Men's Narratives and Counter-Narratives of Burn Injury Healing

by

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Abstract

Due to medical advances, there has been an increased number of burn survivors, thus creating a dire need for research on burn recovery. As 70% of burn-injured patients are male, it is especially important to examine how men understand healing from a burn injury. One way to explore this is by investigating men's stories of healing because it is through and by the experiential space of narrative that individuals are provided with the tools to reflect on and find meaning from their experiences of burn injuries. This thesis examined narratives men constructed about healing from a burn injury. Adult men with 0.5 – 30% total body surface area burned were recruited for an in-depth semi-structured interview, two to fifty-two weeks post-injury. Narrative analysis of the transcripts revealed that men principally constructed a dominant narrative that involved wanting to return to a life that was "normal" as soon as possible. I argue that these stories are indicative of a restitution storyline, that is, they follow a plotline in which the men view themselves as being temporarily injured but soon recovered. I then explore how agency, or more specifically, how agentic behaviours facilitate these narratives about men returning to their pre-injury selves. Men also constructed narratives about boredom, grief and regrets at the same time as the restitution narratives. These narratives indicated distress because they were counter to the stories that the men wanted to construct. The discussion contextualizes the men's restitution narratives in terms of masculine socialization, and considers the role of agency in informing narrative plotlines. Lastly, recommendations to health care providers who treat men that have survived a burn injury are provided.

Keywords: burn injury, men, illness narratives, agency, counter-narratives

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Men's Narratives and Counter-Narratives of Burn Injury Healing

Traumatic burn injuries often have a devastating impact on the lives of the people who survive them. According to the Canadian Institute for Health Information, almost 11,000 patients are admitted to specialized Canadian regional burn centers due to traumatic burn injuries each year with each of these regional burn centers admitting approximately 250 patients with significant injuries (CIHI, 2006). Burn injury recovery is often a long and arduous process and can be associated with painful procedures, lengthy hospital stays, physical and cosmetic disfigurement, and numerous psychosocial issues (Patterson et al., 1993). In the past, the focus of burn injury treatment was on the preservation of life (e.g. Curreri, Luterman, Braun, & Shires, 1980), but recently, with more sophisticated treatments, there has been a decrease in the mortality of burn injury survivors across all age groups (Gerald, Cross, Ford, & Rue, 2003). As a consequence, there is an increased need for knowledge about the long term adjustment of these individuals.

Currently, literature on the quality of life, adaptation, and impairment of burn injury survivors is sorely lacking (Pereira, Murphy, & Herndon, 2004). Even sparser is research focusing on the impact of sex on these concerns. The majority of burn injury research has been conducted on mixed gendered populations, (e.g., Fauerbach et al., 2000; Thombs et al., 2008), with very little investigation conducted solely on males. This is despite the fact that men represent over 70% of all burn injury survivors (American Burn Association, 2009). Some literature has focused on how gender affects burn injury recovery (e.g. Ulmer, 1997), but this research has failed to fully capture the uniquely gendered issues faced by men. Gender neutral research ignores the role of gender in interpreting illness and the healing process. Men, for

example, may attribute different meanings to their experience of pain and difficulties with physical ability than women (Jonsson, Holmsten, Dahlstrom, & Jonsson, 1998).

Narratives can be used to capture the experiences and meaning-making processes of male burn injury survivors while healing from their injury. Through narrative, people are given the experiential space and tools to reflect on and sort through their experiences (Brockmeier & Harré, 2001). This is done by drawing on a broad repertoire of narrative resources to help them find meaning in their experience. This repertoire includes the genres, plot constructions, storylines, and tropes of illness and health, of suffering and healing and offers instructions and norms of how to understand and interpret one's experiences (Brockmeier & Harré, 2001). The range of options available to individuals is also guided by gender-specific genres, storylines, and metaphors that embody cultural expectations about how men and women should think, interact, and feel. For example, men recovering from a burn injury may tell narratives guided by masculine gender norms, which in turn can affect the way they experience both acute and chronic burn injury symptoms including pain and difficulties with physical ability.

The experience of these symptoms during burn injury recovery can be constructed by the narratives men tell while recovering, otherwise known as illness narratives (Frank, 1995). For example, after a traumatic injury, such as a burn injury, a survivor's life can become disrupted and need to accommodate changes. The survivor then may have to suddenly concentrate on the process of healing rather than the routine activities of daily life. As healing progresses, the survivor may also need to learn new and innovative ways of performing these activities while adjusting to physical limitations and pain (Wiechman & Patterson, 2004). In conjunction with experiencing transformation, stories about suffering and healing or illness narratives are created in order to explain the changes in the patients' relationships with their bodies and the

interruptions in their daily lives (Frank, 1995; Reissman, 2003). In telling illness narratives, burn injury survivors can reflect on their experiences in order to try to find meaning, a process which has been shown to take place with other chronic injuries (e.g. De Souza, 2010; Good, 1992). This process allows the participants to explore the meaning they place on disability and pain during burn injury recovery and the contribution this has made on their sense of self.

Narrative analytical methods are particularly suitable for analyzing narratives about burn injury recovery. These methods are often used to understand sudden traumatic events which result in a disruption in one's biographical narrative, and a threat to one's self-concept. Analysing illness narratives allows researchers to examine the nature and meaning of a disturbed life story (Bury, 2001), how patients integrate the chronic symptoms and effects of their injury into a new view of life (Hyden, 1997), and how they answer the question "Who am I" or "what have I become" (Brockmeier & Carbaugh, 2001).

This thesis investigates narratives told by men about burn injury recovery. Frank (1995) identified several common illness narratives told by patients suffering from sickness including restitution narratives, quest narratives, and chaos narratives. Many men have told these narratives to discuss being chronically ill or sick with a disease or disorder. Although men who participated in this study did not have a disease, they were traumatically injured and could have developed chronic impairments or difficulties with physical function due to these injuries. Arguably, the stories about impairments due to burn injuries may be similar to having a disease or disorder as both interrupt and can have long-term consequences in a person's daily life. As such, any of the three narratives which Frank (1995) identified can be told by men healing from a burn injury in order to find meaning in their recovery.

Restitution narratives, the first type of illness narrative, follow the plot line "Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" (Frank, 1995, p.77). Using this narrative, patients see their injury or illness as a minor setback to overcome and in doing so believe that their bodies and lives will be restored to the condition they were in before the patients became ill. The patients do so by gathering evidence of their body healing and then integrate this meaningful experience into their life story (Frank, 1995). Previous research has indicated that men preferred to construct this type of narrative to find meaning in numerous chronic illnesses including coronary heart disease (Medved & Brockmeier, 2010), spinal cord injuries (Smith & Sparkes, 2004), and mental health concerns (Carless & Douglas, 2008). From this, one might argue that men are socialized to tell this type of narrative.

The second illness narrative which Frank (1995) discussed was quest narratives. Patients who tell quest narratives view the healing process as a meaningful journey with hurdles that are challenging but bearable. These patients do not seek to avoid the illness like in restitution narratives, but instead accept the impairment and disability associated with the illness and use it to gain personal growth. Research has shown that some men have used quest narratives to find meaning in the experience of numerous chronic illnesses (e.g. Mosack, Abbott, Singer, Weeks, & Rohena, 2005; Sinclair & Green, 2005; Smith & Sparkes, 2008; Whitehead, 2006).

The illness narratives mentioned above are often susceptible to the influence of cultural norms. These norms can sway a man's interpretations of certain events, dictate what he should value in his life and are often represented in dominant or master narratives. A dominant narrative is a culturally acceptable story for an individual to tell based on his social location. They are prototype stories into which a man can fit the events he experiences without making his audience uncomfortable because the audience is expected to be familiar with these shared narratives. The

dominant narratives then can influence how a man positions himself in his story by providing guidelines on how he should act in his daily life. By doing so, dominant narratives can normalize men's experience with illness (Bamberg, 2004).

In response to illness, men's dominant narrative tends to be one of either restitution or quest. Men often want to tell stories about regaining their health and being able to learn and personally grow from their illnesses (Frank, 1995). The problem with these narratives is that they often do not hold true to a person's experience as they are often simplified and idealized accounts (Bamberg, 2004). For example, burn survivors can suffer from difficult pain, physical disability, and psychological distress which may not be fully captured in a restitution narrative. In discussing this suffering, the men's stories are contrasted with the dominant restitution narratives which indicate that they should quickly recover with minimum distress. In order to capture their experience with illness, it is then important for men to use a different storyline which is counter to this idealized dominant narrative and captures their experience of suffering. These storylines are called counter-narratives and present accounts which are abnormal or countercultural. Men juggle these counter-narratives by telling them at the same time as they tell the dominant narratives. In doing so, the men can tell both the stories that are comfortable with but are also given a venue to express their suffering.

Counter to both restitution narratives and the quest narratives, chaos narratives occur when patients see no way to cope with illness. Chaos narratives are fragmented, unpredictable and follow a plot which involves being sick and never healing or resuming life's previous course. These narratives are often very distressing because patients generally want to recover from illness. Chaos narratives have commonly been found when people tell stories about chronic pain (Bullington, Nordemar, Nordemar, & Sjostrom-Flanagan 2003; Bullington, Sjostrom-Flanagan,

Nordemar, & Nordemar, 2005) or other disorders where survivors believe their injuries are permanent (e.g. Smith & Sparkes, 2005).

