program September 2014 to May 2015

- Design and develop program’s infrastructure and weekly activities
- Plan and implement literacy and phonological awareness activities for children ages 5-9

The College Program for Students with Autism Spectrum Disorder (CPSASD) August 2013 to May 2014

- Support college students in organizing academic coursework and the development of social and independent living skills
- Plan and carry out group social activities to help students develop functional social skills with peers

References

Available upon request.