Objective. A set of guidelines to assist men with traumatic brain injury (TBI) to alleviate gender role strain was assessed to determine its effectiveness and acceptability to participants.

Method. Four adult male participants with TBI received the intervention (the set of guidelines) for 4 months. The intervention consisted of rebuilding self-identified gendered social roles and activities. Focused interviews and participant observation were used to determine whether gender role strain changed after intervention.

Results. The participants reported that the intervention enabled them to (a) enhance their gender role satisfaction through newly rebuilt roles and activities, (b) attain certain long-held personal goals, (c) feel more like members of society, (d) perceive a greater congruency between their internal self-images and external postinjury roles, (e) learn more about personal skills and values as men, (f) feel more comfortable using help-seeking behaviors, (g) feel a sense of shared experience and affinity, (h) feel more understood and accepted, and (i) contribute to others through community member roles.

Discussion. The set of guidelines for alleviating gender role strain was effective in assisting these participants to enhance their gender role satisfaction through rebuilding desired male-gendered social roles and activities. Dating, courtship, extended family member, community member, friend, and mentor–protege roles, lost as a result of TBI, were rebuilt through gender-neutral activities that facilitated a sense of volitional control, competency, and normalcy. Nonetheless, the men continued to lack desired rites of passage leading from male adolescence to adulthood.


Traumatic brain injury (TBI) can greatly disrupt a person’s ability to participate in gendered social roles and activities established before an injury (Gutman & Napier-Klemic, 1996; Hallett, Zasler, Maurer, & Cash, 1994; Krefting, 1989). Gendered social roles are roles that allow individuals to express gender identity through a variety of social relationships and activities within a human community. The term “gendered” refers to an activity or social role that has been interpreted by the individual or larger society as possessing inherent masculine or feminine qualities (Kaschak, 1992).

Adult men who sustain TBI commonly report the loss of the preinjury social roles and activities that supported their identity as men (Gutman & Napier-Klemic, 1996; Schmidt, Garvin, Heinemann, & Kelly, 1995). Male-gendered social roles, such as spouse, boyfriend, father, son, worker, sports participant, and friend, and those roles’...
respective activities are often difficult to form or maintain after an injury, because of the physical, cognitive, and psychosocial sequelae of TBI. When the gendered activities and social roles once used to support preinjury gender identity are no longer available, gender role strain can occur (Gutman & Napier-Klemic, 1996). Gender role strain is a feeling of anxiety regarding one’s ability to express gender identity through the available culture-specific social roles and activities in the environment after the onset of disability (Gutman, 1997; Worthington, 1989). In Western society, men with TBI who experience gender role strain report feeling unable to achieve the status of an adult man (Gutman & Napier-Klemic, 1996; Worthington, 1989). Because TBI often occurs in men between 18 and 30 years of age (Brain Injury Association, 1997), when the definition and expression of adult gender identity and role become maturational tasks (Erikson, 1950; Levinson, 1978), attempts to transition from adolescence to adulthood may be disrupted, leaving these persons ill-equipped to adopt the roles and activities of adult men.

Disruption in gender role enactment is more problematic for men than it is for women, because women tend to independently seek greater social support after TBI than do men (Moore, Stambrook, & Gill, 1994). Such social support often translates into decreased isolation, greater attainment of emotional and material resources, and enhanced community reintegration (Gutman & Napier-Klemic, 1996; Schmidt et al., 1995). Women also more commonly reestablish postinjury participation in most of their preinjury gendered social roles and activities than do men. Conversely, male participation in preinjury gendered social roles and activities tends to decrease as length of time after injury increases (Gutman & Napier-Klemic, 1996).

One reason for this difference may relate to the way women are culturally socialized to establish social connections that provide emotional and material support (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). In times of crisis, such as the onset of chronic disability, the opportunity to rely on others to provide support may be crucial in the successful adjustment to disability. Men, who are traditionally socialized to refrain from help-seeking behaviors and who tend to isolate themselves in crisis, may be less likely to avail themselves of preinjury social support and may not reestablish participation in preinjury gendered social roles and activities (Kaschak, 1992).

A second reason for this male–female distinction in post-TBI gender role enactment may relate to differences in the ways that men and women use social roles and activities to express gender identity. Whereas women characteristically express gender identity through intimate social relationships that are based on a sense of caring and connection, men traditionally express gender identity through roles that serve economic or physical functions (e.g., economic provider to family members, sports participant). Such male-gendered social roles are often lost after TBI and are difficult to reestablish due to physical, cognitive, and psychosocial sequelae (Kwasnica & Heinemann, 1994).

