

# Women's Career Decision-Making After Brain Injury

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The career development and counselling literature has not included disability within the framework of diversity (Whiston & Breichesen, 2002) and has especially ignored women with disabilities (Flores et al., 2003). Consequently, the career development of women with disabilities is at an early phase of inquiry (Noonan et al., 2004) with no extant studies on the career development of women with acquired brain injury (ABI). Thus the purpose of this study was to give women with disabilities a greater priority in career research and to elucidate the career decision-making experiences of women with ABI. The social model of disability, which treats disability and normality as socially constructed statuses (Gill, Kewman, & Brannan, 2003), and positive psychology (Duckworth, Steen, & Seligman, 2005) served as frames for the study.

## Concerns in Career for Women with Acquired Brain Injury

ABI is a significant health concern with heterogeneous epidemiology and consequences which result in lifelong impairment of physical, cognitive, and psychosocial functions (Canadian Institute for Health Information, 2006; National Institute of Health (NIH), 1998; Golden, Smith, & Golden, 1993). ABI may be traumatic, such as from vehicle accidents or falls, or non-traumatic in nature, such as from aneurysms, strokes, or tumours. There are approximately 18,000 hospitalizations annually for traumatic brain injury which equates to 456 hospitalizations per day. The Brain Injury Association of Canada (2011) estimates that 1.4 million Canadians are living with an acquired brain injury.

Brain injury is frequently a lifetime disability with varying rehabilitation needs over the lifetime (NIH, 1998). Rehabilitation has offered limited op-

portunities for decision-making, has focused on helping people adapt to intraindividual change and neglected the use of enablement approaches that provide environmental modification. Notwithstanding the severity of traumatic brain injury (Rush, Malec, Brown, & Moessner, 2006), better outcomes have been related to peer support, vocational counselling, and cognitive remediation (Ragnarsson, 2006). Individuals with ABI are at an elevated risk of developing mental health disorders; these may be subclinical and expressed in the context of additional stressors or lack of protective factors (Williams & Evans, 2003). Depression, with an average prevalence of 50% (Fleminger, Oliver, Williams & Evans, 2003), has consistently emerged as a correlate of poor outcome. The influence of the social environment in ABI and the possibility of continued improvement in neuropsychological functioning at 5 years post-injury (Millis et al., 2001) denote the need for a career decision-making process over time.

## Application of Career Theories

There is an emerging consensus in vocational rehabilitation that there is neither the need nor the possibility of a separate theory of career development for persons with disabilities (Szymanski, 2000). However, a significant disadvantage of traditional career theories is their limited conceptualization of the environment that influences individuals' careers (Collin, 1997). Despite attention to context, emerging career theories continue to conceptualize disability as an intraindividual difference (e.g., Lent, Brown, & Hackett, 2000; Patton & McMahon, 1999). Blustein (2001) has suggested that replacing the current theoretical emphasis on the study of careers with the study of the psychology of working will result in inclusion and

an integrated perspective on the work lives of individuals. Consequently, this study defined career as activities done over time including work and other life activities.

## Career Development of Women with Disabilities

Qualitative studies on the career development of women with disabilities offer a tentative understanding of the career development of women with ABI. Conyers, Koch, and Szymanski (1998) investigated the life-span perspectives of employed college graduates with physical and sensory disabilities on disability and work. Participants identified the interaction of disability and female gender as one of four key factors that mediated or impeded a sense of self in relation to disability. Participant self-perceptions of disability varied according to physical and social surroundings, such that having a disability was central to self-concept in some situations but not in others. The positive expectations of others, especially during times of self-doubt, were especially potent leading to renewed focus and commitment to educational and career related goals. Work played a central role in the lives of the participants contributing a sense of identity and of purpose. Work thus reduced the self-perception of being "disabled" and the sense of dependency frequently associated with disability.

Noonan et al. (2004) investigated facilitative factors in the career development of highly successful women with physical and sensory disabilities. Their resulting model of the vocational experiences of the women is a dynamic system, organized around the core category of the Dynamic Self containing interconnected identity constructs of disability, gender, and racial/ethnic/cultural identities. Participants with acquired disabilities emphasized the importance



of accepting disability as part of identity and of developing an integrated view of self. The social context mediated disability identity while social support was critical to the implementation of a sense of self as a worker with a disability.

Women with disabilities (Noonan et al., 2004) face unique career concerns such as the lack of role models with disability; the interaction of gender, racial, and disability issues; the need for positive coping mechanisms in dealing with antisocial prejudice; and the role of educational and family experiences in expectations regarding paid employment. For women with ABI, particular concerns about identity may further be embedded within the unique career concerns of women with disabilities because the experience of "loss of self" (Nochi, 1998) and of discontinuity (Secrest & Thomas, 1999) is intensified in interaction with others.

### Method

This study illuminates, through phenomenological psychology (Osborne, 1990; Wertz, 2005), the experience and meaning of career decision-making for 8 women with ABI. Phenomenological psychology is a qualitative research method that seeks to understand the participants' experiences of their world and the structures of meaning that are common for groups of people. Influenced by constructivism, the method stresses the socially constructed nature of reality. Person and world constitute an interdependent unity. Thus neither person nor world can be considered in isolation and objective realities cannot be separated from a person's subjective experience. The researcher strives to put aside preconceptions and to empathically enter the life world of participants in order to focus on the meaning of written descriptions, such as interview transcripts, as given by the participants. The method stresses trustworthiness and credibility rather than the truth value of the results. Respectful listening and description replace observation and measurement; and openness to participants replaces theory and measurement.

Phenomenological psychology is suited to this study because the career decision-making experience of women

Table 1

Comparison of Careers at Injury and Post-Injury

Participant	At Injury	Post Injury
1	Bank Services	Student, Volunteer
2	Technician Internet Services	Writer, Musician
3	Single Mother, Advocate, Secretarial	Dip. Student, Mother
4	Mother, Hairdresser, Sales, Volunteer	Hairdresser, Mother
5	Manager, Volunteer, Mother	Manager, Mother
6	Hairdresser	B.S.W Student, Language Translator
7	Legal Assistant	Contract Legal Assistant, Mother
8	Victim Services, Model, Server	Social Worker, Mother

with brain injury is unknown. The reflection upon the actual experiences as described in the participants' words in this study has been categorized as a more empirical (Hein & Austin, 2001) or descriptive (van Manen, 1990) phenomenology.

