Masculine Identity and Traumatic Brain Injury

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Traumatic Brain Injury

Traumatic brain injury (TBI) occurs when the head is significantly impacted by an external mechanical force. This causes the brain to be displaced inside the skull, and injury can also occur as the brain makes contact with structures within the skull. The acceleration and deceleration forces of the impact may also cause damage to tissues and vessels of the brain (World Health Organisation 2006). The severity of a brain injury is classified as mild, moderate or severe, a rating which is primarily based on the Glasgow Coma Scale score (Teasdale and Jennet 1974). Individuals with a more severe injury tend to have longer periods of unconsciousness, post-traumatic amnesia, life disruption and impairment.

A recent meta-analysis found that the incidence of TBI in Europe was 262 per 100,000 (Peeters et al. 2015), with falls and road traffic accidents being the most common cause. The incidence of TBI peaks at three different points within the life cycle: under 5 years old, between 15 and 24 years and above age 75 years (United Kingdom Acquired Brain Injury Forum 2016).

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The effects of TBI depend on the severity and location of injury as well as the individual's personal and social circumstances, both pre-injury and post-injury. The cognitive, emotional, behavioural and physical impairments can result in serious changes in functioning and lifestyle (Segal 2010; Tyerman 2009). These changes can restrict a person's independence, affect relationships with others and alter the person's experiences of being in the world.

Identity and Rehabilitation After TBI

Given the disruptive potential of TBI and its consequences, the day-to-day lived experience of being in the world can often be altered for the individual. This disruption can incorporate an impact on a person's very sense of self and identity. For all human beings, the sense of self and identity is created over time through years of development, relationship and activity. Identity is maintained through constant updating processes involving cognition, communication and memory. All of this may be disrupted by the impact of TBI (Ownsworth 2014).

Research consistently demonstrates that individuals experience a changed sense of personal identity after TBI (Levack et al. 2010) and that following TBI, changes to the self unsurprisingly tend to be viewed negatively in comparison to the pre-injury self (Carroll and Coetzer 2011). For a man, the sense of masculine identity can be threatened by such major changes in functioning which can lead to a loss of traditional male roles and capacities such as being a provider, being strong, protecting others, having physical strength and self-reliance (Addis and Mahalik 2003; MacQueen et al. 2018).

Why Is Masculinity Relevant to TBI?

Masculinity? Male gender may be considered to be a risk factor in itself for TBI as the prevalence of TBI amongst men is twice that amongst women (Key Facts and Statistics, Headway 2014). One theoretical explanation for this ratio is that for men the masculine ideal, whether this be an archetype or a stereotype, encourages risk-taking behaviour (Javouhey et al. 2006). Courtenay (2000) argues that it is through a process of socialisation that men are more likely to engage in risky behaviour, for example when driving, making them more likely to be involved in a road traffic accident.

However, in more simple and concrete terms, men are more likely to be employed in occupations which significantly increase the risk of serious or fatal injuries (Stergiou-Kita et al. 2015; Health and Safety Executive 2017). Men are also more likely to sustain injury playing high impact sports (Hollis et al. 2009). The causes of TBI reflect this variety of gender differences in social choices and behaviour as men sustain more injuries from falls, sporting activities, military service and vehicle collisions at higher speeds (Cassidy et al. 2004; Javouhey et al. 2006; Meyers 2012; Turner and McClure 2003).

Current research which has explored sex differences in outcomes after TBI yields conflicting evidence (Farace and Alves 2000; Ownsworth and McKenna 2004; Ratcliff et al. 2007; Thompson et al. 2006). For example, Renner et al. (2012) used ratings of independence and disability and found that sex did not have an impact on the course and outcome of TBI. However, it is possible that this study did not fully take account of the possibility that men are less likely to self-report or admit problems which may be perceived as weaknesses. Contrary to this, Colantonio et al. (2010) reported significant differences in difficulties experienced by men and women following TBI. They found that significantly more men reported difficulties in setting realistic goals, and in coping with high sex drive and restlessness. Men also reported that sensitivity to noise and sleep disturbances had a greater impact on their daily functioning compared to women. The variability of the findings within the literature may suggest that there may be a difference in how men and women experience or perceive the impact of TBI, even when objective outcome measures do not demonstrate a clear divide

