Using Narrative Analysis of a Patient’s Photographs and Interview Text
to Understand Living with Traumatic Brain Injury from the Patient’s Perspective

Laura S. Lorenz
The Heller School for Management and Social Policy
Brandeis University
llorenz@brandeis.edu

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Abstract: Traumatic brain injury (TBI) is a serious problem affecting not only injured individuals but also their families and communities. The lived experience of people with TBI can inform peers, families, providers, and policymakers of issues related to living with this injury and facilitators and barriers to recovery from the patient’s perspective. In an exploratory study intended to inform a dissertation proposal, an individual with TBI took photographs of living with her injury and the people and circumstances that have helped and slowed her recovery, and discussed her photographs with the researcher. The analysis of her photographs and interview text involved using three types of narrative analysis—looking at the details of an individual photograph, as suggested by Howard S. Becker (1986); structuring the accompanying narrative into its discourse units, as modeled by James Paul Gee (1991); and grouping her series of photographs into plot categories representing problem, action, and resolution, as proposed by Elliot G. Mishler (2004). These analyses provide a glimpse of the impact of a traumatic brain injury on an individual’s perceptions of self and her feelings of connection (and disconnection). Structuring the interview text into its discourse units appears to hint at the usefulness of the photographic image in helping the patient to articulate living with a brain injury and to sum up her experience. Grouping the study photographs and their text excerpts into plot categories brings out movement in the participant’s healing over time and reveals her hopes for the future—information that was not gleaned by analyzing a single photograph and its interview data.

1. Introduction

Approximately 4,000 people experience a traumatic brain injury (TBI) each day in the United States (Morales et al, 2005). TBI is an injury to the brain caused by external physical force, and common sequelae include headaches, weakness, fatigue, short and long-term memory
Using narrative analysis to understand the TBI patient’s perspective, Page 2

loss; problems with initiation, attention, focus, and follow-through; slowness of thought and speech; and depression, irritability, impulsiveness, altered personalities. Some brain injuries are labeled severe, others moderate or mild, though consensus on the classification of brain injuries remains elusive, and even the terms “head” and “brain” are used interchangeably, causing further confusion (Jagoda et al, 2002). A head injury is visually apparent from bruising or lacerations, while a TBI may not be evident visually or clinically; thus, a brain injury may be “invisible” to the patient, family and friends, and even providers (Jagoda et al, 2002). The public health problem of TBI is also “silent,” as the public is generally unaware of both the level of incidence per year—1.4 million new injuries diagnosed in emergency departments in the United States each year, and the injury’s impact—80,000 to 90,000 new disabilities in the United States each year (Langlois et al, 2005; Langlois, 2004).

1. a. An untold story. Rehabilitation psychologists, neuropsychologists, and others have for many years advocated “gaining an insider perspective of the world of the person with the disability” (Bruyere, 1993), including persons with brain injury. In his Presidential Address to the National Academy of Neuropsychology, Prigatano (2000), acknowledges the importance of scientific study of neurological disturbances, and says that it is inadequate. He notes that “the capacity to understand what individuals are actually experiencing is crucial to our profession” (p. 72), and that neuropsychologists need to understand patient experiences “to be effective in their work” (p. 77). Michael Rich, physician and director of the Video Intervention/Prevention Assessment project housed in Children’s Hospital Boston argues that clinicians need to learn about living with a chronic condition and “the factors outside the biomedical construct that influence their illness experiences” (Rich et al, 2000b, p. 249). Balcazar et al (1998) argue that involving people with a disability in research about their lived experience may result in a “re-
framing of the problems they face,” and in “identifying modifiable barriers” to rehabilitation and recovery (p. 106).

1. b. Using photography to understand lived experience. Used in nursing inquiry, photography has served as a powerful tool for illuminating human experience with health and illness and for prompting discussion. In her work with families to understand what it was like to live with childhood chronic illness, Hagedorn (1996) used photographs taken by family members to generate discussion during individual and family interviews. Hagedorn found that a photograph can “enable a person to tell his or her story spontaneously” (p. 522) and that the experience of taking photographs invites people living with a condition to “take the lead in the inquiry, facilitating their discussion of an experience” (p 521). Rich et al (2000a) argue that visual documents created by research participants helps us to “realize a more direct understanding of people, their life experiences, and their perceptions of those experiences than may be afforded by data collected and controlled solely by the researcher” (p. 156). They argue that the process shifts the power differential between researcher and participant and provides a mechanism for the participants to teach us.