Although very little work has been conducted on men's narratives about burn injury recovery, there has been some research exploring how people recovering from traumatic incidents (e.g. rape, war, terrorist attacks, and crimes) develop narratives to cope and make sense of their experiences. Many of these studies have shown that telling coherent narratives is important in healing from trauma. For example, the literature on coping with the mental health difficulties after traumatic events suggests that people with more coherent and articulated narratives tend to have less chronic post-traumatic stress disorder symptoms than those who's narratives are similar to a chaos narrative- that is their narratives are fragmented and less articulated (Amir, Stafford, Freshman, & Foa, 1998; Foa, 1997; Tuval-Mashiach et al., 2004). As such, practitioners who use narrative psychotherapy to treat patients who have suffered traumatic events often emphasize the importance of having complete and coherent stories in order to cope with the trauma (Tuval-Mashiach et al., 2004; Wigren, 1994). It then becomes important to look at both the content and structure of the narratives and counter-narratives told by men recovering from burn injuries.

As discussed above, there is literature suggesting that men use certain dominant and counter-narratives to find meaning in their experience of illness or in trying to understand their experience of previous traumatic events. Very little work has been conducted on how men find meaning in healing from the injuries due to these traumatic events. This is especially true for healing from burn injuries. I investigated the dominant and counter-narratives which emerged from interviews of men about their burn injury recovery for the purposes of this thesis. During the interviews, the interviewer was open to listening to all dominant and counter-narratives

constructed by men. What emerged was men's use of restitution and chaos narratives to find meaning in their experience with their burn injury.

Agency

Recent work in the literature of narrative has highlighted the importance of agency in finding meaning in illness that a person encounters in his life. Agency is a person's perceived ability to actively change a situation or condition which affects his life (Brockmeier, 2009; Bruner, 1990). Agency has been shown to have an impact on psychological distress, a major issue which many burn survivors experience and influence. Some investigations in the literature have linked psychological distress to a breakdown of agency in narratives (e.g. Kemp, 2003; Stevenson & Knudsen, 2008). For example, Kemp (2003) discussed the characterization of emotional distress due to depression and anxiety in patients' narratives by the inability to be agentic in social relationships or in providing economic stability. These issues can be particularly troubling as they demonstrate the patients' inability to perform certain tasks which their gender roles dictate that they should be able to do. Agency also can be used as a narrative tool to make sense of the event which caused an illness. For example, Webb and Widseth (2009) discussed how patients with Post-Traumatic Stress Disorder can have difficulties dealing with trauma when they believe that they could have prevented the precipitating event through some action. This was particularly difficult when not preventing this act was a violation of their values and sense of self.

Although agency is new to narrative work, similar ideas of patients' perceptions of having influence over recovery have been popular to the psychological literature for over half a century. Countless articles have been written on the importance of perceived self-efficacy and locus of control in patient's recovery from illness (e.g. Bandura, 1997; Blanchard, Rodgers,

Courneya, Daub, & Black, 2002; Consoli, & Bruckert, 2004; Davis & Yates, 1982; Marks, Richardson, Graham, & Levine, 1986; Pajares, 1997; Robinson-Smith, Johnston, & Allen, 2000; Wallston & Wallston 1978). The concept of agency in this thesis complements these constructs of patient's beliefs of control, however, these topics differ from agency which emphasizes intentionality and the meaning behind stories which men construct while recovering from a burn injury. Agency considers behaviours, events, and intentions in order to provide a holistic view of men's influence on their recovery.

One level of agency is demonstrated through the very act of constructing and structuring narratives. Telling stories involves the agency of the narrators as they choose what they want to tell based on their intentions. A second level of agency is embodied in the story itself. In telling narratives, possibilities for future action and reflections on previous action can be explored and carefully considered. Here it is important to examine the ways in which the main protagonist goes about his actions, that is, does the person act agentically. In reality, of course, these two levels of agency are inextricably intertwined. The narrator influences the narrative, which in turn, revolves back and influences the narrator's sense of agency. By constructing stories about agentic behaviours during illness, men are able to find meaning in their experience of illness, and in turn these stories can shape the men's agency as a storyteller.

The meaning derived from a narrator's stories about being agentic is influenced by the narrator's beliefs, desires, emotions, and morals. The pressure from one's gender, social status, or life situation to discuss certain actions also affects the meaning constructed through one's stories. (Brockmeier, 2009; Bruner, 1990). For example, due to societal values and gender roles, a father is often socialized to protect his children from harm despite medical ailments he may be suffering as this can have a strong role in his identity. As such, a burn survivor's actions can

influence his conceptualization of his sense of self and the meaning he attributes to healing from a burn injury. Thus, a burn survivor does not just passively react to his injuries; by telling stories he actively tries to make meaning of it thus demonstrating his agency as a narrator.

Although they play an important role, actions and behaviours do not solely contribute to one's sense of agency and one's ability to find meaning in a situation. A person's intentions and beliefs about what actions they have the ability to perform also can have a strong impact on their agency. Through telling narratives, narrators are able to consider the range of actions which are available to them and choose to act (or not act) in ways which are important to them. Narratives about considering this range of action then become important to meaning making (Holzkamp, 1983; as cited in Brockemeier, 2009).

Despite the theoretical influence of agency on people's ability to find meaning in experience, there is very little applied research highlighting these narratives in patients with traumatic injuries. Since psychological disorders are highly co-morbid with major burn injuries (Difede, Cukor, Lee, & Yurt, 2009), men's limited choices in actions while healing from a burn injury, either due to psychological distress or physical disability, are important to consider in evaluating men's narratives of burn injury recovery and how agentic behaviours shape these narratives. In this thesis, I will examine how agency can shape men's stories of healing from a burn injury. As previously indicated, when considering stories about illness, it is important to examine both agentic behaviours in a story as well as the agency of the narrator. Since the two levels of agency are so interwoven, it can be confusing to present both simultaneously. In order to address both levels, I will highlight findings of agentic behaviours in men's stories about healing from a burn injury in the results section. A commentary on the agency of the narrator will follow in the discussion section.

Men, Masculinity, and Health

As mentioned, narratives about agency, health, and illness can strongly be influenced by gender. In western cultures, masculinity has been previously described as a cultural construct which prescribes men's beliefs and behaviours. Through socialization, men learn gender roles which value status, power, and physical ability (Betz & Fitzgerald, 1993; O'Neil, 1981). Masculinity can be characterized by the belief that one needs to be tough, rational, strong, and assertive. In general, men are expected to show aggressiveness and high competence in physical and sexual situations with very low tolerance for highly emotional situations (for a review of masculinity theories see Smiler, 2004). Performing agentic behaviors which display these qualities may therefore be important to men recovering from a burn injury.

Recent theorizing posits that men are not just passive recipients of the masculine norms mentioned above; instead they create their own definitions of what it is to be masculine through their life experiences. Their beliefs are shaped by both their own values and experiences and can vary depending on the gender roles they adopt (Smiler, 2004). Men can negotiate these roles through their narratives about life experiences. For example, a man with a family may adopt masculine gender roles of being a father and protector by choosing to tell stories about his children. A man who defines himself through his work may negotiate his masculinities by telling stories about being competent in his job and able to provide for his family or furthering his career or his lifestyle (Costa, Rossi, Lopes, & Cioffi, 2008). A young man may define his masculinities through stories about his success in sports, academics, or ability to attract partners (Betz & Fitzgerald, 1993; O'Neil, 1981; Smiler, 2004). Gender roles and beliefs about masculinity can also emerge while men search for meaning in experiencing illness through the stories that they construct as these roles and beliefs can be important in the men's perception of

the recovery process. For example, being tough and independent was described as important in men suffering from multiple sclerosis (Reissman, 2003). Some of these men also identified that the loss of their role as a breadwinner or increased reliance on family for care as devastating to their sense of masculinity.

As reviewed above, gender roles also have a strong influence on men's agency. Men can perform behaviours which are agentic in order to regain gender roles which have been lost due to their burn injuries. Men's masculine gender roles can also affect their medical treatment as these roles are often not congruent with help seeking behaviour in a medical setting. Often men can be ashamed or unwilling to ask for treatment from health care providers because they want to present themselves as strong and healthy, whereas seeking treatment can be viewed as an act of weakness. This has been observed in men's stories about prostate cancer, (Chapple & Ziebland, 2002), liver disease (Black, 2001), coronary heart disease (White & Johnson, 2000) and mental health concerns (O'Brien, Hart, & Hunt, 2007) and as such are important to consider in the analysis of men's narratives about burn injury recovery.