Although researchers have identified the existence of male gender role strain after TBI, little effort has been made to develop clinical intervention methods that address gender role strain (Giles, 1994; Jackson, 1994). In response to this lack of intervention, a set of guidelines for occupational therapy practice has been developed that assists men with TBI to alleviate gender role strain (Gutman, 1997). The guidelines outline how to rebuild a network of male-gendered social roles and activities through the enactment of masculine gender roles. The purpose of the present study was to assess the effectiveness and acceptability of this set of guidelines with four male volunteers with TBI. In this study, effectiveness was determined by the degree to which role satisfaction was reported as a result of intervention. Acceptability referred to the extent to which the participants found the intervention to be congruent with personal values and goals (Mosey, 1996).

**Method**

A qualitative research design was used to examine whether the rebuilding of gendered social roles and activities could alleviate postinjury gender role strain in four men with TBI. Several factors contributed to the decision to use a qualitative methodology. First, a quantitative tool that measures gender role strain in populations with disabilities does not exist. Second, because little empirical data have been collected regarding how men with TBI can mitigate postinjury gender role strain, a measurement system that does not reduce the participants’ experience to predetermined categories and numerical scores became important in the present research.

It was also essential to use a methodology that could provide information regarding the dynamic processes involved in the alleviation of post-TBI gender role strain. A measurement system that could only yield information about the degree of gender role satisfaction or gender role strain at a static point in time would not offer an adequate understanding of the daily, dynamic processes involved in rebuilding a network of gendered social roles and activities over time.

**Participants**

Four male volunteers who sustained TBI between 18 and 30 years of age were recruited from a residential head injury center on the basis of the following criteria: (a) they were at least 2 years postinjury to ensure that physical rehabilitation had been completed and would not influence intervention outcome, (b) they possessed a minimum Ranchos Los Amigos Functional Level Score (Ranchos Los Amigos Hospital, 1985) of 7 in order to understand the cognitive tasks required in the study, (c) they resided in residences separate
from other participants to minimize possible interaction that might have biased outcome results, and (d) they possessed self-legal guardianship to consent to participate.

The four participants ranged in age from 27 to 48 years ($M = 37$); years postinjury ranged from 9 to 25 ($M = 15$ years). All were white, heterosexual men (two single, two divorced) who sustained a TBI in a motor vehicle accident. All were high school graduates, and two had completed 1 year of college. The participants were independent in basic self-care, but required close supervision for instrumental activities of daily living (e.g., money management, meal preparation, community travel). All possessed moderate memory deficits but successfully used compensatory strategies (e.g., memory–schedule books). Three were independently ambulatory despite mild hemiparesis and dysfunctional gait patterns. One participant required a four-prong cane for short-distance ambulation and a wheelchair for longer distances. At the time of the study, the participants were not receiving occupational therapy. Services provided in the community group home program in which they resided included vocational counseling, recreational therapy, psychological counseling, and case management. Each group home housed five to eight persons. Sexual orientation was not a criterion for study admission.

**Intervention**

The intervention used to help men with TBI to alleviate postinjury gender role strain was based on a set of guidelines for occupational therapy practice entitled, Enhancing Gender Role Satisfaction in Adult Males With Traumatic Brain Injury (Gutman, 1997). The intervention was administered by the primary researcher, with the assistance of two secondary researchers: a facility-employed rehabilitation counselor and a neuropsychologist. Both the rehabilitation counselor and neuropsychologist were trained by the primary researcher to deliver the intervention in accordance with the set of guidelines for practice. Intervention was provided to the participants in three weekly 1-hr to 2-hr sessions over a period of 4 months.

**The Set of Guidelines for Occupational Therapy Intervention**

A brief description of the set of guidelines for occupational therapy practice on which the intervention was based is offered here. A set of guidelines for practice is a collection of treatment principles designed to ameliorate a specific clinical condition (Mosey, 1996). Sets of guidelines for practice provide direction for screening and treatment. Following are a brief description of the behaviors indicative of gender role strain (used in screening) and the directions to promote the alleviation of gender role strain (used in treatment). For a thorough description of the set of guidelines for practice, see Gutman (1997).