In a seminal study, Collier (1957) compared the quality of data gathered by interviewing alone and by interviewing using photographs as prompts. The study included a check interview, in which informants previously interviewed verbally were interviewed again using photographs as prompts. Collier states that the “quality of data gleaned from all interviews was excellent but quite different” (p. 859). The interviewees provided more concrete information with the photographic prompts. The pictures helped them to stay on track, relieved the strain of being questioned, sharpened memory, and reduced misunderstanding. Salient to this exploratory study, Collier (1957) suggests that photographs may help to “trigger responses that may lie submerged
in verbal interviews,” “overcome the fatigue and repetition encountered in verbal interviews,” and “function as a language bridge with informants who lack fluency” (p. 859).

Harper (2002) suggests that the human response to images and text as symbolic representation may indicate why it is advantageous to use photographs as part of the interview process. He notes that the parts of the brain where human’s process visual information are evolutionarily older than the parts that process verbal information. “Thus images evoke deeper elements of human consciousness that do words” and using photographs as part of an interview process elicits not just more information but “a different kind of information” (p. 13).

Radley and Taylor (2003), in a study of what people remember from their stay in a hospital, asked patients to talk about the photographs they had taken during their stay in a hospital. Radley and Taylor suggest that two important aspects of the recovery process is the “working through of the illness experience and the transition back from the status of sick person to that of healthy individual” (p. 130). Thus, asking patients to take photographs of their hospital experience can play a part in recovery. They propose that the process provides a vehicle for remembering and discussing not just the photographic image but also the experience and “why this image was selected” (p. 131). Further, the process can play a role in making meaning when the images become the basis for an interview about the experience they represent.

1.c. Narrative Analysis. A major question for us as researchers when considering narrative analysis as a method of research is: What is narrative? For this study, narrative is defined three ways: the individual visual images created by the respondent for this study; the interview text generated by her in discussing her photographs with me; and the series of photographs accompanied by their related interview text (in this case, selected excerpts of text). Narrative analysis is often a case-centered approach, which is certainly true in this analysis,
which focuses on the narrative generated by one person specifically for the study.

2. Data

This past fall I carried out an exploratory study “Facilitators and Barriers to Recovery from Traumatic Brain Injury: Through the Lens of Photovoice” with approval from the Brandeis Human Subjects Research Committee and recruited one respondent. As specified in the protocol, she had a cognitive level of at least seven on the Ranchos Los Amigos Cognitive Level Scale (1 being lowest and 10 being highest), and she received her injury no more than five years ago. We met three times: once to discuss the project and go over the informed consent form, again so I could pick up the camera, and a third time to discuss her photographs. Before giving her the camera, I asked her to take photographs of living with TBI and facilitators and barriers to recovery from her perspective. The camera was a disposable one with 27 images, and I asked her to give it back to me in two weeks. She finished the film after three weeks, and we met a week later to talk about her pictures. We spoke for four and a half hours. For more than two hours she talked about her process taking the photographs and shared some family snaps of people she couldn’t photograph for the study. For the last two hours we went through her photos one by one, and she talked about what they meant for her, why she had taken them, and how she had settled on or created the particular images.

My four research questions were: What is the lived experience of people who have a traumatic brain injury? What are the facilitators and barriers to recovery from the perspective of someone who has a TBI? Does giving a camera to someone with a TBI and using their photographs as the basis for the interview assist in the telling of the story? How might this
research approach need to be adapted for use with this population? In this paper, I will focus on the first two questions.

3. Analysis

My narrative analysis of the visual and textual data generated by this exploratory study uses three approaches: looking at the details of a single photograph, as suggested by Howard S. Becker (1986); interpreting the discourse structure of an interview excerpt as modeled by James Paul Gee (1991); and grouping my respondent’s series of photographs and text into three plot categories: problem, action, and resolution, as suggested by Mishler (2004). Looking at the details of an individual photograph provides hints of deeper information and meanings that are not apparent at first glance. Structuring the interview text into its discourse units appears to hint at the usefulness of the photographic image in helping the patient to articulate living with a brain injury and to sum up her experience. Grouping the study photographs and their text excerpts into plot categories brings out movement in the participant’s healing over time and reveals her hopes for the future—information that was not gleaned by analyzing a single photograph and its interview data.