Given the amount of research that has linked masculinity and illness, it is likely that being a male molds one's understanding of the healing process after a traumatic burn injury. Two studies have investigated both men and women's experience of the burn recovery process using interpretive analysis and ethnography methods. In both studies, many of the men spoke about how their social role as the head of their family had changed due to physical and psychological limitations. They no longer felt adequate as providers and believed that due to changes in physical ability and appearance they were no longer competent in social situations (Costa et al., 2008; Rossi, Costa, Dantas, Ciofi-Silva, & Lopes, 2009). Burns which were movement-limiting or were associated with high levels of chronic pain were especially difficult for men to deal with

due to demands of men's work and family lives (Costa et al., 2008). Further investigation of men's narratives about burn injury recovery is needed in order to determine how men find meaning in burn injury recovery and how this is shaped by their agentic behaviours.

Burn Injury Rehabilitation

Narratives constructed by men in the rehabilitation stage of burn recovery are investigated in this thesis. This stage begins when wounds have been covered and survivors are ready to be released from the hospital; it extends through the first year of recovery. Most medical procedures during this stage are conducted on an outpatient basis. The majority of the procedures that survivors undergo during this stage emphasize restoring function and strength in order for survivors to resume daily life activities (Selvaggi, Monstrey, Landuyt, Hamdi, & Blondeel, 2005; Wiechman & Patterson, 2004).

This stage of recovery can be arduous both physically and psychologically. From the moment burn survivors are released from hospital they encounter the practical limitations which their injuries may have placed on them. These limitations can include itching, scarring, low energy, pain, and disability (Fauerbach, Spence, & Patterson, 2006). Sometimes, survivors also experience a troubling sense of grief when a person who was important to them died in the incident which caused their burn injuries. Although less troubling, they may also experience grief when they have suffered a loss of physical ability or personal property (Selvaggi et al., 2005; Wiechman & Patterson, 2004). Some research has been invested in describing the physical difficulties of rehabilitation such as pain and scarring and the psychological effects of recovery; however, many of these studies have concentrated on quantifying these issues rather than understanding men's active role in influencing their experiences of these issues during rehabilitation. In addition, very little research has been conducted on men's attempts to come to

terms with their losses due to burn injuries. The next sections will address the current literature on the physical difficulties and psychological distress which men face during burn injury recovery.

Physical Difficulties

The ideal male body image as defined by men in western societies is associated more with physical ability rather than appearance. Men are socialized to describe a physically attractive man as lean, fit, and muscular (Grogan & Richards, 2002; Hobza & Rochlen, 2009; Sainsbury, 2009; Silberstein & Striegel-Moore, 1988). Burn injuries cause disfigurement which often affects a man's ability to function physically. As men try to regain physical ability, stiffness and pain often get in the way, an experience which can be quite distressing for men. Although some literature has described men's reaction to disability experienced due to burn injury (e.g., Thombs et al., 2007), this research has considered physical ability in conjunction with other difficulties such as changes in appearance and has not fully addressed its role in how men influence and find meaning in their recovery.

Burn injury survivors can suffer a large amount of pain which can it very influential in disrupting men's physical ability during the rehabilitation stage of burn injury healing. Pain associated with movement or breakthrough pain has been shown to cause the most interference in men's physical ability during this stage as this is when burn survivors start to engage in increased movement and stretching exercises. This pain is described as a stinging, pricking, shooting, or pounding feeling (Summer et al., 2007). Another type of pain prevalent in this stage of recovery is chronic pain. This is characterized by painful paresthesis (a sensation of numbness or tingling of a person's skin), stiffness, and increased temperature sensitivity (Connor Ballard et al., 2009). For over half of all survivors, chronic pain serves as a constant reminder of the

changes and limitations that the burn has placed on the survivor's body as it can last over ten years after the patient has acquired the burn injury (Dauber et al., 2002). The limitations placed on male burn injury survivors by pain and physical difficulties can have a profound impact on the way they live their lives and hence the way they experience their injury. For example, disability due to constant pain can be a barrier to experiencing competence at work or even returning to work (Schneider, Bassi, & Ryan, 2009). Pain from burn injuries has also been related to anxiety, depression, and decreased ability to sleep (Raymond, Nielsen, Lavigne, Manzini, & Choiniere, 2001, Ullrich, Wiechman, & Patterson, 2009).

With pain and physical difficulties being such a salient aspect of burn injury recovery, they can have a profound impact on men's experience and interpretation of their burn injury. Little is known about men's attempts to resume physical activity despite pain or disfigurement while recovering from a burn injury as the influence of men's agency on these issues has not been fully established. Thus, it is important to study how men's agency shapes their narratives about burn injury recovery.

Psychological Distress

The mental health functioning of burn survivors has been extensively studied and can have a large impact on men's experience of burn injury recovery. Burn injury survivors often report having to deal with several mental health difficulties. Prevalence rates for depression in adult burn survivors range from 12.5- 25% and rates for post-traumatic stress disorder (PTSD) range from 18-45% (Baur, Hardy & Van Dorsten; 1998; Difede, Cukor, Lee, & Yurt, 2009; Edhe, Patterson, Wiechman, & Wilson, 1999; Mandianos, Papaghelis, Ioannovich, & Dafni, 2001; Patterson et al., 1993; Ptacek, Patterson, & Heimbach, 2002; Van Loey & Van Son, 2003; Wiechman et al., 2001; Williams & Griffiths, 1991). However, the majority of research on these

issues has only addressed their prevalence during each stage of recovery, their influence on men's perception of burn injury symptoms, and the association between the severity of symptoms and the severity of these psychological issues. With such a wide range of disorders possible during the rehabilitation stage of recovery, psychological suffering is clearly a part of the survivor's experience of burn injury healing which needs further study. Despite this, little research has been conducted on men's interpretation of these disorders and how men's agency shapes their narratives about this experience during burn injury recovery.

Men recovering from burn injuries can also face difficult psychological distress when coming to terms with the incident which caused the burn injury, an incident which is often very traumatic. This process is particularly troubling when the burn survivor feels that he could have done something to prevent this event (Selvaggi et al., 2005; Wiechman & Patterson, 2004). When this happens, burn survivors must deal with their feelings of grief and regret over this incident. Dealing with these issues is common for burn survivors as the most frequent causes of burn injuries including house fires, scalding, contact with hot objects, and electrical burns are often preventable (American Burn Association, 2009). Despite this being a common cause of distress for burn survivors, very little research has been conducted on men's stories of processing and finding meaning in dealing with their burn injury and the events which caused it.

Men may particularly regret the use of alcohol before being burned. Research has shown an increasing trend in the number of people who use alcohol before a burn injury. Some research estimates that almost 20% of all burn injuries due to fire involve alcohol use (Homes, Hold & James, 2010) and that nearly half of people who die in house fires are legally drunk at the time of death (Howland & Higson, 1987). For those who survive, nearly 11% can be diagnosed with alcohol abuse or dependence (Powers et al., 1994). As such, alcohol use may be strongly

involved in burn survivor's stories about the incident which caused their burns. These men may then need to reflect on alcohol use during their burn recovery. This reflection can be captured in men's narratives about burn recovery and shaped by men's sense of agency.

In facing regrets while discussing stories about being burned, many burn survivors may also mention suffering from Post-Traumatic Stress Disorder (PTSD). Men who survived burn injuries sometimes talk about paralyzing flashbacks and having to re-live their burn injury (Edhe et al., 1999). These symptoms of PTSD can be quite distressing, and uncontrollable and can have a large impact on men recovering from burn injuries. PTSD can be particularly troubling for burn survivors when it is accompanied by feelings of grief and regret due to the death of someone close in the event which caused their injury (Wiechman & Patterson, 2004). Research has shown that violent deaths, such as those due to a fire, result in difficulties with grief and bereavement in addition to increased symptoms of PTSD (Kaltman & Bonanno, 2003). However, more work is needed to understand how burn survivors interpret their feelings of grief while experiencing symptoms of PTSD.

Current Study

In sum, this thesis investigates men's narratives about healing from a burn injury. Interviews address men's experience facing pain, physical difficulties, and psychological distress which are common when healing from a burn injury. In doing so, this research addresses how men find meaning in burn injury recovery. This is done by first describing the dominant narrative told by men about healing from a burn injury and arguing that it follows a restitution plotline. Next, I discuss how men's agentic actions can shape their stories about burn injury recovery and thus the dominant narrative. Lastly, I address men's counter-narratives of boredom, grief, and

regrets during burn injury recovery in response to psychological distress and physical difficulties.

Method

Participants

The focus of this study was on adult male participants ranging in ages from 22 to 54 years old. Nine men who had been treated at a Central Canadian hospital were interviewed. Participants included those who had suffered a major burn injury affecting 0.5 – 30% of their total body surface area (TBSA). The time from the interview to the date which participants had experienced their burn injury ranged from 2 weeks to 12 weeks for eight of the participants and approximately 52 weeks for the other participant. Participants for this study needed to be fluent in English and could not have been suffering from any obvious major cognitive delays, or any recent injuries, diseases or disorders other than those acquired due to the burn.