Following ethical review approval, purposeful sampling for information rich cases (Patton, 1990) was used to select volunteer participants. Recruitment letters and poster advertisements were sent to list serves for individuals with brain injury and to professionals with the request that they forward them in confidence to female clients who had sustained a mid-career ABI. A mid-career injury facilitated selection of women whose perspective encompassed pre- and post-injury career decision-making. Participants were at a minimum of 2 years post injury; living independently in the community; working at the time of injury; and actively participating in the community as student, worker, and/or volunteer at the time of interview. Participant criteria, associated with higher quality of life for persons with ABI (e.g., Vickery, Gontkovsky, & Caroselli, 2005), and the focus on personal meaning served to integrate a positive psychology approach.

Eight residents of Western Canada volunteered for the study following consent and confidentiality procedures. The average age of participants was 44 at time of interview and 38 at time of injury. Four participants sustained traumatic brain injury when struck by a car or during a fall. Four participants sustained non-traumatic brain injury due to strokes, ruptured aneurysms, or benign brain tumour. All participants received inpatient physical rehabilitation. Four participants received counselling support: one participant received long-term

psychological counselling; two participants received short-term vocational rehabilitation counselling; and one participant received short-term employment counselling. Counselling was funded by government or private insurance. Pre- and post-injury education levels ranged from grade 7 to Master's Degree with high school as the modal level. Table 1 outlines career at injury and post-injury.

Participants richly articulated detailed subjective descriptions of their experience of career decision-making during in person phenomenological interviews. The individual two-hour interviews focused on two broad questions: (a) What is your experience of making career decisions? and (b) Describe any issues that might have influenced a career decision to stay or to leave. Interviews incorporated the lifeline technique (Amundson, 1998) in order to deepen exploration of career decision-making and key career decisions.

Participant interviews were audiotaped, transcribed, and analyzed according to the procedural guidelines described by Colaizzi (1978) and Osborne (1990). Transcript analysis culminated in an idiographic psychological structure (Wertz, 2005), an individual thematic analysis, of career decision-making that was validated by the respective participant. Individual themes, with aggregated meanings and original statements, were then compared across participant accounts to delineate commonalities in experience and meaning across persons.

The researcher addressed trustworthiness throughout the study and bracketed preconceptions in an ongoing process of self-reflection (Osborne, 1990; Wertz 2005). Participant checks for the individual themes and biographi-



cal profiles were obtained as a check on the accuracy of interpretations and on their goodness of fit with the participants' own accounts. Peer review occurred during the selection of significant meaning statements; the formulation and clustering of meanings into individual themes; and the development of common themes. A psychologist with a specialty in counselling persons with brain injury reviewed the thematic analysis for coherence and resonance. Changes in understanding from the peer and expert reviews were incorporated into the thematic analysis. Finally, two university professors, experts in career research, concluded that the common themes provided sufficient evidence of coherence, the extent to which the thematic presentation hangs together and adds to the readers' understanding of the experience.

### Results

The six themes and five sub-themes that emerged in the analysis and participant distribution are presented in Table 2. Themes are not completely discrete nor is there an absolute order of themes. Rather, participants described their experiences as interactive and continuous

with some themes having greater salience than others at different points in their experiences. All participant names used in this study are pseudonyms chosen by the participants

### Continued Centrality of Career

Eight women endorsed the continued centrality of career post-injury within two interrelated sub-themes of an intensified meaning of a paid work career and of the critical influence of rehabilitation in career decision-making.

**the intensified meaning of a paid work career.** The eight women described paid employment as a central aspect of their lives from which they derived self-esteem and identity and which underscored the importance of the women's function as economic providers for themselves and their families. Seven women variously described the personal meaning of work as equality, sense of pride, fulfillment, and independence. For Katherine, work outside the home fulfills the need to be something more: "I felt that was going to be my salvation." Work ethic remained unchanged and offered an increased sense of pride in self. Ramona stated: "I'm really good at what

I do here and I'm doing a really bang up job for this guy and that feels really good."

Three participants described a strong sense of desperation to return to their pre-injury plans. Rylan described the emotional context of an early return to work as a drive for normality:

...this job was on hold for me and it felt like so many pressures on myself to just get everything back to the way it was... It was a difficult time for my whole family... everyone was told that I probably wouldn't make it... I just wanted my life to be back to normal.

**the influence of rehabilitation in career decision-making.** Six women described the experience of rehabilitation as a central influence in a continuous career decision-making process that variously gave rise to determination, defiance, uncertainty, and increased empathy. The women described rehabilitation professionals as important others to whom they most often needed to prove themselves. A strong sense of self-determination to prove their abilities flowed from negative interactions in which rehabilitation professionals insisted on lowered career expectations. Sophie continued to hold on to her pre-injury career plans for a university degree:

My prognosis was pretty bleak. I had a lot of people and professionals and experts telling me that "Sophie, be realistic... You have a lot of cognitive impairment and it's just going to be too much" ... that was almost fuel adding fuel to my passion... "No. No. Wait a minute here! You don't quite know me. You don't understand this is something that I am going to do. Like my mind is set."