Given that masculine identity and its expectations may influence a man acquiring a TBI in the first place, it is particularly important to consider how masculine identity is experienced following injury and how this may affect rehabilitation. The literature suggests that masculinity and disability are in direct conflict with each other because of the divergent cultural expectations associated with them. Cultural expectations about masculinity include physical strength, emotional toughness, self-reliance, competitiveness, risk-taking, aggression, and power (Addis and Mahalik 2003; Connell 2005). In contrast to this, disability is often associated with vulnerability, weakness, dependency, helplessness and even being childlike (Barrett 2014; Shuttleworth et al. 2012). This conflict between masculinity and disability can result in "a dilemma of disabled masculinity" (Shuttleworth et al. 2012).

Masculinity also becomes even more relevant given the high prevalence of male suicide within the general population as well as specific evidence

that TBI is a predictor of suicide, even when psychiatric comorbidity is accounted for (Brenner et al. 2011). It therefore follows that men with TBI have a particularly elevated risk of suicide and this makes it even more important to consider how the interaction between masculinity and TBI can have an impact on well-being.

Men's Lived Experience of the Consequences of TBI

It is well known that TBI can alter cognitive, physical, emotional, behavioural and communication abilities. For men, any of these impairments may affect the ways in which their identity as a man is experienced individually and expressed within interpersonal relationships. Therefore, roles which men occupy that reinforce their masculine identity can be lost or changed as the result of TBI, and men may face challenges in coping with such losses and adapting to changing roles. Exploring how men experience TBI can help clinicians to achieve better outcomes with men by better understanding the meaning that TBI has for them in terms of their identity as a man.

Cognitive Factors

Cognitive impairments such as memory loss, difficulties in problem-solving and poor executive functioning can all affect a man's ability to carry out day-to-day tasks which are ways in which he expresses his identity (Brewin and Lewis 2001). For example, cognitive difficulties may mean that a person is unsafe to complete day-to-day tasks such as driving. This can result in a loss of independence which can conflict with masculine ideals about independence and self-sufficiency. The consequences of TBI for more complex tasks such as managing money or skills used at work can mean that in addition to a loss of autonomy, men's experience of TBI conflicts with ideals that a man should be able to make decisions, provide for others and manage responsibilities.

Changes in cognitive functioning may contribute to loss of employment, and therefore, a change in roles may be experienced (Jones and Curtin 2011). Cognitive impairments and the resulting consequences may therefore lower self-confidence and result in a feeling of being less of a man.

Physical Factors

Physical impairments can reduce independence, consequently causing an increased reliance on others. This loss of independence and changes in physical ability can conflict with ideals about autonomy, being physically strong, or being in control of one's own body (MacQueen et al. 2018). In addition, following a TBI, the brain is more vulnerable and individuals are often advised by medical professions of the potential risks, including death, should they encounter further injury. This heightened risk can mean that even if a man is physically mobile and active after TBI, he may feel more vulnerable and less able to physically protect or defend himself or others due to the increased risk.

Fatigue is frequently experienced following a TBI and can reduce a person's engagement in meaningful activity. Maintaining a similar amount of activity post-injury may be particularly challenging. Activities such as working, driving or taking care of children may no longer be possible for a temporary period or permanently post-injury. Individuals may require more frequent rest periods and find activity later on in the day difficult (Cantor et al. 2008). This can reduce opportunities for social interaction with peers as well as reduce occupational options, resulting in losses which conflict with an individual's sense of male identity. Importantly, the need for rest can directly conflict with masculine ideals and may be viewed as a weakness. In addition, sensory processing may be affected and both "hypo" or "hyper" sensitivities may mean that making sense of environmental and social information can be difficult. Consequently, even simple social activities, for example going out for a meal or day-to-day environments such as supermarkets can be a significant challenge.

Communication Factors

Being able to communicate effectively is a key component for the expression of identity (Shadden 2005) and can be one of the most obvious consequences of TBI to others. For men who experience communication difficulties, this can challenge ideals about masculinity, not only about independence, but also about the way in which the self is judged by others. This may result in experiences of embarrassment and shame because of a fear that others will view them as having something wrong with them and therefore as being weak or vulnerable.