Recruitment

Participant recruitment was conducted until interviews provided a rich range of narratives in response to difficulties with physical ability, pain, and psychological distress during burn injury recovery. Participants were recruited upon presentation to a clinic for follow-up outpatient medical treatments for their burn injuries. Physicians working on the burn unit were designated as intermediaries between the researcher and participants. Patients eligible to participate in the study were approached by designated physicians and asked for permission to release their name to the principal investigator (Appendix A). Those who agreed to have their name released then met with the principal investigator in order for the study to be explained verbally in full detail. At that time the participants were also given a copy of the letter of informed consent for their consideration (Appendix B). Participants received a $20 stipend for their time and effort.

Transportation costs to the clinic or parking expenses incurred by the participants were also compensated.

Interviews and Procedure

Men were invited to participate in a one hour in depth individual interview for the purposes of this study. Interviews were conducted in either a conference room in the hospital where the participants' injuries were treated or at participants' homes depending on the setting they were comfortable with. Participants were not interviewed in rooms in which they had undergone dressing changes or other treatment procedures prior to the interview because research suggests that patients can continue to experience stress associated with pain due to these procedures if they remain in the room they had been treated (Dise-Lewis, 2001). As such, I wanted participants to be comfortable when being interviewed and not affected by this stress. In order to accurately capture the participants' experience, interviews of burn injury survivors were recorded and transcribed fully using the conventions outlined in Medved and Brockmeier (2004; Appendix C). These conventions ask the transcriber to record the tempo, pitch, volume, emphasis, and other nuances in a participant's speech pattern. The NVivo8 software package was used to aid with data management and organization. The interviews were confidential and identifying details were altered. Pseudonyms were assigned to each participant during analysis.

Interview questions were developed to serve as a guide. The questions remained open ended allowing for participants to explore narratives that were most influential for developing meaning in their experience of burn recovery. To this end, the participants were invited to talk about the topics presented by the interview questions as much or as little as they wanted to, thereby empowering them to be in control of the content of the interview and create narratives with the interviewer which represented the issues that have had a significant impact to them in

their recovery (Emerson & Frosh, 2004). Whenever possible, the interviewer invited participants to reflect and share their views on the events they had experienced while recovering from their injury. As the study progressed, interview questions were reformulated in order for the researcher to better understand the narratives participants were constructing. The interview guide originally featured questions about numerous aspects of burn injury recovery including scarring, psychosocial difficulties and changes to family life. What emerged out of the interviews was men's distinct concentration on the importance of physical abilities and psychological distress in their narratives. As such, the interviewer began to focus on questions which dealt with narratives about pain, physical disabilities, and psychological distress in addition to asking participants to further elaborate on these stories when they were told. As interviews progressed, the interviewer reformulated the interview questions into what is presented in the final interview guide (Appendix D).

Other methods of data collection involved taking detailed field notes, a chart review, and a brief demographics questionnaire. Field notes written by the investigator after each interview captured non-verbal behaviours and cues such as indications of pain or disability, attitude towards the interview, affect, and physical appearance of participant, all of which provided insight into the narratives constructed during the session. The chart review was conducted upon obtaining the patients' consent. This review confirmed information about the extent of the burn injury such as TBSA burned, length of hospital stay, and date of discharge. The demographics questionnaire was administered verbally at the beginning of the interview and asked participants to indicate information about their age, date of injury, cause of injury, marital status, and change in occupation (Appendix E).

Analysis

Analysis of the transcribed interviews from the participants included three levels of analysis. These included thematic, structural, and performance levels all of which are intricately interwoven and inseparable (Reissman, 2008). Analysis was initially conducted on the three levels separately, by what is commonly called bracketing. Each interview was individually analyzed following an idiographic approach. For each interview I first developed a set of pilot interpretations. Afterwards, each transcript was systematically re-examined to identify comparable and contrasting sequences made within and across interviews.

Structural Analysis.

Structural analysis was conducted on how the narratives were composed, organized, and relayed to the researcher. In structural analysis, the particular unit of investigation is the story in itself and the focus of the analysis is how the order of events and the content of the story assemble to create a structure that the narrator uses to convince the listener of and justify the arguments being made (Riessman, 2008). As indicated in the introduction, storylines for illness narratives told by patients during an illness are chaos narratives and restitution narratives (Frank, 1995), each of which were told by patients during the rehabilitation stage of healing from a burn injury.

Consideration was given to all forms of narratives in the analysis. Restitution and chaos structures emerged from men's stories about their burn injury recovery. Fragmentation and incoherence were particularly important to identifying illness narratives as these aspects are particularly salient in chaos narratives and not in other types of illness narratives. In addition, I explored emergent counter-narratives which existed within each of these illness narratives. Counter-narratives occur when multiple narrative structures run parallel as someone is

negotiating meaning in their experience. For example, burn injury survivors can construct stories about their experience of physical difficulties using a restitution narrative structure by saying that it is something that they can overcome, but in the same narrative describe these physical difficulties as particularly distressing.

Thematic Analysis.

Emerging themes regarding how men recovering from a burn injury experience pain, difficulties with physical ability, and psychological distress were investigated. Analysis on this level concentrated on what was said or the content of the interviews. Narrative thematic analysis considers the context of emergent themes by using a holistic approach to evaluate the narratives. In other words, narratives were considered as a whole with the sequence and particulars of the stories kept intact. The stories were not to be fragmented into separate subsections. Emergent themes from narratives were then arranged according to a broad framework of concepts that shaped the participants' narratives (Riessman, 2008).

Dialogic/ Performance Analysis.

The performative level of inquiry has overlaps with discourse analysis in that they both focus on the interactions and dialogic co-constructions between the teller and the listener. The core question at stake is: Why is the teller telling this story at this particular time to this particular person? The dialogic level of analysis of narratives is especially concerned with capturing the cultural pressures and societal norms placed on the participant when telling the story. It emphasises the co-constructive aspects of narration in the interaction between the participant and the interviewer (Riessman, 2008). In the case of this thesis, the interviewer was a male graduate student of East Indian descent without any discernable health and/or disability issues, which inevitably influenced the progression of the interviews.

Methodological Rigor

In this study, qualitative rigor was obtained through the following validity and reliability checks. Consistency, a check similar to reliability, is ensuring that the participant pool best represents the population being sampled. To address this, I chose participants who had undergone the experience of recovering from a burn and genuinely wished to share this experience (Morse, Barrett, Mayan, Olson, & Spiers, 2002). Changes in interview questions or research protocol were also accounted for promptly and recorded in the field notes for the purpose of consistency.

Transferability, a concept similar to external validity, is the extent to which findings from one context can be applied to another context. Since we do not know which situations the narratives from this study will be applied to, the onus of transferability will fall on the researchers who will be trying to apply the findings to another context (Lincoln & Guba, 1985). However, I provided extensive demographic information in order for future researchers to be able to identify similar situations and contexts which narratives from this study can be generalized to.

Credibility, a concept similar to internal validity, is the extent to which the findings and reported interpretations are a true representation of the situation described by participants (Lincoln & Guba, 1985). Findings and interpretations from this study were checked with the principal investigator's research team in order to suggest interpretations counter to the ones the principal investigator was considering. This was done at each step of the analysis in order to obtain consensual validation.

Ethics

This thesis followed all Tri-Council ethical standards for research involving humans (CIHR, NSERC, & SSHRC, 2010). In addition, it was approved by the University of Manitoba Bannatyne Campus Health Research Ethics Board and the Winnipeg Regional Health Authority Health Sciences Centre Research Impact Committee (Appendix F & Appendix G). When information about mental health issues were discovered, the interviewer informed participants about the mental health resources available to them. Two participants identified particular difficulties with mental health issues. One of these participants indicated that he was referred to a psychiatric service by physicians at the burn clinic. The other participant indicated that he had been offered psychiatric treatment but did not wish to be referred to it or use the other community resources the interviewer offered. He indicated that he had a counsellor in his home town who he preferred to talk to. In each case, participant's medical records confirmed that their physicians were aware of these wishes.

Findings

This section will investigate men's narratives about healing from a burn injury. In doing so, it will look at how men experience and find meaning in burn injury recovery. Participants' narratives are initially individually presented within the context of their life histories. The findings of my analysis are then discussed.

Participant Histories

Presenting the life histories of each participant provides the context for the analysis of their experience. This section introduces the reader to each of the participants by elaborating on the field notes, medical information, and relevant background information collected during each interview in order to demonstrate the particulars of each person's experience dealing with the

pain and disfigurement associated with their burn injury. Names, identifying information, and specific demographic information have been changed or not presented in order to protect the confidentiality of participants.

Jim. Jim is a man in his forties who identifies his culture as Ojibway and lives on a Canadian reserve. At the time of the interview he had been divorced but had a girlfriend. Jim was working as a carpenter before his burn injury.

Jim incurred his burn injuries during an early morning house fire at his friend's house. Jim reported falling asleep while drinking and had awoken to the house on fire. After escaping the fire, he reportedly re-entered the house to save a child, at which point he was burned. He suffered full and partial thickness burns to his right leg in addition to his left and right foot. Jim's burns covered 10% of his total body surface area (TBSA) and he was hospitalized for two weeks. The interview with Jim took place approximately one month after his injuries and was conducted at the burn unit.