3.1. Seeing the Details. Becker (1986) posits that photographs taken as part of a sequential analysis, as with field work, are narrative. He notes that narrative can be the photographic images themselves, or the images in conjunction with field notes by the researcher/photographer or written or interview text by the people being photographed. He focuses, however, primarily on the individual image or series of images as narrative and argues for breaking down the image into its details—“every part of the photographic image carries some
information that contributes to its total statement” (p 231). The individual image becomes a narrative whole, appropriate for a type of case study analysis, and that an individual photograph can contain truth the way a lyric poem can, by rendering feelings and responses.

My TBI respondent took a total of 27 photographs for this study. The photograph presented below is the first photograph she took. It is not the first photograph we discussed, however, as she brought to the interview family snaps which she talked about first, before going through the photographs she had taken for the study.

In this image, we see a television cable connection sticking out of the wall, unconnected to anything. It hangs in the air above a blue rug and a heating vent, which is reflected in the surface of the wall running down the left-hand side of the image. One of the first details that
jumped out at me in looking more closely at the image is the out of focus finger and thumb blocking part of the picture’s lower left corner—a detail I had not noticed before, even in viewing the photograph multiple times. This phenomenon, in which we do not see what is actually present because our brain “fills in” what we expect to see, is common. (Ramachandran, 1998). For “the average person, the process is never even noticeable” (Barry, 1994). When we view someone with brain injury: we cannot “see” their injury, so in effect for us it doesn’t exist. We experience cognitive dissonance when people with brain injury act in ways that do not coincide with their appearance. Interrupting our normal way of looking, by seeing a photograph’s details, allows us to perceive what our visual neurons might otherwise “fill in.”

Below the heating vent and against the back wall, grey and black wires lie neatly bundled. Thus, some wires in the photograph are connected and functioning, while others are not. This is analogous to the functioning of an injured individual’s brain: parts will work just fine, while others won’t. The wall’s reflection of the heating vent serves as a reminder that this photograph is merely a reflection of reality, not reality. It is a representation of truth as perceived by one individual, at one point in time, and taken for the purpose of communicating in the specific context of the research interview.

3.2. Structuring the Discourse. The narrative analysis by Gee (1991) of a narrative by a schizophrenic woman, is serving as an interesting model for my work with traumatic brain injury patients. The narrative was collected as part of a diagnostic process carried out by the institution where the woman was hospitalized. The subject “was placed in a small room with a doctor in a white coat and told to talk freely for a set amount of time, the doctor giving her no responses of ‘feedback cues’ the whole time” (Gee, 1991, p. 17). Doctors found her narrative, about exciting episodes in her life, to be incoherent. Using a linguistic approach to illuminating the structure
and meaning of the narrative, Gee argues that it is in fact a typical example of “human sense making” (Gee, 1991, p. 17). Breaking the text up into idea units, lines, stanzas, and strophes, Gee illuminates a structure that reveals the narrative’s images or themes, and thus the perspective or point of view of the woman who was speaking. Yes, he argues, she was making sense.

Gee’s approach to analyzing an interview text by breaking it down into its narrative structure bonds the analysis closely to the actual words of the narrator. Perhaps this raises an ethical issue in analysis the data generated in an interview. Should we consider this approach to analysis more ethical than approaches which include only brief quotes? In any case, structuring the interview text into its discourse units appears to hint at the usefulness of the photographic image in helping the patient to articulate living with a brain injury and to sum up her experience.

The narrative analyzed here was spoken by my respondent to accompany the image discussed above. An example of the raw transcription in Table 1: Excerpt of the interview text accompanying the photograph “Living without Connection” shows the respondent’s hesitations, repetitions, and false starts, which can be typical of any person being interviewed, but which can be especially problematic following brain injury. LF is the research participant, while LL is the interviewer. All interviewer text is in italics. Commas indicate short pauses, while two dots represent a longer pause, and three indicate an even longer one. This transcription includes all pauses, repetitions, false starts, “uhs,” and “ums.” The excerpt shows that my question asking her to clarify what she means by lack of connection brings out the respondent’s identification with her brain, as if she were putting herself inside her brain when talking about it. My question may also have triggered thinking about how this lack of connection is symbolic of her feelings of disconnection with her environment and other people, or this analogy may have been part of her
thinking all along. This excerpt shows that this interview and its resulting data are co-created by the researcher and the participant.