Emotional and Behavioural Factors

Emotional and behavioural changes may be a direct consequence of changes in the physiology of the brain (Fisher et al. 2015). In addition, secondary anxiety and mood-related difficulties can be experienced, often as a result of the loss of identity and difficulty in adjusting to the changes which have been a consequence of the injury.

In interviews with men who had experienced a TBI, Freeman et al. (2015) identified a pattern of emotional experiences including a sense of "abnormality", "the hidden nature of brain injury", "others treat me different" and "the old me- new me", all of which they suggest contribute to a sense of emotional threat including loss of self, blame, guilt, shame and loss of pride. It was identified that the response to these emotional experiences included self-criticism, trying to live up to the expectations of others and emotional or social withdrawal. In addition, using humour and differentiating oneself from one's injuries were also recognised as being a response to emotional threat. Such responses may therefore hinder adjustment and increase vulnerability to low mood and social isolation. Research also suggests that there is an additional stigma of being in the "brain injured" group which can be perceived as socially unfavourable (Freeman et al. 2015).

In the exploration of emotional outcomes, Schopp et al. (2001) report that men and women experience psychological distress following TBI in different ways. Questionnaire responses highlighted that women were more depressed, but that men had higher levels of emotional distress. In line with this, experiencing anger after TBI is common and is often associated with depression (Baguley et al. 2006). Anger difficulties and irritability are common following TBI as are problems with regulating emotion, disinhibition and increased impulsivity. Irritability may be partly a direct result of TBI and partly a secondary consequence of fatigue and an increased difficulty in tolerating sensory stimuli or processing information. Anger may also become a secondary response to the losses and changes to identity which are being experienced. Aggression is widely considered to be more normative socially for men (Mahalik et al. 2003), and therefore, it may be that anger is one form of emotion that men feel able to express because it remains in line with masculine ideals. Expressing anger may in some ways be protective of masculine identity after TBI in that men may feel this is one way in which their identity as a man can be expressed when others are lost. However, expression of anger may also cut men off from the beneficial and important support that may be required following TBI.

Other behavioural changes which can occur as a consequence of cognitive impairments resulting from TBI or from the emotional impact of TBI may also lead to conflict with masculine ideals. For example, difficulties such as impulsivity, loss of anger control and disinhibition may change how a man is perceived by others and also impact on his relationships with others or on his role within a family or peer group.

Interpersonal Relationships

Being able to maintain social connections may be more difficult due to the physical, psychological and social consequences of TBI. This can impact on personal, family, social and work relationships. The psychosocial impact of shame and negative self-perceptions may particularly lead to difficulties in relationships with others. Freeman et al. (2015) found that all of the participants in their research talked about how they felt they were treated differently in their close relationships with friends and family. Men also described feeling reassured when they felt that others treated them the same as before the injury. When men did receive feedback about differences, Freeman et al. (2015) highlighted that this tended to be interpreted as a criticism.

Men with TBI commonly describe feeling like a burden in relation to their partner (Freeman et al. 2015). It appears that the loss of "the provider" role or a loss of income and standard of living can contribute to a sense of inadequacy as a man. The traditional masculine role of "breadwinner" is suggested to be particularly salient, even when men do not adhere to other "traditional" masculine ideals (Dolan 2014). In line with this, research suggests that men who do return to work after TBI consider their work role, the importance of paid work and being a breadwinner as critical in relation to their self-worth and identity as a man (Stergiou-Kita et al. 2016).

Similarly, men with TBI whose parents may resume a caring role or provide financial and practical support may feel childlike. This state of dependency on parents or caregivers can be considered as being more aligned with the societal expectations of disability (Lindemann 2010) and conflicting with ideals about masculinity such as independence, personal control and self-reliance (MacQueen et al. 2018).

In the case of fathers with TBI, Evans-Roberts et al. (2014) highlight that there can be multiple losses of the parenting role following brain injury. Morriss et al. (2013) provide a framework for considering how brain injury impairments may have an impact on different aspects of participating in a fathering role and highlighted that fathers often had negative perceptions of

their own ability to be a father in comparison with the perceptions of others. However, the role of father may also provide a purpose and motivation for adaptation and rehabilitation (MacQueen et al. 2018).