During the interview, Jim talked at a slower tempo. His voice was somewhat timid and at times he had trouble expressing himself. Although Jim was open to doing the interview and answered questions willingly, he became very emotional during parts of the interview. He cried while telling the story about how he incurred his injury and talked openly about times he felt distressed about his injury. Although he used words such as "helpless" to describe his situation, he spoke about several instances where he actively engaged in physical activity in an attempt to accelerate his recovery.

Andrew. Andrew is a single man, in his twenties who had emigrated from West Africa. He had a grade 12 education and prior to his burn injury had been doing manual labour at a grocery store. Andrew suffered a partial thickness burn to his right hand covering 0.5% TBSA.

Although Andrew did not need to stay as an inpatient in the hospital, he missed work for three months due to his injury. Andrew incurred his burn while cooking breakfast. He reported that the pot he was using to fry eggs caught on fire. In the process of putting out this fire, Andrew burnt his hand.

The interview took place approximately two months after his burn injury at his apartment where the burn had happened. Andrew was very willing to participate in the interview. Andrew had a thick accent that was hard for the interviewer to understand at times which may have affected his rapport with the interviewer. During the interview he joked and laughed about his experiences. He showed the interviewer how he was able to play video games and how his burn was healing. Andrew was mostly concerned with going back to work for financial reasons and because he was bored.

Kevin. Kevin is a married, white man in his fifties. He had some college education and had been working as a sales manager for a wholesaler for 30 years at the time of the interview. Most of Kevin's burns were partial thickness to his right leg. These covered a total of 6% of his body. Kevin was not hospitalized for this injury but was receiving outpatient treatment. Kevin had acquired his burn while setting off fireworks at his cottage. The interview took place at Kevin's office approximately 2 months after his burn injury. Kevin was in the process of readjusting to his work life. He walked with a slight limp but the interviewer observed him doing his job quite effectively while waiting for him. Kevin was very friendly and very willing to share his experience. However, he was reluctant to discuss times when dealing with his injury may have been difficult. In his interview, Kevin emphasized that he felt lucky that the burn injury did not permanently affect his motor ability or that his wife and grandchild who were watching the fireworks were not hurt during the accident.

Jordan. Jordan is a single, white man in his twenties who lives in a small town and works at a grocery store as a labourer. He suffered both partial and full thickness burns to his right knee and upper leg covering 7% of his TBSA. Jordan acquired his burn while he was drinking. He had fallen asleep too close to a camp fire and had awoken to his pants on fire. He did not need to be hospitalized for his injury and instead was treated on an outpatient basis. Jordan's interview took place approximately a month after his injury at the burn unit. He had a slight limp due to his injuries but was very excited that his leg brace had been removed at an earlier medical appointment that day. Jordan was very upbeat and positive during the interview. During the interview, Jordan emphasized how difficult it was to be cared for by his father since he normally lived on his own. Jordan discussed being bored and wanting to return to work as soon as he could.

Allen. Allen is a white man in his late twenties who works as an electrician. He suffered electrical burns to his chest, stomach, shoulder, neck and face resulting in 30% of his TBSA to be burned. Allen acquired his burn while drinking in another country. During the interview, he could not recall exactly how it happened. Allen was hospitalized for approximately six weeks (including both foreign and Canadian hospitals).

The interview took place at the burn unit approximately one year after his injuries. At the time of the interview, Allen looked somewhat stiff but did not have any other noticeable physical impairment due to the burn; however, he still wore a cervical collar which concealed a burn scar to his neck. Allen was open to participating in the interview but was somewhat guarded when answering the interviewer's questions. During the interview, Allen heavily minimized his experience of pain, distress due to scarring, and physical troubles in his stories about going back to work.

Paul. Paul is a Cree man in his mid thirties who lives on a reserve. At the time of the interview, he reported being single because his previous partner discontinued their relationship due to his burn injury. Paul's burns were mostly partial thickness and affected 27% of his TBSA. They were located on his lower neck, his back and his right arm. His arm was bandaged and seemed stiff as he had trouble signing the consent form; no other scars were readily apparent. It was not apparent how Paul was injured through his story as he did not remember much about it, although he remembered that the incident involved a house fire. Paul was hospitalized for four weeks and was being seen on an outpatient basis at the time of the interview.

The interview took place in a classroom at a local medical school and was approximately 2 months after Paul's injury. Paul was very eager to do the interview and was very friendly. Paul spoke in a clear tone but at times it was difficult to understand his accent. He talked about being proud that his injuries were healing emphasizing the exercises he did and his successes at regaining mobility. Paul also talked about feeling guilty about his consumption of alcohol during the night he had been injured. He cried when talking about his family who he felt he let down because of being injured.

Richard. Richard is an aboriginal man in his early forties who was living on a reserve when he was burned. At the time of the interview, he was living with his girlfriend in an urban city. Richard had full thickness burns to his back, arms, hands and face covering approximately 20% TBSA. He had incurred these injuries during a house fire in which he had tried to save his roommate. This person perished in the fire which was strongly reflected in the story Richard told. Richard was hospitalized for approximately six weeks for his burn injuries and was receiving outpatient treatment at the time of the interview.

The interview took place at Richard's girlfriend's home approximately two months after his injuries. At the time of the interview, the interviewer did not notice any physical impairment; however, Richard had a prosthetic leg which he walked on because of a previous injury and during the interview, demonstrated problems with stiffness in his hands and his back due to his burns. During the interview, Richard spoke with a slow tempo and a sad tone. He answered all of the questions which were asked, but at the beginning of the interview seemed uncomfortable. He later told the interviewer that this was because he did not talk to many people and kept to himself after his burn. Later in the interview, he became friendlier and more open. Richard's interview was centered on the grief he experienced due to his friend's death. He described constantly "dwelling on the trauma" he had experienced. He also expressed that he was very thankful to his girlfriend for her help with his recovery and felt that he had let his family down by being burned.

Patrick. Patrick is an aboriginal man in his forties who lives on a reserve. He had a grade 12 education and drove a medical transportation truck for a living before his burn. Currently Patrick lives with his common law partner and her kids. Patrick had full thickness burns covering his right leg, ankle, foot and back and partial thickness burns to his right buttocks and right leg. Overall his burns covered 25% TBSA and Patrick spent approximately six weeks in hospital. Patrick's burns were caused by a house fire. Patrick did not remember much about the fire other than waking up to it. After the fire, Patrick began to experience nightmares about the fire and about his cousin who had died in the fire.

The interview took place approximately two months after Patrick's injuries at the burn unit where he was being treated as an outpatient. During the interview, Patrick was willing to answer most questions but was fairly sombre and serious. He cried several times during his

interview, especially when talking about his cousin who had died. He answered questions directly but in a slow and careful manner. At the beginning of the interview he seemed somewhat closed off but as the interview continued he was able to build rapport with the interviewer. Patrick's stories mostly centered on his grief with the loss of his cousin and how he managed the limitations placed on him by his burn while experiencing low mood.

Eric. Eric is a single, Inuit man in his early fifties who has a grade 10 education and experience repairing automobiles and snowmobiles. At the time of the interview, he had been on government disability for several years and was living on a reserve. Twenty years prior to his burn injury, Eric was in an automobile accident which caused loss of control over his legs. Eric's burn was caused by his bathtub malfunctioning and his foot being immersed in very hot water. Without feeling in this foot, it remained immersed for a while causing Eric to experience partial thickness burns to 2% TBSA.

The interview took place at the hospital approximately 2 weeks after his injury. Eric was very animated and enthusiastic. Eric's narrative was shaped by his disability. During the interview, he tried to educate the interviewer on disability issues and how this had an impact on his experience of his burn injury. He showed the interviewer his arm strength and the different exercises he did to keep healthy and talked about the stigma he faced as a person with disability. In terms of his burn injury, Eric was not as concerned with the medical aspects of it; he was more concerned about how having this injury would affect how he was perceived by community members. Eric conceptualized his burn injury as another medical issue he had encountered due to paraplegia.

Now that the participant histories have been considered, men's stories about healing from a burn injury will be presented. I will first discuss the dominant narrative constructed by the men

in this study about burn injury recovery. I found that men told stories that involved discussion of becoming "normal" and ignored difficulties commonly faced during burn injury healing. I will argue that these stories followed a restitution plotline. Findings also indicated that stories about being agentic or doing physical activities facilitated men's narratives about becoming "normal". I then address the counter-narratives men told about healing from a burn injury including stories about boredom, grief, and regrets which interfered with men being able to construct the dominant narrative. In this section, I will present both the dominant and counter-narratives of burn injury recovery through thematic, structural, and performance levels simultaneously as these are interwoven and inseparable. Findings from this thesis are summarized in table H1.

The Dominant Narrative: The Restitution Narrative

A dominant narrative is a story supplied by one's culture which is socially acceptable to tell. As indicated in the introduction, men are socialized to tell a dominant narrative of being tough, strong, and unaffected by injury. This type of narrative emerged in the analysis of men's narratives about healing from a burn injury. Despite being interviewed about many of the problems commonly faced when healing from a burn injury, men predominantly told stories about no longer experiencing difficulties with burn injury symptoms or stories about their expectations of not having to deal with these symptoms in the near future. Take for example Kevin who was recovering from a burn to his right leg.