**Behaviors Indicative of Gender Role Strain**

The following behaviors observed in men who are 2 years post-TBI indicate gender role strain:

- He has lost participation in three or more self-identified preinjury roles, activities, and relationships that supported his identity as an adult man.
- He has been unable to build new roles, activities, and relationships that could support his postinjury identity as an adult man.
- He demonstrates isolative behavior or engages in roles, activities, and relationships characteristic of adolescence or an earlier developmental period.
- He is unable to continue his transition from adolescence to adulthood by achieving desired culture-specific gendered rites of passage into male adulthood (e.g., marriage, parenting, career promotion).

**Directions To Promote the Alleviation of Gender Role Strain**

This set of guidelines consists of three tiers of directions to promote the alleviation of gender role strain. Tier 1 addresses the skills necessary for men with TBI to rebuild male-gendered social roles; Tier 2 addresses the skills necessary to rebuild male-gendered activities that can support postinjury roles; and Tier 3 assists men through the transition of rites of passage into male adulthood. These tiers are arranged in a developmental order in accordance with a progressive treatment sequence. Treatment begins by determining which gendered social roles are desired by the person and then encouraging him to choose specific activities that can support the acquisition of those desired roles. Because the ability to transition through gendered rites of passage depends on the achievement of self-identified roles and activities, this transition is addressed last in treatment. In the present study, only the first and second tiers were assessed with regard to their effectiveness and acceptability to the participants.

**Tier 1: Directions to promote the rebuilding of male-gendered social roles.** Participation in adult male-gendered social roles is enhanced in an environment in which the man is provided with an opportunity to

- Develop ways to more fully engage in already established familial roles (e.g., visits, telephone calls, letter writing, e-mail communication)
- Create extended family relationships (e.g., surrogate big brother) with other persons if biological or legal familial relationships are not existent or accessible
- Develop one-to-one mentor–protege relationships with a same-gender staff member (Mentor–protege relationships are intended to mirror a coach–athlete or teacher–student relationship common in young adulthood.)
- Facilitate same-gender and cross-gender friendships (through community outings, team games, and projects that bring similar persons together around a common task)
- Facilitate dating and courtship relationships with
facility support (e.g., allowing privacy, providing transportation to a movie, offering training in interpersonal skills)
• Participate in a community member role both inside and outside of the facility (inside through community jobs, such as mail delivery or tending a communal garden; outside through community volunteerism or community organization membership)

Tier 2: Directions to promote the rebuilding of male-gendered activities. Participation in adult male-gendered activities is enhanced in an environment in which the man is provided with an opportunity to

• Adapt preinjury adult-gendered activities for post-injury participation (in accordance with sequelae secondary to injury)
• Observe and participate in new adult gender-specific and gender-neutral activities on a trial basis, and to increase the person's exposure to alternative post-injury activities that could replace lost preinjury activities
• Identify activities that could socially connect the person to others (particularly others belonging to the same developmental age group)
• Practice organizing and implementing a daily schedule of adult-gendered activities (e.g., learning to use a daily or weekly schedule planner)

Tier 3: Directions to promote the achievement of adult male rites of passage. Achievement of adult male rites of passage is facilitated in an environment that provides:

• An opportunity for traditional rites of passage to be adapted to increase their accessibility to the person (e.g., providing greater privacy for persons to participate in the activities of intimate relationships, allowing unmarried adults, who are their own legal guardians to live together in a monogamous, committed relationship)
• An opportunity for the person and therapist to create nontraditional rites of passage when the traditional ones cannot be adapted for client accessibility (e.g., moving from a close-supervision campus unit to a distant-supervision community group home, transitioning from the use of a wheelchair to a walker)
• An opportunity for the person's achievement of postinjury rites of passage to be publicly acknowledged or celebrated (e.g., celebration of the attainment of shared apartment living in the community)

General directions to facilitate Tiers 1, 2, and 3. Tiers 1, 2, and 3 can be facilitated in an environment that provides:

• An opportunity for the person to observe others similar in gender identity and age engaged in the skills previously identified in simulated (e.g., television, film) and natural (e.g., the community shopping center) environments
• An opportunity to role play use of specified skills with the therapist (e.g., how to act on a date, how to act as an uncle to one's toddler nephew)
• An opportunity to practice specified skills in simulated and natural environments
• An opportunity to receive ongoing feedback from the therapist
• An opportunity for the person to repeatedly practice specified skills until learned

Data Collection

Focused interviews and participant observation were the methods used to collect data. Interviews were conducted before, during, and after the 4-month intervention in order to obtain a continuous stream of information at each stage of the intervention. These interviews made use of an interview guide developed from a pilot study (Gutman & Naper-Klemic, 1996) and were based on a review of literature and clinical observation of adult men with TBI. Interview guides were used to provide interview structure and to ensure consistency of the information obtained by different interviewers. All interviews were conducted in a private residence for adults with TBI and were audiotaped for later transcription and analysis.