Rehabilitation professionals also served as positive or negative career role models. Elisabeth made her decision to become a social worker as she observed the staff in the acute care setting: "I was so impressed with how knowledgeable

Table 2

Distribution of Participant Themes, Subthemes, and Selected Elements

Themes, Subthemes, Selected Elements	Participants
	n
Continued Centrality of Career	8
The Intensified Meaning of a Paid Work Career	8
Fulfillment, Development, Salvation	6
The Influence of Rehabilitation in Career Decision-Making	6
Sense of Determination to Prove Self	4
Influence of Being Nurtured	5
Continued Centrality of the Relational in Career	8
Sense of Life Purpose and Altered Life Perspective	7
Increased Agency in Career Decision-Making	7
Sense of Continuity and Change in Identity	8
Sense of Increased Vulnerability in Interactions	8



the staff were ... whereas I was so much older but I had not had the maturity at those ages to do these things." The experience of being helpless and being nurtured underscored the importance of "having someone in your court" and of nurturing others. The rehabilitation experience thus gave rise to career decisions in which participants could implement increased compassion and empathy.

### **Continued Centrality of the Relational in Career**

This theme highlights the continued centrality of interpersonal domains in the women's experience of career decision-making and the salience of familial domains especially when children were young. Seven women endorsed an accentuated significance of relatedness in multiple career contexts after brain injury. Jane explains that it is through brain injury that she has learned to make time for herself and for the people she loves. She connects self care to mothering, "You are mothering yourself here too. You are mothering him (her son) and you are mothering yourself and so I did a lot of that."

For the five mothers in the group, the simultaneous experience of mother and paid work careers did not differ after brain injury. Career decision-making which allowed the mothers to attend to whichever was more salient in a given moment, described as home and work balance, was experienced as intentional, value driven, and occurring within a familial context. Through strategies, such as flexibility of work schedule, proximity to the home, and decreased work demand, mothers ensured a continued ability to simultaneously mother while engaged in paid work. Ramona values her current work situation as it "gives me a lot more freedom to also focus on my home life." and care for her 12 year old stepson, a child with special needs. The simultaneous experience of "mother" and "paid worker" careers was not limited to the mothers in the group. Elisabeth's realization that she would not have children fuelled a desire to integrate contact with children in her paid work career.

Seven women emphasized the fulfill-

ment attained through the relational context of their paid work career. Ramona finds a deepened meaning in her work as a legal assistant by helping and nurturing clients. Four women experienced a heightened fulfillment and meaning in paid work careers that offered a deeper human connection. In choosing social work after brain injury, Sophie intentionally elected to intensify the relational in her paid work career. Lucy experiences a desire to make a difference through her writing career: "I thought that it was more useful...than working for a corporation, making money and being self-important. But rather maybe not making much money but making a difference."

Three women further described the connection between the relational in a work context and maintenance of mental health. Rylan explained this connection: "I am a very social person so to stick me somewhere just doing one thing at a time; ...that whole depression thing that comes into play when all of a sudden [I'm] not feeling really active.... Active for me is that interaction with people."

### **Sense of Life Purpose and Altered Life Perspective**

This theme highlights the meaning that participants drew from their experience of brain injury and benefit finding following brain injury. Seven women understood their recovery from brain injury as a near death experience and as a miracle or a second chance at life with a concomitant transformation in perspective or purpose and understanding of what is meaningful in life. The women described this transformation as a changed perspective; a clear sense of life purpose; a sense of true appreciation for life; or a secure knowledge of what is truly important in life. The women further endorsed a connection between their altered perspective or life purpose and an increased agency in their career decision-making.

Three women described their changed perspective as an all encompassing view of life that affected all life decisions. The "sense of urgency that it's life going by" obligates Elizabeth "to do something positive with it rather than just drifting again." Jane's unex-

pected recovery confers a sense of life purpose that takes on a spiritual dimension: "I am here for a reason.... it is like a spiritual thing. There is a meaning here, there is a purpose in my life and I am in this time and place for this." Sophie's experience of purpose served as a turning point in her career decision-making:

I had a very strong sense of purpose. I was sort of put on this earth to do something, and obviously I lived for some odd reason...I am meant to be here for something; just that real sense of knowing there is something else that is planned for me and it wasn't my time yet to leave.

Her "struggle," on behalf of persons who have a brain injury, has been to prove to lawyers and rehabilitation professionals that "there is life after brain injury". She entreats professionals to temper their assessments with an appreciation of the individual and not "shut down people's possibilities."

Six women described the experience of brain injury as a source of fulfillment and contentment from which they derive a sense of true appreciation for life and knowledge of what is truly important in life. A more active and congruent experience of decision-making is a direct function of this knowledge. Elisabeth experiences brain injury as a total blessing "It was a total blessing.... It was probably the single best event if I was to pick one. ...it is like it woke me up. I had really been half asleep.... I am a lot happier as a person since I am making more active decisions."

After injury, Ramona finds fulfillment and understands a paid work career as secondary to life: "anybody who's taken a walk on the other side will come back and say, ...what really matters in life...you've got to have fun and feel fulfilled. I feel fulfilled."

Whereas previous to brain injury, Ramona sought recognition from others in the workplace, after injury she is motivated by finding enjoyment in her work.



In line with a more internal definition of what is important in their lives, six women place a decreased importance on money or status in their career decision-making. Lucy directly connects excitement at newly found sense of purpose, to inspire others and make a difference, with a decreased importance of remuneration and status in work: "I just found that a bit ironic that I made so many career choices based on money and that changed for me."

**increased agency in career decision-making.** Seven women describe a direct connection between a secure sense, following injury, of what is truly important in life and an increased sense of agency in career decision-making. Related to an intuitive knowledge of what is important in life is an equally intuitive understanding of what is superficial. Following injury, Elisabeth views hairdressing as a profession "that is so superficial that it would not satisfy me". "Going back to school [to study social work]" was her first active career decision. Ramona describes this connection between experience of brain injury and a sense of what matters and doesn't matter: "When you've had something happen in your life where the rug has been completely pulled from out beneath you so much stuff seems inconsequential." Newly "secure in herself," she experiences an increased ease in her career decisions: "I'm just more in control of my life now. Bottom line, life's too short."

For six women, an increased agency in career decisions reflected an increased regard and appreciation for their own needs across life contexts. Lucy describes self-regard in future career decisions: "It's going to have to be something that I want to do, that's going to support me... emotionally. I don't think my jobs prior to this decision did that. ...I don't think that they took into account "What does Lucy really want to do?"