Sexual Relationships

Changes in physical abilities, in energy levels and in mood can all have an impact on sexual relationships after TBI. A greater percentage of men than women report dissatisfaction in sexual relationships after TBI (Sander et al. 2012). In comparison with gender-matched groups without disability, men with TBI report less frequent involvement in sexual activity and relationships (Hibbard et al. 2000). Depression has been shown to be a particularly sensitive predictor or correlate of sexual dysfunction for men following TBI (Hibbard et al. 2000). Fatigue has also been evidenced to affect the subjective experience of sexual activity for men and women with TBI in comparison with those without brain injuries (Goldin et al. 2014).

Research also suggests that body-image concerns have a negative impact on sexual functioning and sexual desire for men with TBI (Hibbard et al. 2000). Following brain injury, men report a reduction in satisfaction with body-image, in particular sexual aspects of body-image (Schopp et al. 2006; Howes et al. 2005). Schopp et al. (2006) suggest that for men who subscribe to ideals about a "playboy image" their lack of satisfaction was due to the ideal of sexual desirability no longer being met.

Masculine Identity and Adjustment

Experiencing a TBI can mean that individuals have to integrate their new lived experiences and consequently reconstruct their sense of self (Lennon et al. 2014). It is therefore important for clinicians to develop an understanding of how masculine identity may relate to the process of adjustment. The complex process of adjustment is a way in which individuals endeavour to accept change, make sense of their experiences and restore self-esteem through regaining a sense of control (Ownsworth 2014). Gerschick and Miller (1994) theorise that in response to experiencing disability, some men continue to rely on "traditional" masculine ideals for their sense of self, whilst some reformulate these ideals in line with the changes they have experienced, and others reject traditional masculinity, formulating an alternative masculinity. Within TBI, these concepts may be understood as being

changeable and complex because no man pre- or post-injury is identical in terms of how he makes sense of different aspects of his identity as a man.

Masculine Identity and Difficulties in the Process of Adjustment

Gutman and Napier-Klemic (1996) interviewed two men and two women six times within two months post-injury, exploring changes in perceived masculinity or femininity, intimate relationships, gender roles and engagement in activities which support gender identity. Their findings suggest that men experience greater gender role conflict than women and that men tend to rely more on gender-specific activities pre- and post- injury to maintain their gender identity. The researchers suggest that for men, it was important for activity to be retained at pre-injury performance levels and that failure to meet these standards resulted in feeling like "less of a man" (p. 542). This early research therefore suggests that for men, integrating their new lived experiences may pose challenges to adjustment.

Evidence generally suggests that adherence to masculine ideals can be negatively associated with rehabilitation outcomes in TBI (Meyers 2012). These relationships tend to have been considered by examining the relationships between factors on scales such as the conformity to masculinity scale (Mahalik et al. 2003) and rehabilitation outcome measures. For example, Meyers' (2012) research with male veterans suggested that traditional masculine gender roles had an inverse relationship with factors such as community reintegration, relationships and living skills. Similarly, Schopp et al. (2006) found that adherence to masculine ideals about roles and relationships with women negatively affected life satisfaction.

However, qualitative research illustrates the complexity of the responses of masculine identity in relation to adjustment following TBI. For example, Jones and Curtin (2011) specifically focus on experiences of changed domestic roles such as caring and household duties in relation to reformulation of masculine identity. Participants described either rejecting the reformulation of their masculinity, accepting it for the sake of others, or personally valuing their changed masculinity. The authors suggest that some participants demonstrated a rejection of reformulating masculinity as traditional masculine ideals were maintained within new roles. Similarly, participants in a study by MacQueen et al. (2018) had engaged in new activities such as growing vegetables in order to fulfil a value of providing for others. This may

be a way in which masculine ideals are maintained by adapting the *expression* of those ideals in the line with the changed resources available. Whilst for some, this can create a positive perception of quality of life, Jones and Curtin (2011) suggest that some men who take on a less traditionally masculine role and reject such a reformulation may come to view themselves as having less self-worth. These complex findings illustrate that the *meaning* of the loss of the traditional breadwinner role will be different for different men depending on the context.