Participant observation occurred during the 4-month intervention as the participants rebuilt male-gendered social roles and activities to alleviate post-TBI gender role strain. Participant observation assumed a form similar to ethnography—a type of qualitative research in which health care practitioners, through intense interaction with participants, examine how health care practices affect patients (Scrubert & Carpenter, 1995). The primary and secondary researchers recorded observations of each participant in field notes and analytic memos. Field notes included observation of (a) each participant's affect and verbalizations and (b) the actual events that transpired during the intervention. Analytic memos were used to record the primary and secondary researchers' subjective experience of the intervention sessions and personal responses to the participants (Munhall & Boyd, 1993).

Preintervention-focused interviews. Three preintervention-focused interviews were separately conducted by three data collectors with each participant to collect data regarding the severity of the participant's gender role strain. Information was collected pertaining to the participant's dissatisfaction with (a) the opportunities available in the environment to enact male-gendered roles and (b) his ability to meet personal male role expectations after injury. One interviewer, a licensed occupational therapist, was the primary researcher; the other two were graduate, professional-level occupational therapy students trained in interview administration by the primary researcher. Before data collection, the three interviewers separately administered
the preintervention interview guide to a man with TBI at the TBI facility who was not a study participant to establish consistency in the use of the interview guides. The three interviews were conducted 5 days apart. The primary researcher then coded each interview to determine whether the same information had been obtained by each interviewer. Using a point-by-point agreement ratio (Kazdin, 1982) to compare the frequencies of similar coded units of meaning between interviews, it was determined that an agreement ratio of .90 existed among the three interviewers.

Because the primary researcher participated in the administration of the intervention, concurrent—intervention-focused and postintervention-focused interviews were conducted solely by the two graduate students. An evaluation of interviewer agreement between the two students was conducted weekly throughout the intervention period. A point-by-point agreement ratio of .90 to 100 was consistently found between the two interviewers over the 4-month intervention.

Concurrent—intervention-focused interviews. Two weekly interviews were conducted with each participant concurrently with the intervention. The object was to obtain information regarding satisfaction of the male-gendered roles engaged in during the previous week. The two weekly interviews were conducted independently by the two graduate students.

Postintervention-focused interviews. Two weeks after the completion of the intervention, two postintervention-focused interviews were conducted with each participant. Again, these interviews were conducted independently by the two graduate students to determine whether the rebuilding of male-gendered social roles and activities influenced the participants’ perceived gender role satisfaction.

Data Analysis

Data were analyzed by the primary researcher, using constant comparative analysis (Strauss & Corbin, 1990). This type of analysis involves the detection of themes derived from the comparison of later-collected data with data collected earlier. Constant comparative analysis was composed of five stages: (a) data coding, (b) category development, (c) category saturation, (d) detection of negative case instances, and (e) emergence of themes (Munhall & Boyd, 1993).

Credibility was enhanced through member checking (Ely, 1991). Participants were asked to verify the researcher’s interpretations 1 month after the intervention, in individual meetings between the primary researcher and the participant.

Other qualitative methods used to enhance the credibility of data collection and analysis were peer group analysis and a research method support group (Ely, 1991). Peer group analysis is a technique in which health care professional experts in either a specialty practice area or the conduct of qualitative research review both the interview transcripts and the researcher’s analysis to evaluate the credibility of data interpretation (Bogdan & Biklen, 1992). In this study, peer group analysis occurred throughout data collection and analysis and was carried out by a panel of five health care professionals or researchers expert in TBI treatment or the use of qualitative research methods.

The research support group consisted of four doctoral candidates engaged in qualitative research pertaining to health care issues. Support group participation occurred during data collection and analysis and facilitated the primary researcher’s interpretation of interview data and construction of themes. Members of both the panel of peer experts and the research support group also used the researchers’ field notes and analytic memos to identify the possible impact of investigator bias on data collection and interpretation (Scrubert & Carpenter, 1995).

Preintervention Findings

In their preintervention interviews, the participants expressed four primary collective themes: (a) loss of preinjury male-gendered roles, (b) loss of an adult male status after injury, (c) dissatisfaction with their ability to meet personal adult male role expectations, and (d) decreased opportunities to develop a postinjury adult male identity.