The determination to pursue and implement more internally driven values such as fulfillment, meaning and contribution to life resulted in a more congruent, secure, and active experience of career decision-making across multiple career contexts.

### Sense of Continuity and Change in Identity

This theme encapsulates the women's simultaneous experience of continuity and change in identity as relevant to career decision-making. While endorsed by the eight women, this theme was more salient for the four women who sustained a traumatic brain injury (TBI).

The four women who sustained a TBI related the experience of identity loss to the loss of pre-injury career including employment, education, or volunteer activities. Lucy experienced an acute sense of loss: "identity is so linked to what we do out in the world, for employment.... It took me all of those years to create the identity that I had and that was wiped out in that accident." Changed self-presentation intensified Sophie's sense of loss: "my identity was shattered as who I was before and how I presented myself."

Interconnected with the experience of loss is the protracted experience of "rebuilding" or "reinventing" a sense of identity. Often the recognition that previous identity no longer works precedes a deliberate development of the post-injury identity. Rylan experiences a simultaneous learning process: "still trying to be that person that has not been working for me; so trying to learn how not to be that person has been the most difficult." For Lucy, comfort with aspects of the "reinvented" identity precedes "letting go a piece" of the pre-injury identity "a little at a time." The process of establishing a new identity was also perceived as an opportunity to develop an identity more congruent with the real self. Jane comes to appreciate the freedom inherent in this opportunity: "The freedom to build myself and be who I am in my identity....that is a wonderful thing to have .... but in the beginning it was forced because of the emotions ... I had heightened fear and anxiety."

Lucy's post-injury self-presentation is a more complete expression of self "[brain injury has] also given me access to my creative self again....it's now allowing me to see part of myself that hasn't really surfaced in over twenty years....my interests have changed...or they've just reverted back to where they started before the money thing entered in the picture."

This heightening or accentuation of pre-injury personality was an integral aspect of simultaneous experience of continuity and change of identity. Rylan explained: "a lot of the things that I see that are different they are just heightened."

Continuity was also experienced through career decision-making that was more inclusive of aspects of identity and thus more consistent with identity. Jane stresses that her career decision to enter a helping profession is more consistent with her lifelong "passion to help people" than pre-injury career decisions. Lucy also describes the experience of career decision-making as an enhanced connection to pre-injury creative identity: "I've always been an artist... I won't have to compromise this time."

### Sense of Increased Vulnerability in Interactions

This theme elucidates the participants' sense of increased vulnerability in interaction with others as inherent in the experience of career decision-making. This theme consists of two inversely related sub-themes: (a) sense of being devalued; and (b) sense of equality.

**sense of being devalued.** The eight participants endorsed differing degrees of feeling diminished across settings. Participants spoke of being discounted; being disempowered; being disenfranchised; not being understood; being treated like a child; being labeled; and being given decreased expectations. Generally, the sense of being devalued by others was most salient in settings where others were in a position of authority such as in interaction with professionals in rehabilitation settings and in interaction with superiors in the workplace. Four women also experienced internal self-devaluation that culminated in increased sensitivity to others' judgments. Invisible disability operated as double edged sword that resulted in others diminishing the participants' experiences of loss. The sense of being devalued frequently triggered an anger which provided an impetus to regain self-determination.



For six women the sense of being devalued occurred within an imposed, impersonal process in litigation, rehabilitation, and employment contexts. Jane described this objectification: "I had handfuls of professionals in my rehabilitation but they weren't really on my side. They just liked to fill out the forms... I felt like I was a number." The women experienced degradation when professionals imposed lowered expectations during assessment processes. Participants, determined to reach their potential despite reduced expectations devoid of hope or encouragement, refused to comply with lowered career expectations. But self-determination came at the cost of proving themselves without professional support at a time of great need. Sophie's outrage fuelled her resolve "How dare you place those judgments on me when you don't even know who I am! Yeah, the stats show all this and yes the prognosis isn't great. But you don't know me as individual and the strengths that I do have and the gifts that I bring."

Charged with anger, Katherine pronounced: "No, I am not into this process. I am going to get back to work and it will either be with your approval or without your approval." Still she was obliged to sign a waiver that she would not hold the agency responsible. Women, who further perceived lowered expectations from friends and family, asserted self-determination by keeping their career decisions from others.

Workplace interactions, in which employers or coworkers enacted negative assumptions about the participant's competence and work ethic, contributed to a sense of being devalued with concomitant negative effects on mental health. Ramona left a workplace that hindered her health:

"They would give me an instruction and they'd look at me and ask me to repeat what they had just told me....basically treating me almost like I was 5 years old." Self-comparison to a pre-injured self in the workplace further exacerbated the sense of being devalued. After injury, Lucy first experienced a sense of being unwanted: "They make me hand in my ID... my job was posted, my phone was disconnected. I was disenfranchised. ...I was just cut away from the whole scene."

**sense of equality.** Conversely, respect and a positive support from others provided six women with a sense of equality in career decision-making. Furthermore, the women directly related a sense of being valued to positive mental health. A critical ingredient of positive support was the demonstration of belief in the women's capacity to succeed in self-determined career decisions. Notably, the presence or absence of hope and of the belief in the participant are key distinctions between positive support related to sense of equality and negative support related to sense of being devalued. Jane illustrates the effect of a positive support: "It was great for support... It gave me a lot of hope in recognizing my potential to succeed again in a different way."

Elisabeth described a key support experience in her return to school decision: "On my very last day, the speech pathologist gave me homework. ...I gave her the speech the next day. And she was impressed but more I was impressed ...And so then I decided to go back and I started taking classes."

Katherine perceived physical rehabilitation in preparation for return to work as a joint venture:

My husband and I had worked really hard on my rehabilitation ... we would go to the beach and we would walk ... every single day, rain or shine... and the gradual thing of being able to start to swing my arm, take my arm out of my pocket, being able to put on a glove...all those little milestones became huge.