Masculine Identity and Promotion of the Process of Adjustment

Research which explores adjustment to TBI also evidences factors which promote well-being in adjustment and highlights that individuals can experience *post traumatic growth* which is considered to be a positive change in response to the effect of trauma (Hefferon et al. 2009). This includes evidence that highlights different ways in which making sense of a changed identity can promote well-being in the aftermath of TBI for men.

Existing research suggests that adherence to traditional masculine ideals such as higher success, power and competition is associated with the perception of fewer barriers to community functioning (Good et al. 2006). Similarly, Schopp et al. (2006) found that there was a positive effect on functional outcomes for men who adhered to ideals such as winning and seeking status, and the authors suggest therefore that drawing on these values can promote positive outcomes after TBI.

Hutchinson and Kleiber (2000) suggest that views of masculinity can enable men to overcome difficulties and conceptualise this as "heroic masculinity". This concept, which has primarily been considered within spinal cord injury, suggests that masculine ideals can contribute to men striving to transcend injuries and grow. The idea of "that which doesn't kill us makes us stronger and more satisfied with life" is discussed in Jones et al.'s (2011) study of participants with various brain injuries including TBI. This suggests that the experience of TBI can potentially lead to some individual men gaining a sense of personal growth. For men, this may reflect the possibility that the masculine ideal of being able to demonstrate strength and control through striving can actually help to overcome the limitations which they face.

Masculine Identity and Rehabilitation

It has been seen that changes in masculine identity can be critical to the experience of adjustment for men following TBI, and this has been recognised as an important factor in rehabilitation (Gutman and Napier-Klemic 1996; MacQueen et al. 2018). Existing literature indicates that adherence to masculine ideals can have both a negative and positive affect on rehabilitation outcomes in TBI (Meyers 2012; Schopp et al. 2006). Specific issues relating to masculine identity within rehabilitation may include engagement in rehabilitation, maintaining psychological well-being, engaging in occupational activities as well as participating in social roles and interpersonal relationships. Given this, it is important to understand how masculinity may affect these issues and how clinicians working with men in a rehabilitation setting may adapt their practice to better suit the needs of men.

Engagement with Rehabilitation Services

Barriers to engaging in rehabilitation services may include the belief amongst men that working with professionals is seeking help and therefore implies an admission of weakness and failure. Viewing the self as being reliant on care providers can therefore lead men to experience shame and a loss of masculine identity. This may mean that developing therapeutic relationships may also in itself directly conflict with masculine ideals of independence (Good et al. 2006; Sullivan 2011).

Self-comparisons to others with TBI may also prevent engagement in rehabilitation. Those who view the consequences of their injury as less severe may experience guilt and shame in seeking support. This may further reinforce beliefs about the self as weak. This may be particularly prevalent within group settings, but can also be experienced in individual rehabilitation. Men who believe that they shouldn't need support from professionals will therefore inevitably find it that much more difficult to engage in rehabilitation.

Other aspects of rehabilitation may highlight impairments which may be particularly meaningful for a man. For example, assessments or interventions around money management may accentuate a feeling of not being able to provide for self and others or be self-sufficient and independent. Similarly, feeling self-conscious can be a barrier to physical exercise after TBI (Driver et al. 2012). It may be that this aspect of rehabilitation particularly presents challenges to ideals such as physical strength and the ability to physically protect self and others.

How Services Can Promote Engagement

All of the above evidence indicates very clearly that gender is a highly relevant factor in terms of how brain injuries are acquired, what that they mean to people and how they engage in rehabilitation. This means that taking account of gender is vital in designing and providing brain-injury rehabilitation services.

Providing a gender-sensitive service should begin during initial discussions when men are first referred to a service. When providing information about a service, emphasising an active and expert role rather than a passive and dependent role in rehabilitation may particularly promote a service that is in line with masculine ideals rather than in conflict with them.