Participants lost the roles of husband or boyfriend, worker or student, male friend, sports participant, and independent home maintainer after injury and could not rebuild these roles. Instead, the primary role that the men had assumed after injury was that of a client in a TBI rehabilitation center. Assuming the role of a client, however, caused these men to believe that they had lost their adult male status. This was reflected in the words of one participant:

I don’t feel like I’m an adult here or looked upon as an adult here [in the TBI rehabilitation facility]. I’m treated like an adolescent, what with all the assigned chores and the [weekly monetary] allowances and the curfews and the [dearth of dating opportunities]....I just don’t feel like I have the chances to act like an adult.

The inability to assume personal male role expectations (e.g., becoming a spouse, father, worker) after injury was experienced by each as a life failure. For example:

A part of my life is missing. It’s like living somebody else’s life. I know it’s me. But it just doesn’t seem like me—I mean the me I thought I’d be as an adult man... Sometimes I feel like I failed being a man.

Additionally, the men reported that they lacked adequate opportunities in the environment to participate in postinjury male-gendered roles and activities. As a result, these men were unable to engage in the roles and relationships that could contribute to the formation of a postinjury adult male identity. Because the participants had sustained their TBI during the developmental transition from male adolescence to adulthood, they had not been able to develop secure adult male identities. Consequently, the men suggested that they did not know themselves as adult men: “I don’t really know myself. I haven’t had the chance to get to

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In addition, after intervention the participants felt more group home setting:

One theme that consistently emerged was the participants' satisfaction or gender role strain. These themes are reflected in the following participant quotations.

Greater Satisfaction With Postinjury Male-Gendered Social Roles

One theme that consistently emerged was the participants' satisfaction with rebuilt male-gendered social roles through participation in the intervention. These roles were male friend, community member, surrogate big brother, dating partner, and worker—student. These roles enabled the participants to express their masculine gender identity in ways that were personally fulfilling. In particular, the men expressed that having the opportunity to participate in roles other than that of a client enabled them to feel more like adult men:

It's really been important to me to have roles other than just being the client...

You know, being able to walk around the community like anybody else, meet my friends at restaurants, maybe go out to dinner with [a female friend], makes me feel like an independent adult man.

Attaining Personal Goals

Through the rebuilding of male-gendered roles and activities, the participants felt able to attain several long-held personal goals for which they had given up hope after injury. Such personal goals included dating, indulging in creative pursuits (e.g., writing, playing music), socializing more frequently with friends, and participating in meaningful work and volunteer activities:

I was in a rut. I didn't see how I could fulfill my dreams....So many things we combat with diligence and we're grateful that we took the pain and frustration 'cause it pays off in the end. At least it's paid off for me. I'm fulfilling my expectations pretty much now. I'm feeding myself with fulfillment with goals I had for myself. These things are the dessert of my life. I didn't expect them, but they've made me feel better about my life....Having more friends, working again, and writing—this brings out a feeling of competence.

Feeling More Like a Member of Society

In addition, after intervention the participants felt more like members of society, which in turn enabled them to feel a greater sense of normalcy. Spending greater amounts of time within the community engaged in socially accepted adult roles and activities allowed the men to feel a greater part of society in ways they were unable to within the group home setting:

Being here [at the rehabilitation facility] is like a counterfeit lifestyle, an artificial one I mean. It's "clinicized," it's an unnatural lifestyle because you don't have any choice in what you do with your time. You're always here or there because it's your therapy, or you have an appointment with this person or that person. You never get to make a decision about how to spend your time, what activities to do. But now that's changed. I can't even express to you what a change in lifestyle this is, having the ability to see friends or take a lady out to dinner. It's normal, like any other person in society.

Feeling Like Oneself Again

Participants also reported that they had begun to feel like themselves again after their participation in the intervention; that is, they felt a greater congruency between their internal perceptions of themselves and their external postinjury roles:

I think that playing music, and having friends, going out with women has been for me, well it's let me feel more like how I am naturally, my own nature, I mean. I feel more like who I think I really am or could be if given the chance.

The opportunity to rebuild male-gendered roles and activities enabled the men to create postinjury lifestyles that more closely matched their perceptions of their ideal selves.

Learning About Oneself as an Adult Man

Moreover, the participants reported that they had begun to learn about themselves as adult men through their newly rebuilt roles and activities. For these men, the occurrence of a TBI between 18 and 30 years of age disrupted the developmental transition from adolescent to adult roles. Consequently, they did not possess the roles through which they could know themselves as adult men. The opportunity to rebuild adult male-gendered roles and activities enabled the participants to learn more about their adult proclivities, preferences, dislikes, and values:

All these things—being a worker again, a good male buddy, and you know, somebody dating again—all of this has changed the way I see myself. I see myself now as intelligent, curious, interested, and motivated to improve myself and make the most of my personal assets. I have greater self-confidence now. I'm learning about myself. I'm discovering new territory in my imagination. I like the idea of knowing there are things in me that no one expected and that I didn't even expect. I've discovered more of myself, and there's a lot more that can be developed. It's given me hope that I can reach some of my dreams.