Ramona highlights respect from employers and being appreciated in the workplace as the source of her workplace happiness: "they all treat me with a huge amount of respect, they think the world of me... they love me here."

### **Sense of Insecurity and Emotionality**

This theme highlights the women's sense of insecurity and emotionality in career decision-making as related to awareness of changed cognitive or physical capacity and to the consequent need for accommodation. The eight women expressed the sense of insecurity

as uncertainty, not feeling comfortable, insecurity, self doubt, mistrust, taking a risk or a loss of confidence. For six women, the sense of insecurity also comprised financial insecurity. Concomitant with a sense of insecurity, seven women experienced emotions of depression, anxiety, apprehension, or fear. Six women further described coping strategies that included withdrawal; presenting as normal; tentative decisions; decisions made slowly or with considerable thought; plunging into the anxiety provoking activity; reframing difficult tasks as skills to be learned; taking baby steps; and engaging in volunteer or unpaid work positions. Four women noted that the sense of insecurity varied with self perception of success. Furthermore as the women experienced small successes, insecurity gave way to a sense of confidence.

An integral aspect of the sense of insecurity was self-comparison to pre-injury cognitive abilities or physical abilities. Lucy's changed learning ability created insecurity in career:

"It's an acceptance that I'm going to make a lot of mistakes... I have insecurities around it." Sarah harbors the "hidden thought": "Am I ever going to be able to be solid in any work? ...Am I not dependable? It brings up that fear in me." She further points to government policies that force people to return to work in low paying jobs and that offer only one chance for retraining as significant contributors to her fear.

Jane copes with residual anxiety from the trauma of almost losing her life with reframing self-talk: "you are safe....everything is fine...it's not really about safety but it is maybe ...a skill." Reframing career goals as skills to be learned facilitates movement towards her goals: "I will likely go after it... to me that is bait." She thinks that her career "decisions will be different" if she can "get more comfortable with expressing myself" and "separate from anxiety."

Post-injury, Rylan experiences a "fear of jobs": "When I think about other things to go into, I am pretty emotional about it because I am afraid of those things." Due to good social presentation coupled with a personality tendency to "push myself," Rylan fears that she will find herself in work situa-



tions where she will “feel like a failure.” She feels apprehension because she often misses the “warning signs” that should alert her to work performance issues. She manages insecurity about the possibility of planning for all that she must consider by giving her career decisions “a lot of thought.”

The sense of insecurity and experience of fear were not limited to situations of poor work performance. While generally successful and confident, Sophie also experienced a high emotional cost in a recent position: “I do a good job of whatever I take on but it was not without a lot of distress and dislike... multi tasking and management work is not my strength.” Post-injury, Elisabeth minimizes fear and the sense of risk by taking “baby steps” that facilitate a cycle of small successes: “I got an A-for psych 101 and that was within six months of brain surgery...having had the success is what kept me going... it just went around and around between the motivation and the success and that in turn motivated me.”

Although confident and successful in her return to work, Katherine nonetheless experienced a sense of risk in choosing to accommodate for fatigue: “It was a big decision to decide that I would only work four days a week... I didn’t know whether the [employer] would accept that.” Ramona also experiences a sense of insecurity related to cognitive changes and to part-time hours required to accommodate fatigue: “I was giving up full time work and contracting...I didn’t have financial support.... that’s contract work, a huge risk.” While a successful independent contractor, she is still “trying to figure out a way that I could actually work in a firm, get coverage, get all the benefits, have a great job there without having to work full time.” Ramona experiences a lack of confidence in future career decision-making because “I don’t really know if I have capacity for it [new learning].” To accommodate for post traumatic stress, she will “not going to put myself into a high pressure position.”

The women’s experience of insecurity varied according to the social context and perceived ability to succeed in individual settings. Inability to predict performance in new settings, disclosure

of limitations, or request for accommodations contributed to the sense of risk in career decision-making.

### Discussion

The present study revealed the experience of career decision-making to be a highly complex ongoing experience imbued with emotion and subjective meaning for each of the eight participants. Acquired brain injury and rehabilitation experiences were intrinsically related to a post-injury career decision-making aligned with espoused values and often more congruent with identity than pre-injury career decision-making. Sense of purpose and life perspective following brain injury was connected to increased agency in career decision making. Paradoxically, increased agency occurred within a context of greater struggle and increased barriers to career decision-making in the form of restrictive government policies, and negative support in work and rehabilitation contexts. Brain injury contributed to uncertainty of functioning in new environments and emotionality in career decision-making. Social interactions and the societal context significantly influenced the experience of career decision-making, giving rise to positive or negative emotions that facilitated or obstructed career decision-making.

Participants’ descriptions of loss of value as a person that accompanied the loss of work and return to work as source of personal fulfillment resonate with findings in the qualitative brain injury literature (Levack, McPherson, & McNaughton, 2004; Power & Hershenon, 2003). Previous studies, however, do not convey the strong emotions of desperation and determination or the importance of rehabilitation experiences in career decisions. Participants described a continuous active process of career decision-making in rehabilitation settings in which they perceived rehabilitation professionals as positive and negative career role models. Rehabilitation settings emerged as major influences that afforded limited opportunity for autonomous career decision-making and imposed reduced career expectations.

This study contributes to extant literature on relational influences in

women’s career development by illuminating the accentuated significance of the relational in career following brain injury. The experience of being nurtured during rehabilitation emerged an important relational influence in participants’ career decisions.

Kroger (2000) suggested that identity development following loss involves not only readjustment to the loss and finding new life meanings but also retaining important identity elements thus establishing visible forms of continuity. Previous studies (Nochi, 1998; Secrest & Thomas, 1999) have identified a sense of simultaneous continuity and change in identity following brain injury. The participants in this study delineated the significance of reconnection with core values to the sense of continuity and identity maintenance. As catalysts for a deeper exploration of core values, brain injury and recovery were integral to the determination to align career decision-making with espoused values. Continuity was further experienced through the integration of meaning and the expression of core values in career decision-making.