Table 1: Excerpt of the interview text accompanying the photograph “Living without Connection”

| LF: I thought that kind of depicted it, you know, the challenge right there, that photo. um, there’s a lot of unsaid things there, but I mean as you look at that, you know, to live your life with that kind of connection, or lack of connection, lack of connection. yup. |
| LL: when you say lack of connection, do you mean connection to the past? to the person… |
| LF: oh, I mean lack of connection in terms of my brain. um, that, it was kind of like um, uh, (laughs) when you, you know, have a thought, that you didn’t know what it was going to… latch on to. it was kind of like living in the middle of nowhere, um, there was no sense of connection. um, uh, and uh, to your environment, to other people, um, it was as though you were just born anew, um, uh. yes there were things you knew how to do, it wasn’t like you were a newborn, (laughs) but in a sense you were. so um, everything was new, and um, life without connection, um, hard to explain, you know, hard to articulate, and um, and I I basically laughed through every day. There was this laughter that just went on, constantly, uh, you know, just this giddiness, laughter, um, again, living at that crest of the wave, and when you are living at the crest of the wave, to maintain that level of um of uh, that level, … um.. it was just as though you had lost the connection with reality? um, to some degree? or reality as you knew it? and you know it all had to like be reestablished, or, the connections, over time, is how I see it now, in in hindsight. um, for me I think it was more, you know, the passage of time uh.. and you know, doing, you know, taking small steps, uh… and things were just kind of re-knitting .. themselves, you know, just you know, in the healing… |

For my analysis, provided in Table 2: Living without connection I removed most of the hesitations, pauses, false starts, and “ahs,” and “ums.” Following Gee (1991) and Mishler (2004), I separated the ideas of her narrative into separate lines, with one central topic per line. I grouped the lines about the same topic into stanzas, four lines per stanza. I then grouped the stanzas into what I perceived to be the main parts of her narrative. I created titles for the narrative as a whole, each part, and each stanza, and each title uses the participant’s own words.

Table 2: Living without connection

| Living without Connection |
| Part 1: Why I took this picture |
Stanza 1: That’s how I felt
1.  This picture here there’s no connection;
2.  And that’s why I took it because that’s how I felt,
3.  I felt as though right after my accident, that there was no connection;
4.  And there were so many missing links, as I tried to begin living again.

Stanza 2: I thought that kind of depicted it
5.  And so I thought that was a good, that again is a very good beginning,
6.  Because this is probably where I was starting out, was with this kind of, this type of …
7.  Sounds challenging, yuh!
8.  And I thought that kind of depicted it, the challenge right there, that photo.

Coda: A lot of unsaid things there
9.  There’s a lot of unsaid things there, but I mean as you look at that,
11. To live your life with that kind of connection, or lack of connection, lack of connection, yup.

Part 2: Everything was new

Stanza 3: It was like living in the middle of nowhere
When you say lack of connection, do you mean connection to the past, to the person...
9.  Oh, I mean lack of connection in terms of my brain;
10. It was kind of like when you have a thought,
11. That you didn’t know what it was going to latch on to;
12. It was kind of like living in the middle of nowhere.

Stanza 4: It was as though you were just born anew
13. There was no sense of connection, to your environment, to other people;
14. It was as though you were just born anew;
15. Yes there were things you knew how to do, it wasn’t like you were a newborn,
16. But in a sense you were.

Coda: Hard to explain
17. Everything was new,
18. And life without connection, hard to explain, hard to articulate.

Stanza 5: I basically laughed through every day
19. I basically laughed through every day.
20. There was this laughter that just went on, constantly,
21. Just this giddiness, laughter, living at that crest of the wave.
22. And when you are living at the crest of the wave, it was just as though you had lost the
   connection with reality? to some degree? Or reality as you knew it?

Part 3: How I see it now, in hindsight

Stanza 6: It all had to like be reestablished
Using narrative analysis to understand the TBI patient’s perspective, Page 12

23. It all had to like be reestablished, the connections, over time,
24. Is how I see it now, in hindsight;
25. For me I think it was more, the passage of time and taking small steps;
26. And things were just kind of re-knitting themselves, just, in the healing.

Stanza 7: I had so many gaps in my brain
27. And I also thought of just now,
28. This lack of connection, when I said with the brain;
29. It was as though I had so many gaps in my brain,
30. That there was like not a connection any longer.