Several participants indicated that their participation in the intervention encouraged them to reconsider their definitions of what it means to be a man:

Years ago, my role as a husband was to make money for her [his first wife] to spend. At the time, I enjoyed providing for her because I didn't realize how many more roles could be rewarding to me, as maybe I'm beginning to see better now. How much money I made, how many homes I owned—that's what was most important to me [before injury]. Now, giving to others has become very important to me, and helping others as I was helped when I needed it, and doing something with my time that I enjoy and makes me feel good about myself. I don't need to earn a lot of money to feel like a man; don't get me wrong, it would be nice. But it doesn't mean the same thing anymore. I'd much rather spend my time volunteering to help the clients at [the main facility campus] or the seniors at the nursing home.

Greater Comfort With Use of Help-Seeking Behaviors

Characteristic of most men with TBI (Miller, 1993), the participants reported that before the intervention they did
not consistently seek staff or peer assistance when problems occurred. Consequently, the participants felt alone in their experience of TBI and did not use appropriate resources to solve problems. The failure to use others for assistance with problem solving may have been related to preinjury socialized behavioral patterns because it is common for men in Western society to refrain from using help-seeking behaviors and to isolate themselves in times of crisis (Kaschak, 1992). In the present study, the opportunity to develop friendships with fellow clients and relationships with male mentors provided the participants with appropriate sources from whom to seek advice and support:

I don't always open up with others, I mean about my feelings and problems. That's just the way I am. It's not easy for me to open up or ask someone else for help. But [my mentor] has become like an instructor to me [during the intervention]. Many times, many different suggestions that he's made assisted me in making my own decisions. He's been a real guide to me, and I trust him.

Because seeking social support enabled the participants to observe that others shared their experience and concerns, they were also able to develop a sense of affinity with other male clients experiencing similar situations. Having at least one other person with whom to discuss concerns enabled the participants to feel understood and accepted—an important occurrence because most of the participants in the study initially reported feeling alone in their experience of TBI, misunderstood by others in their immediate environment, and alienated from the larger society. The idea that individuals can feel a sense of affinity with others experiencing similar situations is referred to as universality—a feeling that one's concerns are not unique but are shared (Yalom, 1970). Universality can be facilitated in a group setting or with another person sharing a similar experience. In the present study, many of the participants' experiences of universality emerged in one–to–one relationships with mentors or friends:

Having someone I can feel like-minded with is, well [male client's] life experience is comparative to mine—we're cut from the same mold. It's a gift from God to be able to find someone who knows what I'm going through. It just makes me feel like not such an idiot to know that somebody I respect has gone through the same thing.

Contributing to Others Through Community Member and Extended Family Roles

The participants also reported that one of the most meaningful experiences that occurred through the intervention was the opportunity to contribute to others through community member and extended family roles. The participants expressed that helping others enabled them to feel a greater sense of competency, usefulness, and personal control:

I always have the fear that I'll take on a challenge and I won't succeed. Getting to help other people is fulfilling because I'm able to do for others and succeed at it. I feel satisfied that I was able to help someone else.

Two of the older participants (both in their mid to late 40s) reported that the opportunity to impart their knowledge to others enabled them to feel that their life experience was meaningful beyond their own lives and helped individuals in the larger society. This sentiment was congruent with Erikson's (1950) life stage of generativity versus stagnation in which persons nearing the end of middle age strive to create further meaning in their lives by contributing to younger generations. For example:

I enjoy when I can have the chance to express more of my knowledge and abilities and have them be appreciated by others. It makes me feel like not such a loser. I'm a middle-aged man; I'd like to be able to convey some of the knowledge I've acquired as a 48-year-old man who has been living with this head injury for over 20 years.

Unfulfilled Expectations

Although the intervention provided greater opportunities for the men to participate in adult male roles, it did not provide the opportunity to transition through specific desired rites of passage into male adulthood (as outlined in Tier 3 of the set of guidelines). For these men, developing a monogamous sexual relationship, achieving independent community travel privileges, and obtaining independent apartment living were rites of passage that continued to remain elusive after injury:

I'd feel more like a man if I could get to the apartments and live more independently. I don't feel like an adult in the group home, and I resent having to live there. And I resent not having as much privacy with [female partner] as I think we should be entitled to, being two adults.