This study augments our understanding of the effects of positive and negative interpersonal support on the career development of women with disabilities (Conyers et al., 1998; Noonan et al., 2004). As in the Conyers et al., the manner in which study participants responded to low expectations, such as determination to reach one’s potential, constructive anger, and a motivation to prove the self capable, served as a mediating factor which influenced career development more than the negative feedback itself. This study details the specific ways in which a positive emotional support facilitates career decision-making for women with brain injury. Emotional support, especially in a partner relationship, is the element of support most associated with good quality of life (Steadman-Pare, Colantonio, Ratcliff, Chase, & Vernich 2001). A positive emotional support comprising belief in the person’s capacity imparts hope to the individual which reduces vulnerability to devaluing interactions in career situations.

Career decision-making that focused awareness on post-injury changes and the potential need for accommodation in



actual and possible career environments gave rise to a continuum of negative emotions, ranging from uncertainty to apprehension. Uncertainty about the expectations and actions of others in the career environment may further increase self-perception of disability (Conyers et al., 1998) and give rise to a sense of insecurity. The participants in this study pointed to the contribution of government policies (e.g. programs that offer one chance at retraining; lack of supports for persons who make return to work or training decisions contrary to program directives); of workplace practices (e.g. non availability of good part-time work; lack of accommodations); and of insurer practices (e.g. denial of long term disability for part-time work) to increased insecurity and emotionality in career decision-making. These policies and practices disregard the emotional and physical costs of full-time work for persons with brain injury (Levack et al., 2004) and possibility of continued improvement in neuropsychological functioning at 5 years post injury (Millis et al., 2001).

The findings of this study highlight the role of emotions and of interactions between the individual and the broader environment in the career decision-making experiences of women with brain injury. The elevated risk to mental health in ABI within the context of additional stressors (Rush et al., 2006), such as occur in the non supportive workplace, imparts urgency to the women's experiences of emotional distress in the workplace and in career decision-making.

### **Implications for Counselling**

Information from the study results will assist counsellors to challenge their own biases when offering career counselling to women with ABI. One potential bias, identified by study participants, is a low expectation for career potential. To counteract this potential bias, Wehman, Targett, West, and Kregel (2005) have recommended that professionals receive training on the potential of persons with ABI.

Study results concur with assertions that career decision-making occurs within the life context and is not productively addressed in isolation and that cognitive, behavioral and emotional is-

suues are not readily separable in real life (Richardson, 2000). Traditional career theories fail to address critical aspects in the landscape of career decision-making for women with ABI. Consequently, the simple matching of career decision and measured interests and abilities, deemed inappropriate in career counselling practice generally (Peavy, 1996), is especially indefensible in practice with women with ABI. Traditional theories do not suggest enablement approaches nor focus therapeutic attention on the emotionally charged and uncertain context of the decision-making experience (Gelatt, 1989; Phillips, 1997). The career counsellor is challenged to adopt an expanded role in order to effect change at the societal level. For example, the career counsellor may advocate for the development of government and insurance policies aimed at ameliorating barriers, such as lack of access to counselling during times of workplace change or personal stress.

The results of this study indicate that recent career theories and models of career counselling, influenced by constructivist philosophy and espousing an enlarged focus in career counselling, may be appropriate to career counselling practice for women with ABI. However, study results suggest the judicious application of selected aspects of career theories rather than reliance on one single theory in career counselling women with ABI. The utility of the Systems Theory Framework (Patton & McMahon, 1999) is as a metatheoretical framework for identifying influences (McMahon, 2005) within a collaborative career counselling process. Contextualist Action Theory (Young et al., 2002) directs the career counsellor's attention to the roles of anger, fear, and the determination to prove oneself in the career decision-making of women with ABI thereby enlarging the therapeutic focus of career counselling. Through the concept of joint action, career counsellor attention is directed to the social context of career decision-making such as the influence of interactions with counsellors, rehabilitation personnel, and employers. The focus on narrative and meaning in Peavy's (1996) constructivist career counselling model converges with recommendations for therapy aimed at restoring meaning and

purpose and expanding possibilities in life after brain injury (Prigatano, 2005). The women in the present study expressed meaning as a sense of purpose or an altered perspective which they related to a good life after brain injury and which importantly guided career decision-making. Narrative facilitates self-construction in the counselling process (Bujold, 2004) and emphasizes meaning as the central subject of career. Through the use of narrative, the counsellor can assist women with ABI to see their future as a continuation of their life story; to create career narratives that are meaningful and fulfilling; to clarify the meanings of decisions; and to become agents within the context of their own lives (Cochran, 1997). However, the career counsellor must exercise caution, good judgment, and serve as a facilitator for the reconstruction of meaning only when the client is so ready.

Additional roles for the career counsellor are suggested by the coping strategies that the participants implemented to diminish the sense of risk inherent in career decisions. As in Planned Happenstance Theory (Mitchell, Mitchell, Levin, & Krumboltz 1999), the career counsellor is encouraged to teach the skills, resources, and personal flexibility that would enable women with ABI to seize opportunities and to create satisfying lives for themselves. The counsellor can help women with ABI to value positive uncertainty (Gelatt, 1989), tentative commitments, and trials of alternative experiences as opportunities to refine self-awareness and to develop new skills and new strategies. Career decision-making models which promote the wisdom of provisional commitments and teach skills recast the career decision-making strategies of women with brain injury into a more positive, universal frame with the potential to diminish negative emotions and support a more positive mental health.

The experience of vulnerability in interaction with rehabilitation and career professionals has critical implications for the therapeutic relationship as a process in career counselling. Study findings suggest that the demonstration of respect for the integrity of the person, patient understanding, and belief in the potential of the person are critical to the





establishment of a supportive therapeutic relationship in career counselling. Amundson (1998) has highlighted the role of the career counsellor in nurturing and affirming a person's positive self-concept, self-knowledge, and self-belief and the necessity of respecting the uniqueness of the whole person in creating a mattering climate. Imparting hope, an important source of personal validation, was notably absent in the participants' devaluing experiences with rehabilitation and career professionals. The instillation of a realistic sense of hope has been described as an important component in therapy which helps to overcome hopeless and helpless feelings (Prigatano, 2005) and which may assist to minimize devaluation (Chamberlain, 2006). Thus, a further integral element of the therapeutic relationship for women with ABI is a counsellor attitude of hope that stems from a belief in the person's potential.