Similarly, it has been suggested that in order to defend against shame which may be associated with receiving support, intervention should facilitate men playing an active or leading role (Kingerlee 2012). This approach may then promote pride rather than exacerbate feelings of shame. Within rehabilitation, this could be facilitated by emphasising the value of the individual's lived experience and the role of being an expert through experience. In addition, encouraging feedback from the individual within therapeutic relationships may provide a sense of having more control as well as a sense of making a valued contribution to the therapeutic relationship. These aspects can contribute to a positive sense of masculine identity and may therefore promote engagement, empowering men to take active roles in rehabilitation and increasing their involvement in decision-making.

Encouraging rehabilitation and help-seeking as a demonstration of resilience or strength in facing difficulties may encourage men to engage in rehabilitation. This male-friendly approach can build on motivation to overcome potential resistance to engagement in rehabilitation, utilising rather than undermining masculine ideals of strength, self-reliance and control.

Promoting Psychological Well-Being in Rehabilitation

Given the higher prevalence of mental health problems in the TBI population (Seel et al. 2003), it seems particularly important to work with individuals in reducing the stigma of mental health problems after brain injury. A masculine identity can more easily be protected by normalising and validating in masculine terms (action, control, mastery) the reasons for seeking support from health professionals (Rochlen 2005). One way of increasing

the acceptability of engaging in neuropsychological services may be for men to attribute their need not to their own weakness but to the serious nature of injury and also the biological basis of it. Normalising the negative impact of TBI on mental health may therefore help to reduce stigma and promote engagement.

Given the evidence of gender-related barriers and stigma in relation to men seeking support for mental health difficulties, there is a greater risk of men turning to dysfunctional coping strategies which promote escape and avoidance. For example, in research with men who had either a TBI or a spinal cord injury, masculine ideals including valuing competition and power were associated with a higher number of alcoholic drinks per drinking episode (Good et al. 2008). Therefore, assessment and formulation should also consider how masculine identity may also in some contexts relate to *un*helpful coping strategies.

A prominent theme within the existing literature is that men experience feelings of shame which appear to be linked to a sense of inadequacy as a man and a loss of masculine identity (MacQueen et al. 2018). Given the shame that is experienced in relation to loss of roles and changes in masculine identity, it can be difficult for men to introduce this experience into therapeutic discussion and this may therefore require skilful exploration directed by the therapist. Both shame and aspects of growth are vital within the compassionate mind approach following TBI (Ashworth 2014) and may therefore be particularly relevant when working with men.

Assessment and psychological formulation should also explore how narratives of masculine identity may provide positive functions such as being able to maintain social relationships and roles and promote new occupational expressions of identity. Approaches which focus on meaning, values and identity may therefore be particularly relevant in supporting the development of new narratives about masculine identity. For example, drawing on Acceptance and Commitment Therapy (Hayes et al. 2011) may encourage flexibility in narratives and behaviour through consideration of values. Similarly, Narrative Enhanced Cognitive Therapy is an approach which targets the negative impact that self-stigma can have on identity, self-esteem and social relationships (Yanos et al. 2012). Within this approach, there is an emphasis on the redevelopment of themes of agency and strength in individuals' narratives (Roe et al. 2014), which may create better alignment with masculine ideals. In addition, compassionate mind concepts such as strength, wisdom, resilience and responsibility may add to the positive value of any given therapeutic approach by promoting healthy flexibility and enhancing a sense of masculine identity.

The application of positive psychology constructs has also been explored in acquired brain-injury rehabilitation (Cullen et al. 2016). Initial research indicates that the application of positive psychotherapy can promote well-being in neuro-rehabilitation. The ethos within positive psychotherapy of focussing on growth, strength and resilience rather than on symptoms and deficiencies may particularly offer a more gender-friendly approach to adjustment for men.

Promoting Engagement in Occupational Activities

Within rehabilitation, exploring the meaning which men may give to their position and roles within their own social context should be considered in working to redevelop their occupational activities. Clinicians and clients may need to explore new ways of expressing their masculine identity in meaningful roles. Gutman and Napier's (1996) research found that men who had experienced a TBI considered their activities in "black and white" terms as either success or failure, highlighting a further barrier to potential engagement in therapeutic activity for men.