Discussion

Effectiveness of the Set of Guidelines

An answer to the question of whether the guidelines for occupational therapy practice for TBI rehabilitation effectively alleviated gender role strain can be found in an examination of the participants' self-reports. Before the intervention, the participants expressed dissatisfaction with their ability to meet male role expectations and to participate in male-gendered activities. Specifically, the participants reported disappointment that they had neither been able to develop meaningful work nor attain the roles of spouse, father, and friend.

After the intervention, the participants described a variety of social roles through which they were able to feel more like adult men. Establishing community member roles, developing friendships and dating relationships, and cultivating extended family roles provided the opportunity for the men to build the relationships through which they could express their male gender identity in more satisfying ways.

Before the intervention, the participants reported that they had begun to lose a sense of themselves as adult men, but after intervention they reported that they felt more like the men they were before injury:

I'm finally getting back some of me, doing things I thought I'd be doing as an adult man...I feel more like the man I used to be, now,
being able to have friends again, or I guess even wanting to be around people again.

The ability to experience enhanced gender role satisfaction after the intervention appeared related to the opportunity to establish a congruency between the participants’ image of themselves as men and their opportunities to enact desired male roles. The contrast between preintervention and postintervention perceptions strengthens the assertion that it was the intervention, and not some extraneous factor (such as a Hawthorne effect), that enhanced the participants’ gender role satisfaction. Because the participants were able to identify the specific newly rebuilt roles and activities that enhanced their gender role satisfaction, roles and activities that were rebuilt in accordance with practices established in the set of guidelines, they were able to directly link their greater gender role satisfaction to their participation in the intervention.

Acceptability of the Set of Guidelines

A second concern of the study was to determine whether the participants found the process of rebuilding gendered social roles and activities, as outlined in the set of guidelines, to be congruent with personal values and goals. It is important to note that the roles and activities that the participants rebuilt were ones that they initially identified as personally desirable. This was reflected in the postintervention theme of attaining personal goals in which the participants expressed that through their participation in the intervention they had been able to rebuild and meet long-term goals that had remained elusive after injury.

The participants also indicated that the intervention provided the opportunity to rebuild three desired life values into their postinjury lives: volitional control, competency, and normalcy. Initially, the men expressed that being a client in a community group home had diminished their ability to exercise choice. After the intervention, the participants reported having greater opportunities to act on their volition and autonomy, a characteristic of an adult lifestyle that they valued highly and that served to enhance their postinjury gender role satisfaction:

I feel more in control of my life. I’m doing the things adults do. I am an adult. I have a social life like an adult man now. Before [the intervention], I didn’t. I didn’t have any friends. I didn’t talk to people much.

The ability to feel greater competency in one’s role as an adult man was a second strongly held value that the participants were able to rebuild after the intervention. Competency was both highly regarded by the participants and contributed to feelings of greater life purpose and meaning:

It means the world to me to feel like a member of a community. It’s positive reinforcement for me. It makes me feel a bit more like a caring, competent, and capable man. I’ve waited a long time to feel like that.

A third highly valued lifestyle change that the participants were able to effect was their ability to rebuild a sense of normalcy. The participants related that through the rebuilding of desired male-gendered roles and activities, they were able to feel more like any other person in the larger society:

It’s nice to be out in public, doing things like a normal citizen, doing things it takes to live like a normal person; normal things which seem small but which are very big and basic parts of life in our society—like maybe meeting friends for a meal, or seeing a movie together.

The participants’ interview statements support the contention that the intervention was congruent with their personal values and goals and helped them to rebuild several desired values and goals into their postinjury lives. It is likely that the men perceived the intervention to be highly congruent with personal values and goals precisely because they were asked to participate in the intervention process by identifying which male-gendered roles and activities they found meaningful and wished to reobtain. By having the opportunity to decide autonomously which roles and activities to rebuild, the men were better able to perceive how their participation in the intervention held personal relevance and meaning.