A positive psychology approach (Duckworth et al., 2005; Snyder, Lehman, Kluck, & Monsson, 2006) highlights the strengths of the individual in overcoming obstacles and builds on positive emotions, positive qualities and meaning. A greater focus on positive individual attributes and potentials are important components of hope in career counselling for women with ABI. Hope theory emphasizes that individuals who are high in hopeful thought are more likely to attain the goals they set for themselves and that hope, as a goal directed motivational process, can be taught. The career counsellor may assist women with ABI to make challenging and achievable goals; to plan main and alternate pathways to reach goals, and support agency or motivation to reach goals. As with other approaches to career counselling, positive psychology must be offered within an affirmative and supportive relationship (Amundson, 1998) and must instill hope through both content and process.

### Limitations and Implications for Future Research

Three limitations to this study warrant consideration. Findings from this study may serve to expand the counsellor's knowledge of the potential range of career decision-making experiences

for women with ABI. However, other similarly placed women may not share the experiences described by the women in this study. Participant self-reports of career-decision-making experiences, which formed the data for this study, were likely altered by the passage of time. Nonetheless, common meanings of career decision-making inhered in participant accounts.

Through selection criteria of articulateness and community involvement the women included in this study represent a very select group of women with brain injury. Thus, results of the present study cannot be applied to differently situated women with ABI.

Future research investigating the experience of career decision-making of persons with brain injury should be conducted with larger groups of participants and with more diverse groups of women and men. Future research may also seek to delineate the social and societal factors which contribute to enabling and devaluing career decision-making experiences in rehabilitation. An explicit purpose of this research would be to develop practices that promote the sense of equality and diminish devaluing experiences. A longitudinal investigation of the long term career decision-making experience would provide an increased understanding of issues that may arise in the career decision-making journey and serve to inform policy and program development for life-span approaches to career decision-making. Finally, investigation of the career development of successful persons with brain injury inform rehabilitation professionals and counsellors about the potential of persons with brain injury and possibly diminish the attitudinal barriers which obstruct the career decision-making of persons with brain injury.

### References

- Amundson, N. E. (1998). *Active engagement: Enhancing the career counselling process*. Richmond, British Columbia, Canada: Ergon.
- Blustein, D. L. (2001). Extending the reach of vocational psychology: Toward an inclusive and integrative psychology of working. *Journal of Vocational Behavior*, 59, 171-182. doi:10.1006/jvbe.2001.1823
- Brain Injury Association of Canada. (2011, April 14). NHCC and BIAC Key messages. Retrieved April 14, 2011, from <http://biac-aclc.ca/en/?s=brain+injury+statistics>
- Bujold, C. (2004). Constructing career through narrative. *Journal of Vocational Behavior*, 64, 470-484. doi:10.1016/j.jvb.2003.12.010
- Canadian Institute for Health Information (2006 August). *Head injuries in Canada: A decade of change (1994-1995 to 2003-2004): Analysis in Brief*. Ottawa, Ontario: Author. Retrieved on April 14, 2011 from <http://www.cihi.ca>
- Chamberlain, D. J. (2006). The experience of surviving traumatic brain injury. *Journal of Advanced Nursing*, 54(4), 407-417. doi:10.1111/j.1365-2648.2006.03840.x
- Cochran, L. (1997). *Career Counselling: A narrative approach*. Thousand Oaks, CA: Sage.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford University Press.
- Collin, A. (1997). Career in context. *British Journal of Guidance & Counselling*, 25, 435-447. doi:10.1080/03069889708253822
- Conyers, L. M., Koch, L. C., & Szymanski, E. M. (1998). Life-span perspectives on disability and work: A qualitative study. *Rehabilitation Counseling Bulletin*, 42, 51-74. Retrieved from <http://rcb.sagepub.com/>
- Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology*, 1, 629-651. doi:10.1146/annurev.clinpsy.1.102803.144154
- Fleminger, S., Oliver, D. L., Williams, W. H., & Evans, J. (2003). The neuropsychiatry of depression after brain injury. *Neuropsychological Rehabilitation*, 13, 65-87. doi:10.1080/09602010244000354
- Flores, L. Y., Scott, A. B., Wang, Y-W., Yakushko, O., McCloskey, C. M., Spencer, K. G., et al. (2003). Practice and research in career counselling and development-2002. *The*