Encouraging activity which may be considered to be masculine, such as sport, can provide not only benefits to cognitive health after TBI (Grealy et al. 1999), but also may provide a new expression of identity. Exercise has been shown to promote emotional adjustment and positive self-identity in relation to masculinity after TBI (Wise et al. 2012). In addition, promoting new activities which can be aligned to masculine ideals may protect against unhelpful externalising or defensive behaviours such as alcohol consumption which may be associated with anxiety about losing masculine identity (Good et al. 2008; Rochlen et al. 2008).

A key part of rehabilitation is helping men to return to work, an aspect of their life which can be a primary part of their identity as a man. Evidence suggests that in returning to work, men reported that they avoided sharing difficulties associated with TBI with others in the workplace (Stergiou-Kita et al. 2016). Research also suggests that the gendered culture of a workplace also impacts upon the experience of returning to work for men. Traditionally, male-dominated working environments tended to be experienced as less supportive both by men and women (Stergiou-Kita et al. 2016), and a more nurturing environment was generally preferred.

Clinicians working with men who are returning to employment after TBI may therefore find it beneficial to consider the context in which a man will be employed and how this might impact upon his masculine identity. This may help to anticipate difficulties which may arise and create more effective plans for managing them.

Promoting Social Engagement and Interpersonal Relationships

There is a complex interaction between the self and the social context in the process of adjustment following TBI. For example, the age and life stage of a person are important contextual factors in how identity is experienced after TBI. Men in early to middle adulthood may be striving to form their own identity, completing education, developing careers and establishing new relationships. In relation to social norms about masculinity, issues which may be particularly prominent for men within this age group who have had a TBI may therefore include dating, consuming alcohol and physical strength. However, for men in middle to later adulthood, the impact of illness or injury can directly conflict with social roles such as being a father or a partner (Ownsworth 2014). Considering age and life stage can therefore be important in understanding the meaning of the injury in relation to the social context and ideals which may be active in the mind of an individual man at any given time.

For many men, their partners take on a caring role in some form. Whether this is household management or personal care, this can change the ways in which masculine identity is experienced and expressed. Working with couples to explore these changes in roles can therefore be an important part of rehabilitation.

Similarly, changes in the parenting role may be particularly significant for men as fatherhood constitutes a significant part of masculine identity. Following TBI, negative perceptions of the capacity to fulfil the fathering role may be particularly detrimental to masculine identity. Within rehabilitation, therefore, it is important to help men with children to find creative ways of renewing and developing their fathering role and retaining their identity and confidence as fathers.

Exploration of opportunities for new roles and relationships within the wider community is also important within rehabilitation given that

masculine identity also relates to a man's sense of being able to make a valuable contribution with his skills. Groups or organisations such as "Headway" or "Men's Sheds" have shown that it is possible to provide an environment where men feel more accepted by others in the community and more able to be themselves (Freeman et al. 2015). These kinds of opportunities, rather than conflicting with masculine identity, may promote the development of flexibility about masculine identity for men who have had TBI.

Summary

Sustaining a TBI can significantly change the ways in which a man experiences and expresses his masculine identity. Often, the changes and losses brought about by TBI conflict with social norms and expectations about masculinity. Negotiating this conflict can result in difficulties in adjusting to new ways of being in the world because men who have experienced a brain injury can view themselves negatively in relation to societal and their own masculine ideals. In particular, loss of roles, changes in relationships and occupational capacities can result in masculine shame. However, some masculine ideals such as resilience and strength may also be helpful in adjusting to the impact of TBI.

It is important to consider that the significance and meaning of masculine identity is specific to each individual man. An individual's narrative about what is important or meaningful to him as a man should therefore be considered within assessment, in addition to his personal narrative around help-seeking and receiving support. Exploring masculine identity and associated narratives should always be done in a sensitive manner given the shame that may be associated with TBI for men during rehabilitation.

Working with men to explore the values and beliefs that underpin their own masculine identity and helping them to rework this in a new context is therefore a vital aspect of rehabilitation following TBI. Encouraging active rather than passive roles for men in rehabilitation is particularly important as well as utilising masculine qualities of strength, fight, determination and competitiveness to enhance the rehabilitation process as a new challenge and achievement. In this way, by stressing the success of men's strength in fighting, confronting and overcoming the consequences of TBI, damage to their masculine identity may be minimised and a more positive treatment outcome achieved.

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