> **Interviewer:** What changed in your day to day life after your burn?
> **Kevin:** … Obviously day to day life, for the first couple of weeks I didn't work…. You can't put your leg down, you can't go outside, you can't walk… that kind of stuff. But you know a month later, three of four weeks later I'm doing just about everything that I could do.

In the above excerpt, Kevin indicates that he had previous difficulties with his leg but that he was now able to re-commence the activities he had trouble with. Other men indicated that

they were still having difficulties with symptoms of their burn injury but were expecting to recover. Richard demonstrates this through his story by emphasizing that medical treatment will return his body to "normal".

> **Richard:** It's not strong ((Richard's hand)). It can't uh, like if there was juice in here, I'd have to use this hand to pick it up. All those little things like that. (2) But they're telling me at the hospital that they could have it reconstructed in here in the tendons. With a lot of therapy like, I'll probably get back to normal, or close to normal.

The story Richard constructed is one about returning to "normal" despite many physical troubles. "Returning to normal" was found to be central to all of the men's interviews. Men told this narrative no matter how severe the burn injury symptoms they were experiencing were. In order to further their stories about returning to normal, the men would also construct narratives about how they were trying to resume pre-injury roles and responsibilities that they valued. The discussion of resuming these roles allowed burn survivors to define how they would become well again. As such, many of the men's interviews emphasized regaining their pre-injury roles by engaging in activities which helped them plan to resume work, hobbies, and leisure activities. For example, Jim discussed cultural singing and drum playing as an activity he pursued while recovering from his burn injury. He explains the importance of this to his experience in the following excerpt:

> **Jim:** ((A friend is))) going to send me this MP3 ((player)) too, because we sing uh, pow wow....And he's going to send me all the new songs they made. So I can listen to uh, and then when I get back all of the songs, they'll already be in my head... I know that my singing, they'll always need me. We don't need a leg to sing eh? Actually, I'll probably ask him to see if we can practice more now eh?... I've always held onto that. That's actually what made me uh, makes me um, have confidence. Because nobody else can do that. Nobody else can do what we do.

Jim's story demonstrated his need to participate in something that he did well before the burn injury. In this narrative, having something to do which was not affected by his burn injuries was substantial as it boosted his "confidence" in his ability to recover from the burn injury. By

saying "we don't need a leg to sing", he indicated that his singing was not affected by his burn and he would be able to continue singing as he healed. Through continuing this activity, Jim was able to structure healing from his burn injury around his cultural identity. By constructing a story about being able to maintain his role in this singing group, he was able to discuss how the burn injury did not interfere in a role important in his life.

Particularly important to men's stories about becoming normal and healing from a burn injury was re-gaining work roles. At the time of the interviews, only two participants, Allen and Kevin, had returned to work. The majority of the other men told stories about wanting to return to work as soon as they were able to. Work became something they could look forward to – a symbolic milestone to mark their healing. Not only was it a chance to resolve financial difficulties from being unemployed during recovery, it was also a chance to resume their pre-injury identities. Patrick's story provides a good example of this.

> **Patrick** : Well I think about it ((going back to work)) every day... I enjoy driving, have my music, my coffee. Different company, different scene; there's always something new and different... I'm eager to live and get on with my life. And part of my life is the driving. That's me, because I enjoy it. And a lot of my people enjoy me, enjoy my company and I enjoy theirs. A lot of my elders and other people ask if I'm driving, because they want me driving on their medical truck.

Even through contemplating their return to work, the men were able to envision something which they enjoyed doing rather than focusing on their burn injuries. Patrick's story implied that returning to work was equivalent to getting "on with life". In his narrative, work, his identity and his culture all intersected via his work role which was important in the construction of his identity.

Both Patrick's story and Jim's story are good exemplars of the type of narrative men told about recovering from a burn injury. This type of story was very indicative of a restitution

narrative. By concentrating on resuming identities, their stories were future oriented and emphasized meaningful activities which would not be affected by burn injury symptoms.

As part of the dominant narrative, men also de-emphasized the difficulties they faced during burn injury recovery. Take for example Allen's response to questions about his experiences with pain.

> **Allen:** Um, no (.) no there wasn't (.) there wasn't any pain issues… Just itchiness maybe, once in a while. But no, I don't usually have any issues or pain.

Allen indicates that he does not have issues with pain and that pain only bothers him infrequently in this excerpt. Men also de-emphasized the impact of limitations due to burn injuries on their ability to work. They instead emphasized how returning to work could help their recovery.

> **Allen:** There was pain, and I was still coming to see the doctor and we talked about going back to work and I said well yeah, (1) I feel like I'm pretty well ready but you know, I might as well just, and I did, I probably did go back sooner than I needed to or sooner than I should have, but, in a way, that was good. I think it kind of helped like having something to do all the time, even helped in the recovery or the stretching kind of thing.

Allen's discussion of going back to work earlier than his doctor or the disability insurance agency recommended allowed him to shorten the period of time in his story where he had to represent himself as impaired. Like many of the other men, by minimizing physical difficulties and discussing work, he was able to omit discussions of being injured and construct a story about being healed.

The findings indicating that returning to normal, resuming roles, and minimizing the experience of difficulties due to burn injury symptoms were predominantly discussed by men provides a foundation for the argument that the dominant narrative men told about burn injury healing was a restitution narrative. Constructing narratives about becoming "normal" followed

the restitution storyline as it allowed the men to conceptualize a future where they would no longer have to deal with the burn injury despite the reality that many burn injury symptoms are chronic and heal slowly.These narratives also ignore illness and instead discuss and describe a future where the men are no longer sick. By telling this type of story, the men were able to seemingly shorten or even skip the rehabilitation phase of their recovery in their stories.

This section highlighted the dominant narrative told by men about becoming "normal" after a burn injury. Discussing men's stories about becoming "normal", re-gaining roles which were important to their lives, and presenting how the men minimized aspects of the injury such as pain demonstrated that this dominant narrative followed a restitution storyline. The next section will look at how telling stories about being agentic facilitated men's ability to tell this dominant narrative.

Agency and the Restitution Narrative

Agency is a person's belief that he can influence situations that are important in his life. A person can demonstrate agency by the act of telling a story or by a character's actions within a story itself. In this section, I will focus on the latter by arguing that men's stories about agentic physical actions during burn injury healing can facilitate their dominant narratives of "returning to normal" which as argued above can follow a restitution storyline.

Men often discussed the importance of physical activities in their interviews about healing from burn injuries. During the early stages of recovery, burn survivors are told to take time to heal before recommencing physical activity. Men become restricted in their choice of activity due to pain associated with their injuries and risk of re-injury. Despite these restrictions, men told stories about attempting physical activities. Take for example Jordan who told a story

about an event where he carried a five gallon jug of water down a flight of stairs despite pain due to a burn injury to his foot.

> **Jordan**: I had no one there to grab it for me so I had to fight, fight to get up the stairs. That was probably the worst ((pain)) ...I got my water, that's for sure. And it was good to be able to get it (.) for myself instead of relying on somebody. Well I'm not used to that, you know getting me stuff and everything. So,-
> **Interviewer**: So, people are doing quite a bit of that for you?
> **Jordan**: Yeah it was, (1) it was alright I guess, but, just not used to (.), prefer to be more independent. I guess...I could sit here thirsty all day or I could (.) get up there. So I took a big jug down with me when I went.

Jordan's story clashed with the restrictions on avoiding strenuous activity which his physician recommended. He placed a strong emphasis on the word "fight" in his story to describe the physical challenge of enduring the pain he encountered during this activity. "Fighting" is a common metaphor which men have been shown to use in order to conceptualize recovery from illnesses (e.g. Smith & Sparkes, 2004). It is particularly relevant to challenging the physical difficulties of a burn injury. To these men, stories about accomplishing tasks which exerted their bodies were signs that indicated that they were healing, and as such, the men were proud of being agentic and achieving these accomplishments. This type of fight metaphor also complements and fits within a restitution narrative structure. Through "fighting" actions in their stories the men demonstrated that they were becoming less limited by physical disabilities and would soon be healed and have the same physical strength as they did before their injuries.

Eric also discussed "fighting" to regain physical ability after his burn injury; however, his stories about these struggles were different from the other men because of his disability.

> **Eric:** I'm a very independent man. I live alone, I do my own cooking, cleaning. I can get help once I need it, they're only a phone call away, home care, same with the nurse…They ((community members)) look at you as someone not being able to do a lot and that's exactly what I'm trying to fight, I'm very independent, I'm trying to be anywhere and everywhere…And of course they ask, were you alone. Oh yeah, I was alone yeah. *Oh oh, gee you shouldn't be alone*. I prefer to be alone, I get to think more, read more this or that…

Due to a motor vehicle accident prior to his burn injury, Eric was not able to feel his legs when hot water burned them. Throughout his interview, Eric discussed his exercise routine to regain upper body strength. In the excerpt above Eric used a defensive connotation of the word "fight" because he felt that community members, friends, and family would believe that his burn injury proved that he was not able to take care of himself. This fight then became part of Eric's healing. Eric had to convince others that he could take care of himself in order to regain the role of someone who could live independently as part of his recovery from his burn. Arguably, this fight fits within a restitution storyline. Restitution narratives are about skipping the aspects of recovery which involve the survivor being impaired. If he did not argue for his "independence", Eric would be forced to tell a story about how others believed he was too impaired to take care of himself. Regaining his "independence" was then strongly tied to Eric's sense of recovery and ability to continue his life as it was before his injury. For this reason, much of his interview emphasized how after he healed he would again be physically able to take care of himself.