- Career Development Quarterly*, 52, 98-131. Retrieved from <http://associationdatabase.com/aws/NCDA/pt/sp/cdquarterly>
- Gelatt, H. B. (1989). Positive uncertainty: A new decision-making framework for counseling. *Journal of Counseling Psychology*, 36, 252-256. doi:10.1037/0022-0167.36.2.252
- Gill, C. J., Kewman, D. G., & Brannon, R. W. (2003). Transforming psychological practice and society: Policies that reflect the new paradigm. *American Psychologist*, 58, 305-312. doi:10.1037/0003-066X.58.4.305
- Golden, T. P., Smith, S. A., & Golden, J. H. (1993). A review of current strategies and trends for the enhancement of vocational outcomes following brain injury. *Journal of Rehabilitation*, 59, 55-60. Retrieved from <http://www.nationalrehab.org/website/pubs/index.html>
- Hein, S. F., & Austin, W. J. (2001). Empirical and hermeneutic approaches to phenomenological research in psychology: A comparison. *Psychological Methods*, 6, 3-17. doi:10.1037/1082-989X.6.1.3
- Kroger, J. (2000). *Identity development: Adolescence through adulthood*. Thousand Oaks, CA: Sage.
- Lent, R. W., Brown, S. D., & Hackett, G. (2000). Contextual supports and barriers to career choice: A social cognitive analysis. *Journal of Counseling Psychology*, 47, 36-49. doi:10.1037/0022-0167.47.1.36
- Levack, W., McPherson, K., & McNaughton, H. (2004). Success in the workplace following traumatic brain injury: are we evaluating what is important? *Disability and Rehabilitation*, 27, 290-298. doi:10.1080/09638280310001647615
- McMahon, M. (2005). Career counseling: applying the systems theory framework of career development. *Journal of Employment Counseling*, 42, 29-38. Retrieved from <http://www.employmentcounseling.org/Journal-of-Employment-Counseling.aspx>
- Millis, S. R., Rosenthal, M., Novack, T. A., Sherer, M., Nick, T. G., Kreutzer, J. S., et al. (2001). Long term neuropsychological outcome after traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 16, 343-355. doi:10.1097/00001199-200108000-00005
- Mitchell, K. E., Levin, A. S., & Kumboltz, J. D. (1999). Planned happenstance: Constructing unexpected career opportunities. *Journal of Counseling and Development*, 77, 115-124. Retrieved from <http://www.counseling.org/Publications/Journals.aspx>
- National Institutes of Health. (1998). Rehabilitation of persons with traumatic brain injury. *National Institutes of Health Consensus Statement Online* 1998 Oct. 26-28, 16(1), 1-41. Retrieved August 6, 2010 from <http://consensus.nih.gov/1998/1998TraumaticBrainInjury109html.htm>
- Nochi, M. (1998). Struggling with the labeled self: People with traumatic brain injuries in social settings. *Qualitative Health Research*, 8, 665-681. doi:10.1177/104973239800800507
- Noonan, B. M., Gallor, S. M., Hensler-McGinnis, N. F., Fassinger, R. E., Wang, S., & Goodman, J. (2004). Challenge and success: A qualitative study of the career development of highly achieving women with physical and sensory disabilities. *Journal of Counseling Psychology*, 51, 68-80. doi:10.1037/0022-0167.51.1.68
- Osborne, J. W. (1990). Some basic existential-phenomenological research methodology for counsellors. *Canadian Journal of Counselling*, 24, 79-91. Retrieved from <http://www.ucalgary.ca/ucpress/journals/CJC/index.html>
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.
- Patton, W., & McMahon, W. (1999). *Career development and systems theory: A new relationship*. Pacific Grove, CA: Brooks/Cole.
- Peavy, V. R. (1996). Constructivist career counselling and assessment. *Guidance & Counseling*, 11, 8-14.
- Phillips, S. D. (1997). Toward an expanded definition of adaptive decision-making. *Career Development Quarterly*, 45, 275-287. Retrieved from <http://associationdatabase.com/aws/NCDA/pt/sp/cdquarterly>
- Power, P. W., & Hershenson, D. B., (2003). Work adjustment and readjustment of persons with mid-career onset traumatic brain injury. *Brain Injury*, 17, 1021-1034. doi:10.1080/0269905031000110526
- Prigatano, G. F. (2005). Therapy for emotional and motivational disorders. In W. M. High, A. M. Sander, M.A. Struchen, & K. A. Hart (Eds.), *Rehabilitation for traumatic brain injury* (pp. 118-130). New York: Oxford University Press.
- Ragnarsson, K.T. (2006). Traumatic Brain Injury research since the 1998 NIH consensus conference: Accomplishments and unmet goals. *Journal of Head Trauma Rehabilitation*, 21, 379-387. doi:10.1097/00001199-200609000-00002
- Richardson, M. S., (2000). A new perspective for counsellors: from career ideologies to empowerment through work and relationship practices. In A. Collin & R. Young (Eds.), *The future of career* (pp. 197-211). New York: Cambridge University Press.
- Rush, B. K., Malec, J. F., Brown, A. W., & Moessner, A. M. (2006). Personality and functional outcome following traumatic brain injury. *Rehabilitation Psychology*, 51, 257-264. doi:10.1037/0090-5550.51.3.257
- Secrest, J.A. & Thomas, S. P. (1999) Continuity and discontinuity: The quality of life following stroke. *Rehabilitation Nursing*, 24, 240-246. Retrieved from [http://awebsource.com/clients/arn/ws\\_resource/public\\_index.php](http://awebsource.com/clients/arn/ws_resource/public_index.php)
- Snyder, C. R., Lehman, K. A., Kluck, B., & Monsson, Y. (2006). Hope for rehabilitation and vice versa. *Rehabilitation Psychology*, 51, 89-112. doi:10.1037/0090-5550.51.2.89
- Steadman-Pare, D., Colantonio, A., Ratcliff, G., Chase, S., & Vernich, L. (2001). Factors associated with perceived quality of life many years after traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 16, 330-342. doi:10.1097/00001199-200108000-00004



- Szymanski, E. M. (2000). Disability and vocational behavior. In R. G. Frank & T. R. Elliot (Eds.), *Handbook of rehabilitation psychology* (pp. 499-517). Washington, DC: APA.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, ON: Althouse.
- Vickery, C. D., Gontkovsky, S. T., & Caroselli, J. S. (2005). Self-concept and quality of life following acquired brain injury: A pilot investigation. *Brain Injury, 19*, 657-665. doi:10.1080/02699050400005218
- Wehman, P., Targett, P., West, M., & Kregel, J. (2005). Productive work and employment for persons with traumatic brain injury. *Journal of Head Trauma Rehabilitation, 20*(2), 115-127. doi:10.1097/00001199-200503000-00001
- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology, 52*, 167-177. doi:10.1037/0022-0167.52.2.167
- Whiston, S. C., & Brecheisen, B. K. (2002). Practice and research in career counseling and development—2001. *Career Development Quarterly, 51*, 98-154. Retrieved from <http://associationdatabase.com/aws/NCDA/pt/sp/cdquarterly>
- Williams, W. H., & Evans, J. J. (2003). Brain injury and emotion: An overview to a special issue on biopsychosocial approaches in neurorehabilitation. *Neuropsychological Rehabilitation, 13*, 1-11. doi:10.1080/09602010244000444