Stanza 8: I would bump up against that
29. So it was a synapse? Almost like,
30. And I would bump up against that,
31. Minute by minute it seemed;
32. But so you just throw it out.

Stanza 9: My reaction was this laughter
33. It was as though my reaction to all that,
34. Because I was in that lucky one to two percent,
35. My reaction was this laughter, reverie state,
36. As opposed to the awful frustration, or what could have been.

Coda: A perfect way to sum it all up
37. So, when I saw that I said well,
38. That seemed like a perfect way to sum it all up.

Part 4: The only way I can make any sense out of it

Stanza 9: Are you really, truly connecting
39. No longer like that,
40. But in that reverie state, you even feel as though, are you really, truly connecting with the other person, when you’re with them;
41. Because you’re in this, euphoric state, and they just seemed somehow,
42. It was almost like we were in a hollow, some kind of a hollow, or a vacuum.

Stanza 10: That’s what I meant
43. So, that’s what I meant I guess,
44. I couldn’t feel really connected, in lots of ways;
45. And the way I released it I guess was through all that laughter;
46. It’s the only way I can make any sense out of it.

Part 1 acts as an introduction to the entire narrative. The participant talks about what she felt like right after her accident, when her injury was new. She explains that she took the
photograph because the wires sticking out from the wall and unconnected to anything else depict the challenge she felt at first with her brain injury.

Part 2 begins with me asking her to clarify what she means by lack of connection. She responds in a way that surprised me—she is talking about her brain, as if it had a life of its own, separate from the rest of her. She then describes her sense of isolation from her environment and other people. She hints at a lack of awareness of or connection to her past, as if she were suddenly a newborn baby. She comments that this concept of lack of connection is difficult to articulate or explain, and it appears that this visual image helps her to understand this concept herself and communicate it to me. The last stanza in Part 2 provides a hint of resolution when she reflects briefly on her reaction of laughter to this disorienting sense of disconnection to her brain and lack of familiarity with her environment.

In Part 3 the participant reflects more deeply on what it was like for her when she was newly injured. She is reflecting back on that time from the present, when she no longer feels as though she has “so many gaps” in her brain, and she is seeing the progress she has made. She appears to identify herself with her brain, as if her whole self bumps up against the gaps she describes. She speaks as though her thoughts were independent as they traveled the pathways of her brain and “bumped up” against the dysfunctional “synapses.” When I shared this analysis with Dr. Robert Sekuler, a Brandeis University professor and neuroscientist, he commented that this participant must have already known about how the brain works when she spoke to me, although I do not know if this is true or not. In any case, she was describing what she (and her brain) experienced, and her close identification with what was going on in her brain. She closes this part with a comment that the visual image she noticed seemed to her like a perfect way to sum up how she felt at that time. It appears that creating and discussing this visual image allowed
her to articulate her perceptions and sum them up for herself as well as for me.

In Part 4 the participant summarizes what she has been describing for me. She notes that she no longer feels disconnected in her brain or from her environment, including other people. She again uses the pronoun “you,” which seems to reinforce her perspective that she is no longer living without connection. She describes how during that early time she couldn’t trust her senses or emotions, especially the intense feeling of euphoria when she was interacting with someone and felt that they were in a hollow, isolated from anything else. It appears that even then she was aware that they were not really in a hollow, and that these strong feelings were probably misperceptions on her part. Rather than let the frustration of this unnerving situation build up and come out as anger or irritability, she released it as laughter, a phenomenon which is common in only about two percent of people who receive a severe traumatic brain injury. Her ability to feel comfortable with this dissonance between her perceptions and reality and her strategy of releasing her frustration with laughter could be said to be a compensation strategy. Perhaps it is also a symptom of her resilience in this situation. Her last line, when she speaks of making sense, hints that going through this process may create an opportunity for reflection, for learning, and realizing that “you” have made progress over time.