Physical and bodily elements were also addressed in men's stories about the medical aspects of healing from a burn injury. Similar to restitution narratives about other illnesses (e.g. Medved & Brockmeier, 2010), the men recovering from burns told stories of leaving many of the decisions about their treatment to their health care providers. As mentioned earlier, this allowed them to deemphasize the troubles they were encountering and ignore the difficult aspects of burn injury recovery. When these men did talk about being involved in their recovery, their stories emphasized how they chose to exercise their body. Jim for example, devised a workout for himself while he was in a wheelchair to be able to tolerate pain and become stronger during recovery.

> **Jim:** I have to ((take charge of care)) yeah, because when I wake up in the morning my leg is so, so sore right away. I ask them to give me uh, pain medicine. It don't work

> though, the only time it works is when my blood starts going. So then I'll go outside. They have these long hills, so I make myself, I make my butt go eh. Go up and down. Go up, slide down, go up, slide down... I do ten of those and that's good enough...By that time I am ((finished)), that hurt is already going away.

Through this story, Jim discussed his need to shape his recovery because he found medications ineffective at regulating his pain. These actions constructed within the men's stories were agentic because they allowed the men to actively influence their healing. Similar narratives were told by other men where they emphasized many activities which could help them shape their recovery. For example, many of the men described stretching and practicing fine motor movements. Some of these exercises were recommended by their health care providers whereas others were created by the men. During the interviews, many of the men would even perform the actions in their stories by showing the interviewer increases in physical mobility they had accomplished as a demonstration of pride in their work towards being healed. Observing these increases allowed the men to construct stories about fully regaining physical ability, stories which are indicative of a restitution storyline.

At times, physical activities also complemented the roles that the men were trying to regain in order to become "normal" again. Patrick for example described himself as a "protector" of children in his family. Despite being instructed by the medical staff not to lift any heavy objects due to the full thickness burns to his back, Patrick told several stories about times where he had lifted his children.

> **Patrick**: Lifted the kids when I wasn't supposed to and ended up hurting my back, pulling my muscle or something.... I lifted my cousin's kid at the wedding there. People were just about stepping on him trying to walk into the church, so I tried to pick him up. Moved him away from the steps, the stairs, going into the church. Uh, it didn't hurt right away but when I put him down, because I had to bend my back a bit, my muscles started hurting. (2) Um (:) lifting my stepdaughter, a couple of weeks ago. I'd carry her in, and then my girlfriend gave me shit for carrying her. Don't hurt yourself! I don't know sometimes I just want to because, (10)
> **Interviewer**: What does it mean to be able to carry them in?...

> **Patrick**: Well it's, watch over him, make sure he's okay, doesn't get hurt. (2) I've always been protective of kids.

Patrick's decision to help these children was influenced by his role as a "protector". This was a role he strongly wanted to regain after his burn injury. Patrick had difficulty verbalizing why he had to pick up his child. He indicated that his burn recovery was important to him, but in this excerpt he had to negotiate how much he was willing to sacrifice his protector role for his recovery. This story demonstrates how complex agency can be in restitution narratives. In his story, Patrick's choice was to regain his role by lifting the children and risk re-injuring himself or ignore the responsibility of his role and concentrate on the physical aspects of healing. In discussing this story, he is able to show how important this protector role is to him and influence the situation with his children by choosing it. I would argue that in doing so, he chose to tell a restitution narrative. Rather than focus on the limitations of his burn injury or the burn injury itself, Patrick decided to tell a story which demonstrated that he was better and able to take care of his children.

Counter-Narratives to Restitution: Stories about Boredom, Grief and Regrets

Although the dominant narrative in men's interviews about healing from a burn injury was one of becoming "normal", the men were not able to construct this story in response to every situation they encountered during burn injury recovery. Stories about some of the difficulties associated with burn injuries did not fit within a restitution story structure. In order to find meaning in these situations, men needed to construct counter-narratives in order to supplement the dominant narrative. These counter-narratives generally had a more chaotic structure than the dominant narrative. Three issues were especially described by men in these counter-narratives. These issues included facing boredom due to the physical limitations that the men had to contend with during recovery, the men's regrets about the incident which caused their burn injuries, and

grief over the death of someone due to this incident. This section will elaborate on these three counter-narratives of men's burn injury recovery.

Boredom.

Many of the men discussed facing boredom during recovery in their interviews. Men felt bored when they had difficulties with physical activities or were unable to fulfill the roles which were important to them. Take for example Jordan's story where he longed for regaining the use of his injured leg.

> **Jordan**: Uh it was (.) about a couple of days ago I was pretty depressed because all of my buddies were over in ((city)) and I was stuck bedridden in this (.) splint...Just had to get out of the house ... Like I said just happens to anybody when you're (1) stuck in a- watching TV all day or reading books. You can only do that so long before you uh (.) feel like you have to get out. Sleeping, was uh, (.) that was a problem for a few nights because I was so restless...Like I knew I, normally I would be able to sleep, if I was at work all day I'd be more tired and would sleep. At least if I was doing something physical; that's what it was, had to do something physical. Now that the splint's gone it'll be (.) so awesome. ((both laugh))... It'll be nice to get up outside of the house and just walk around. Enjoy the day. It looks nice out there, so.
> **Interviewer**: What does it mean to be able to get up and walk around?
> **Jordan**: Oh it's, it's awesome. That's the only way I could describe it. Just (.) being able to, I don't know, I don't like to lay around so...It's always nice to be, (.) it's nice to be up and happening again.

Jordan's recounted distress in his story because he was not able to be active and had to "lay around". He emphasized his boredom by contrasting it with his previous ability to "do something physical". This story was not indicative of a restitution narrative because in it, Jordan did not discuss healing or a future where he did not have a burn injury, he only dwelled on his experience of boredom. Jordan's story about boredom was in some ways indicative of a chaos narrative because of his accounts of feeling distressed about being "stuck", however, his story lacked the timelessness of classic chaos narratives- that is to say his story followed a sequence and indicated causality. For example, he felt bored because he was stuck in his house or he couldn't sleep because he wasn't active. His longing for being able to "do something physical"

suggested that he wanted to tell a restitution story about being agentic but could not. When he was able to tell a story about what he would do in response to his splint coming off, a restitution structure re-surfaced. He described how having his splint removed meant that he was "happening" again and that he no longer had to experience boredom.

Grief and Regrets.

Men also had trouble telling restitution narratives when discussing guilt and regrets over the events which caused the burn injury. Take for example Paul's story about his accident.

> **Paul**: Uh, just started to, just one of my other cousins started to, that came in. (1) He didn't ask me what happened like, you know like. (2) I told him that alcohol took over and don't even remember what really happened. And he said I know what's, I know what's going on like, you just have to try and quit drinking he told me... I told him I know I hurt lots of people, but I was crying too when I said that, I know I hurt lots of people, like my friends, my family (5) and my good friends I hurt.
> **Interviewer**: By being here?
> **Paul**: No by being burned. ((cough)) Since um, now I'm getting better they're happy like, they're encouraging me to do better, like to do my exercises...Uh, like, (2) feel bad when I went and drink that time. Like what really happened, I don't really know...But I couldn't like, (4) I wish I could (4) ((crying)).

Alcohol use is common before major burn injuries (Levy et al., 2004). Like many of the other men's stories, Paul's story was of remorse about drinking before acquiring his burn. His feelings of remorse interfered with his ability to tell a story about getting better. He attempts to talk about being "encouraged" to get better in this excerpt, but his narrative becomes consumed with the sadness of disappointing his family and friends. The story about this sadness seemed to follow a chaotic structure. It was fragmented from his lack of memory of the fire. Additionally this story highlighted that although Paul's family and friends wanted him to get "better", he could not at that time due to his unresolved feelings. Paul's story about family and friends encouraging him to get better indicates that both he and his family wanted him to tell a restitution narrative. However, unlike stories about boredom, the conflict of dealing with regrets

in men's stories was much more difficult to resolve. Without this resolution, restitution narratives were difficult to tell.

Although boredom in recovery and regrets over alcohol use were difficult to discuss, what was even more painful for burn survivors was the death of someone during the incident which caused their injuries. This was the case for two of the men interviewed, Richard and Patrick. Both reported experiencing low mood, nightmares, and flashbacks. As a result of the deaths, their narratives were overcome by feelings of guilt, grief, and sadness.