Meaningful Social Roles and Relationships Identified by Participants

This study was also designed to foster a better understanding of which gendered social roles and relationships enhance gender role satisfaction. The participants reported that relationships with mentors and friends and the opportunity to rebuild dating and courtship, community member, and extended family roles were particularly important in their attempts to enhance postinjury gender role satisfaction. The participants expressed that through the intervention they were able to forge relationships with male mentors who provided guidance, acceptance, and a feeling of being understood. The opportunity to feel accepted and understood by a male mentor was reported to be a unique postinjury experience for the participants who, in their preintervention interviews, expressed that they felt ostracized and alienated from prominent men in their lives after TBI. Similarly, the participants reported that the opportunity to build friendships with peers who could provide a sense of shared experience and affinity was strongly appreciated. The ability to confide in a peer who demonstrated understanding and acceptance helped the participants feel a greater sense of personal comfort with their postinjury roles as adult men:

[One client] and I share a similar life experience and mental knowledge of what it’s like to be a 50-year-old man with a head injury. It feels great to talk to someone who understands what I’m talking about....I don’t feel so much like the oddball from Mars with [this client].

Another important role that was lacking from the participants’ postinjury lives was a dating and courtship role. The participants reported in their preintervention interviews that their primary opportunity to interact with women came from relationships with female direct-care staff mem-

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bers. After the intervention, the men reported that having the opportunity to socialize with female companions and to develop dating relationships contributed considerably to their enhanced feelings of gender role satisfaction.

Each participant also reported that having the opportunity to contribute to others through community member and extended family roles substantially enhanced his satisfaction with postinjury gender roles. The opportunity to help others enabled them to believe that their life experience was meaningful to the larger society.

Mentor–protege, extended family member, dating and courtship, and community member roles may have held considerable meaning for the participants because these were roles through which they reported receiving personal acceptance as adults. Conversely, already-established familial roles were less frequently considered as important to the participant's enhanced postinjury gender role satisfaction perhaps because such roles were often conflicted and laden with prior disappointments.

**Meaningful Activities**

In their preintervention interviews, the men indicated that most of their postinjury activities were ones that supported their roles as a client living in a community group home. Such activities included completing community group home chores, maintaining the personal room in the group home, and attending to health maintenance needs secondary to TBI. Activities that supported the role of a client, however, did not support the role of an adult man. Other activities unrelated to the client role only facilitated isolation (e.g., watching television or listening to music alone in one's room). These activities neither preserved participation in preinjury male-gendered roles nor supported the acquisition of new postinjury roles.

As a result of the intervention, the participants indicated that they gained the opportunity to engage in activities that supported their roles as adult men rather than their roles as clients living in a group home. Activities that were congruent with the participants' identified life values of volitional control, competency, and normalcy were highly regarded. For example, the ability to participate in activities that facilitated a sense of volitional control was reported to hold considerable meaning for the participants: "When I'm painting or making toys for my nephews and nieces I feel I'm in my own world, a world where I'm in control and nobody makes the decisions but me." Activities that enabled the participants to feel more competent in their roles as adult men also were highly valued:

I feel like an adult again, using the computer to express myself. I didn't think I'd write again after my accident. It feels really good to act in an adult way, to create something that other people seem to respect and value me for.

Similarly, the participants valued activities that facilitated a greater sense of normalcy:

Everything's regulated here [at the rehabilitation facility]. Everything here revolves around being a client. It's nice to be able to do activities that have nothing to do with being a client. Writing, going to a jazz club with friends, going on a date. It feels normal. It's more like living like any normal person lives.

As noted above, the ability to feel a sense of control, competency, and normalcy was a characteristic identified by the participants as highly important to their postinjury gender role satisfaction. It is noteworthy that the participants primarily identified activities that were gender neutral (e.g., gardening, going to music clubs, writing, artistic endeavors, having dinner with friends) as important to their gender role satisfaction. It appeared more important for the activities to facilitate feelings of control, competency, and normalcy than to possess a traditional masculine identification.

**Summary**

This study lends support to the role of occupational therapy service in TBI rehabilitation. Results indicate that the set of guidelines for occupational therapy practice assessed in the present study was effective in helping four men with TBI to rebuild the roles and activities that enhanced their postinjury gender role satisfaction. Roles that the participants were able to achieve after injury included worker–student, dating partner, male friend, community member, and extended family member. Activities identified that facilitated gender role satisfaction were gender neutral, and enabled the men to feel a greater sense of volitional control, competency, and normalcy. The participants perceived the intervention to be both effective and congruent with personal values and goals.

It was also found that although greater gender role satisfaction was reported after the intervention, desired rites of passage into male adulthood were still lacking. It is suggested that the Tier 3 of the set of guidelines for practice, which is designed to help men with TBI to transition through adult-gendered rites of passage, be assessed in a future study to determine its effectiveness and acceptability to participants.

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