The narrative’s Codas, which did not naturally fit into the stanzas and which I therefore pulled out to stand on their own, keep pointing out the value of using a photograph to communicate, from the participant’s perspective. She comments that the photo contains a lot of “unsaid things” which implies that the image is a narrative in and of itself, even without her commentary on it. Without this image, she might find her perspective, her experience hard to explain. This symbolic image, visualized for us in a photograph, appears to be a perfect way for her to show and sum up what she was going through during that period of her life.
3.3. Plotting the Sequence. In an analysis of a two versions of the same story, related sequentially and captured on video tape, of an important event in one woman’s life, Mishler (2004) notes that in both versions, “the basic story parts are there, in temporal order: an initial problem, action to deal with it, and a resolution” (p. 108). This article stimulated me to look at the sequence of my research participant’s photographs as parts of a story. I wondered whether sequencing them into their plot categories (problem, action, and resolution) would, as with Betty show us the “the prologue to a more extended story” (Mishler, 2004, p. 108). Would her extended story of TBI be one of recovery, rehabilitation, and moving on with life?

I also wondered whether analyzing her series of photographs this way would allow for a more complex view of her life experience and perhaps illuminate her multiple perspectives on living with brain injury than would be apparent from examining a single photograph or a single interview narrative. As Mishler (2004) notes, the “self” that “comes into play...(in any given situation or interview) depends on variations in contexts, audiences, and intentions, that is, on how one positions one’s self within that set of circumstances” (p 118). We can assume that any participant’s version of his or her disability to service providers, family, friends, or even self might be different from the version they relate to me in the research interview. What role does creating and discussing visuals play in the substance of the version told to me? Does my subsequent analysis of her photographs by grouping them into a plot sequence represent just another version of the story? Is this version more or less useful from a policy perspective?

As qualitative researchers and theorists have noted, “much of our collective database derives from one-shot interviews or short-term observations. Even in longitudinal research, the emphasis on consistency in methods across participants and across successive data points offers little opportunity for participants to respond to the same question/situation from different
perspectives” (Mishler, 2004, p. 119). In this study, the participant had the camera for three weeks. She spent time during several different days taking photographs and reflecting on what she wanted to represent to me and how. Some pictures she composed on purpose so they would show what she wanted to talk about. For others she collaborated with someone else to compose them. Based on this experience, can we assume that this process creates an opportunity for the participant to respond from several different perspectives? Do we in this way get a more complete picture of disability and recovery using this approach?

Becker (1994) briefly explores the role of the editor in selecting and arranging images in photo essays. A photographer-researcher must both generate data (photographs) and edit them. He or she selects certain photographs and photographic details for analysis. He or she controls what data get shared and what do not. Perhaps in taking this sequential approach to analysis, providing excerpts of the images and interview text, I am playing a role close to that of editor. I am selecting the images or details for analysis and wider sharing. Yet this research process also generates text—interview data. The text as data is as important as the visual data to this narrative analysis approach to gaining an understanding of living with TBI. In using this approach, I am taking on the roles of researcher and editor simultaneously. This approach varies considerably from my analysis of the discourse structure, in which the complete portion of the interview, including my questions, is viewed as a whole, and the co-creation aspect of the data is more transparent.

The analysis of the “plot” of the respondent’s data includes 15 of her photographs, accompanied by excerpts of their interview text. I removed all duplicate photographs, when for example the participant took a second photo of the same item because she was concerned that the flash didn’t go off. I also removed the photos that she said were “mistakes,” for example, when
she unintentionally took a photograph of the ground. I did not include a few photographs of family members, due to their repetitive nature.

The participant and I discussed her photographs in the sequence in which she actually took them. The order in which she took the photographs, however, was not sequential either in time or theme. Opportunity appeared to intervene—she saw a person she wanted to take a picture of, so she took it. This method of analysis, therefore, has transformed the actual sequence of the photos in order to place them in what I have interpreted as their relevant plot categories. Within each category, I have not grouped the photographs in any purposeful sequence, except for the last photograph which in each case appears to begin to incorporate and lead to the next category of photos.

Category 1: Problem

...that’s how I felt...right after my accident, that there was no connection and there were so many missing links as I tried to begin living again...it was kind of like living in the middle of nowhere...When I saw that, well, that seemed like a perfect way to sum it all up, you know

Paperwork...is a great obstacle for me...It’s also a symbol for the disorganization I.. encounter in my mind....there’s a sifting process here for me, because paperwork was never a forte for me, even prior to the brain injury...how much of it is just my own pre-existing trait, and how much of it is the disability? Maybe here it’s like 50-50.
you said not to forget, that also obstacles, need to be highlighted, because they are part of life with TBI...and having this cold, actually it was the flu, was more of an obstacle...than previous to my disability, because when you don’t drive, and you rely on...others, and you’re not feeling good, you just don’t have the energy to get out there

...this is a burnt cake, and it symbolizes my forgetfulness...now there is a joke in my house, where if I ever were to open up a restaurant, it would be called the well done café, because I tend to like to make everything well done...but this is pushing it...so that is my well done cake ... and to have a sense of humor about this whole thing is critical

The problem category has four photographs and their text excerpts. The first photograph, discussed earlier, shows the respondent’s feelings of disconnection and “feeling in the middle of nowhere” immediately after her injury. Next is an image of paperwork, a binder, and a notebook jumbled together on a desk. As happens for many people with a TBI, paperwork becomes an “obstacle,” as does executive functioning in general: staying organized, making phone calls, setting and reaching goals. In the narrative accompanying the image, she brings up another problem: that of “sifting” out what is a problem because it was already a challenge before the injury, and if there are existing traits or conditions, does a brain injury exacerbate them? Her next picture is of the medicines she took when she got the flu at the start of the study. Lack of energy can be a problem with TBI, and she notes that being sick exacerbates that problem. She finds getting sick is more of an obstacle to “get out there” than it was before. The final photograph I included in this section is not immediately recognizable. The accompanying text is vital to our understanding of the image of a flat, dry, grey circle. Being more forgetful due to her
injury, the respondent forgot about a cake that was baking in the oven, and it burned to this crisp, which she has saved to remind her of this incident. The interview excerpt hints at an action or strategy that has helped her live with her injury: humor. As she notes, “to have a sense of humor about this whole thing is critical.” Thus it leads us to the next category: action.

Category 2: Action

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<thead>
<tr>
<th><img src="image1.png" alt="RV" /></th>
<th><img src="image2.png" alt="Floor" /></th>
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<tbody>
<tr>
<td>“in the early to mid stages of my recovery...it was nice for Paul and I just to be able to get away, and...we would have our own house away from home. And with my brain injury, and already experiencing a lot of confusion...with three college age kids...and friends coming in and out, and, just, busy life... it served a good function in that way.”</td>
<td>“My forgetfulness is such that...if I really wanted to remember something, I would have to...place it right in the middle of the floor, and otherwise, it would most likely be forgotten. Lists, you know, lists just wouldn’t work...I was trying to remember to take a picture that day.”</td>
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This is…a neighbor who has become a good friend of mine…in our walks every morning …we’ve been able to confide in each other a lot…and she’s a great listener…and…walking in the morning, has helped me tremendously with my day…I feel very alert by the end of the walk, and it’s just a great help, to have, have someone to walk with like that.

I wanted to show that…by the decision not to drive, I have .. slowed my life down, drastically … driving is a responsibility, and it is taxing … if you were to take your focus for… a, second, away…you are not only endangering, your own life, but the lives of other people…so it is a very stressful activity, but we all…take it for granted.

…when I took his picture I said to myself, hmmm, what would I really want Paul to be doing…he loves to work with plants, and so, I …said…just do something with this plant… because I wanted it to be a metaphor of how he took care of me…He has a lot of what it takes, mostly patience…very understanding.

…these two people are dear, dear friends of mine, and also wonderful teachers, mentors for me…what they represent for me…is how emotionally supportive they have been, for me…I am able to show them…my frailty…I’m able to … feel very safe and comfortable around them.
And here we have my daughter…she lives with us…and she has been very supportive…understanding, right from the start, of the disability. ..She sees a lot of my compensatory strategies…and she works with children with, special needs. We have this now, and we help each other. So that’s a wonderful thing…. I love having her. So, so, that’s why she’s here!

I have a lifelong characteristic, of…caring for others. And when it comes to myself I don’t do quite as much….I think what matters is…to the degree that we neglect ourselves. And I think there was a time in my life when I did it, to the point of neglecting myself. …I’ve always taken other people, seriously,…at work, at home, everywhere. But now it may be time to truly take my situation seriously.

The action grouping has eight photographs with text excerpts. They show us actions, strategies, and people that have helped her to live with her injury and compensate for it. For example, the respondent says that having access to a motor home so she could quickly leave the confusion of her busy household and have some quiet time with her boyfriend “served a good function.” She finds that going on walks with a neighbor helps her stay more alert and feel better physically and mentally. A photograph of her license helps to tell us of her conscious decision not to drive, because she worries that her lack of focus due to her injury could cause her to endanger “the lives of other people” if she was behind the wheel of a car. This group also highlights the conscious actions she has taken to create some of these photographs; to show us a compensation strategy that she uses frequently to help her remember, she placed a camera in the middle of her kitchen floor and took its picture. She also did this because she wanted to remember to take a picture for the study.
The next four action photographs are all of people. She tells us of her boyfriend’s patience in taking care of her and being understanding of her injury and its impacts on her memory, focus, and executive functioning. She specifically asked him to act as if he were taking care of the plant, which she wanted to serve as “a metaphor of how he took care of me.” She shows two people whom she considers “teachers, mentors” and notes that their emotional support has helped her feel “safe and comfortable.” In another photograph she is kissing her daughter, who is smiling and hugging her in return. The respondent obviously asked someone else to take this picture for her—she wanted to show her daughter and talk what she means to her. In my experience with this methodology, respondents often have someone else take a photograph of them to include in the project. Again, the last photograph in this category hints at movement toward the next category: resolution. She notes that therapy is helping her understand that perhaps she has neglected herself, and that now “it may be time to truly take my situation seriously”—in other words, take action, to work on taking care of herself.
Category 3: Resolution

...dishes that need to be done...the sense of getting this cleaned up every day is, a wonderful feeling...it’s concrete, it’s easy, it’s uncomplicated, and it’s just a matter of getting it done...so this is a joy...I never look at this, any longer as a chore...I really enjoy being able to clean it all up, it probably just gives me such a sense of accomplishment, and a job done.

...now this one here is again, another connection, but it...has nice, big...bulky connections, ... (and) it’s a whole picture...everything’s working, connected, and it’s behind the scenes...and those connections being made behind the scenes is what makes everything go. So that’s why I took that. It’s just, kind of simple, but yet it personifies a pretty big thing. A pretty big thing.

I wanted to take her [Janét’s] picture ...where she would be happy and proud. The pride that you can see...as she stands there, is the pride that I feel in my accomplishments. And it’s very similar to the pride of a young child as she’s growing...she symbolizes for me the hope, for the future.

Resolution is the third and final category of photographs. They show us dishes in the sink that give her a “wonderful cleaning” when she gets them done. She has a sense of accomplishment at being able to take care of these household chores. She shows us another photograph of connections, this time “working, connected...behind the scenes,” which she uses to convey that the connections in her brain are functioning better, if not perfectly, now that four
years have passed since her injury. Including this photograph tells us that she feels she has moved on from her early days of disconnection. And lastly, she shares another image that she created on purpose for the project. She asked a young neighbor to pick a place in her house or yard that would be an example of a feeling of pride. The young girl chose to stand outside in the yard where she and her mother had created a fall display. The respondent thus has co-created this photograph with another person, and then is co-creating the meaning with me in the interview. She wanted the photograph to show “the pride that I feel in my accomplishments.” She wanted to create an image to symbolize her “hope, for the future.” The last photograph in this group hints at the respondent’s sense of moving to another category—the future, about which she feels hopeful. Thus, grouping the study photographs and their text excerpts into plot categories brings out movement in the participant’s healing over time and reveals her hopes for the future—information that is more difficult to glean from analyzing a single photograph and its interview data.

4. Discussion

All three of the analyses presented here appear here tell a valid story, and perhaps each is a partial telling. In using more than one approach to analyzing narrative data, we as researchers and policy makers become part of the dialogue not only in asking questions and responding to the stories, but in our analysis of the resulting narrative, be it visual, textual, or both. Valerie Janesick (2005) recommends taking a “crystallization” approach to research to assist us in recognizing “the many facets of any given approach to the social world as a fact of life” (p. 392). She suggests that crystallization “incorporates the use of other disciplines, such as art…to inform our research processes and broaden our understanding of method and substance” (Janesick, 2005,
Using narrative analysis to understand the TBI patient’s perspective, Page 25

p. 392). I suggest that we need to see any given individual or any given situation as a type of crystal—with many facets, any one of which might face us at any given moment depending on our perspective, our method, our lens, our purposes, and our relationship with the person or situation, for example. My analysis suggests that we can view narrative data, also, as a type of crystal, with many facets and perspectives. For us as researchers to presume that we can know the “whole truth and nothing but the truth” from our interpretation of one narrative, no matter what its form, is hubris. Using three approaches to analyzing our data may help us to gain a deeper understanding of what the data can tell us.

References