> **Richard:** Well I think about it, (2) feel kind of guilty about, about my roommate that he died. I don't know where that guilt is coming from because I know I didn't start the fire, but I allowed the drinking. (2)... I think about it every day. (2) I find that I don't talk. I hardly say any words at all during the day. I'm constantly dwelling on the trauma that I went through. Try to rewind, rewind and try to figure out how it started, why it started... It seems like surreal. (2) But I know that it happened because, there's pain to deal with everyday.

For these men, narratives became stuck on the event which caused their injuries. In the excerpt above, Richard's story is fragmented which is indicative of a chaos narrative. He indicates feelings of guilt and responsibility for his roommate's death. This guilt was discussed throughout Richard's interview as he "dwells" and re-lives this experience. This dwelling allows less narrative space to tell stories which consider the future. Dwelling then shaped his story of recovery as it evolved into one about being stagnant.

Richard: I did everything ((before the injury))... Now it's just watch tv. Just sit there and watch tv all <u>fucking day</u>.

Patrick's also discussed feelings of grief, however, his story addressed his attempts to consider his future and "move on".

Patrick: ((I)) Struggle day by day and just have to forget about what happened yesterday and move on. I just know I've had times like that... Sometimes I think, why didn't I survive and how come my cousin didn't make it. Or if I should have been in his place and he in mine.

Patrick's story indicates that he wants to "move on" but he is not able to do so due to the guilt he feels over his cousin's death. He indicates he wants to "forget" and is "struggling" on a daily basis to do so. Unlike Richard's story which was fixated on grieving the death of a loved one, Patrick's story indicated that he had not addressed his grief over his cousin's death.

> **Patrick**: I never really talked about it, the loss of my cousin. It's, I don't know they wanted me to go to the, to that, memorial and put up a cross at the site where the house burnt. I couldn't go I wasn't uh, ready. Just, started crying when they tried to take me there. I tried to go there, walked a few steps, I don't know, maybe ten yards towards it. Then I, I couldn't do it, I turned back and went back home.
> **Interviewer**: There was too much there eh? Too much to deal with?
> **Patrick**: Mhmm. You know, well I think there's always time for that. Um, I guess uh, (3) I don't know, I eventually want to get back to normal but I'm not sure what that is yet.

Partrick is grappling with the idea of being "normal" again while still dealing with his cousin's death. In his interview, Patrick indicated that he made successful attempts at defining "normal" for him by considering work and plans for the future, playing with his children and trying to enjoy time spent with friends despite the pain associated with his injury. By doing this, Patrick attempted to construct a restitution narrative in his interview; however he was not able to do so because he had not fully dealt with the death of his cousin. This is indicated by his confusion of not knowing what "normal" would be for him.

Men's stories about dealing with grief, regret and bereavement were different from the other narratives men told. For these men, agency became about considering alternatives to past actions as grief limited their ability to tell stories about agentic behaviour. As Richard described it, this process was about "rewinding" and reliving the past. When the men felt responsible for the event which caused their injuries or felt that they could have prevented it, their narratives had a distressed tone. They started considering what they should have done and how they should have acted. Take for example the excerpt that was presented above from Paul's interview.

> **Paul:** ...Uh, like, (2) feel bad when I went and drink that time. Like what really happened, I don't really know...But I couldn't like, (4) I wish I could (4) ((crying)).

Paul indicated that he wished he could remember what had happened to him and wished he would not have consumed alcohol before the fire. Paul and other men who were experiencing regret because of their actions due to the burn injury often told stories about being inspired and empowered to take future responsibility for their actions. The most salient example of this was that the majority of burn survivors who drank alcohol before their burn vowed to control or quit drinking. The burn then became an incident which forced the men to learn a life lesson to be more careful of their actions in the future. Many also discussed trying to educate others about alcohol use and burn injuries. An excerpt from Paul's interview provides an example of this.

> **Paul:** Yeah but I'm glad, like I'm still alive. (2) Like this way I could probably talk to people, what uh, what al- what alcohol can do. (2)

The stories about men's feelings of boredom, grief, and regret were clear counter-narratives to men's dominant narratives of becoming normal. In telling these stories, the men were not able to skip discussing the psychological distress encountered during their illness in favour of stories about being healed and thus were not able to tell restitution narratives. These issues were very salient in men's stories of burn injury recovery and were both distressing and meaningful for the men.

Discussion

I investigated the narratives told by men who had suffered a serious burn injury. Firstly the men's dominant narrative of recovering from burn injuries was presented. My findings indicated that men principally constructed a dominant narrative of returning to "normal" and tried to ignore difficulties commonly faced by burn injury survivors. I argued these stories were indicative of a restitution storyline. I then addressed how agentic actions of performing physical activities facilitated men's narratives about becoming "normal". Men's counter-narratives to this

dominant narrative which followed a chaos structure were then discussed. By analyzing these counter-narratives, I explored how boredom, grief, and regrets interfered with men's ability to tell restitution narratives about healing from a burn injury.

This discussion will further address the narratives told by men in response to burn injuries and compare them to men's restitution narratives told about other chronic illnesses. Attention will then be turned to further discussing how agency corresponds with narratives about burn injury recovery and exploring what influenced men's stories about regaining physical abilities during this process. In doing so, the implications of addressing agency during the analysis of restitution narratives will be considered. As these issues are discussed, I will also comment on how men's gender and socialization shape their narratives of burn injury recovery and how these findings can be generalized to the broader literature on trauma. Finally, this section will address possible limitations and treatment implications based on the findings of this thesis.

Restitution Narratives

There appears to be a trend in the literature indicating that men prefer to use restitution narratives to consider recovery from illness, trauma, and impairments, especially in their early stages (e.g. Carless & Douglas, 2008; Medved & Brockmeier, 2010; Smith & Sparkes, 2004, 2007; Sparkes & Smith, 2005; Sinclair & Green, 2005; Whitehead, 2006). Similar to narratives told in response to other chronic illness, I demonstrated that men who participated in this study constructed their stories about burn injury recovery principally through the restitution plotline by discussing a future where they were "normal" and no longer needed to deal with their burns. From these findings, I can argue that men tell stories about their burn injuries which omit aspects of their healing. This skipping is strongly grounded in males' socialization through which they

are encouraged to appear strong and healthy (Smiler, 2004). Narratives about being weak or suffering from their injuries are difficult to tell as they run counter to these stereotypes.

Beyond simply looking at the forms of narratives, what was novel about the findings in this thesis was the focus on aspects of recovery specific to burns that interfered with the men's ability to tell restitution narratives. In the men's stories, they indicated that they were in the process of negotiating and defining "normal" but that boredom due to physical disability, regrets due to alcohol use, and grief due to the death of someone important interfered with their ability to do so. My interpretation of these difficulties posits that even though the men were trying to tell restitution narratives by indicating their plans for the future, they could not comprehensively construct this type of story until the issues mentioned above were fully reconciled.

Along similar lines, it was interesting to note the difference in stories about boredom due to physical impairments and psychological distress associated with grief and regrets. With physical impairments, the stories men told had discussions of hopefulness for the future which was indicative of a restitution story structure, but at the same time had content of being "stuck" as indicative of a chaos story structure. The stories about boredom and physical impairments then became split between the two story structures as they were told simultaneously. This was not found in stories about psychological distress due to grief and regrets which mainly followed chaos structures. Although the men's stories indicated that they wanted to tell a restitution narrative, the psychological distress was so predominant that they were not able to do so. The difference between the stories of boredom and the stories of grief and regrets suggests that psychological distress may be more difficult to discuss than the physical aspects of burn injury recovery in men's narratives.

Nuances in the content of men's narratives were also found when comparing their stories of burn injury recovery to men's stories about other chronic illnesses in the literature. Particularly relevant was the focus that men placed on the physical, medical, and bodily aspects of the burn in their stories. When asked directly, men discussed how pain affected their bodies by telling stories about boredom due to difficulties in physical abilities. They appeared very pleased and reassured to tell stories about gains in the strength of their limbs, motor skills, and physical abilities. This is in contrast to other chronic illnesses such as coronary heart disease where men have been shown to omit details about their illness including how pain, weakness, and medical procedures affected their relationship with their body (e.g. Medved & Brockmeier, 2010) and more congruent with stories about recovering from other types of physical trauma such as spinal cord injuries where men discussed their injuries while conceptualizing their body as a battleground where a "fight" to regain physical abilities could take place (e.g. Smith & Sparks, 2004). Although impairment from a burn injury is very different from disability due to spinal cord injury as spinal cord injuries can be much more pervasive and permanent than the pain and stiffness associated with a burn injury, the stories about dealing with physical difficulties seem to still share this "fight" metaphor for recovery.

Perhaps it is the physical nature of burn injuries which explains the men's emphasis on "fighting" in their stories. Burns are visible injuries which men can watch heal. By citing these visible aspects of healing in men's stories, they are able to describe their impairments. In contrast, for heart disease, HIV, and other chronic illness, the physical difficulties are invisible and therefore it is much more difficult to construct a story about fighting them (e.g. Ezzy, 2000; Medved & Brockmeier, 2010). Also, as Möller-Leimkühler (2002) points out, having a physical injury which is visible is also more legitimate for men to discuss than an illness not involving

visible injuries, thus making it somewhat easier for men to talk about issues with physical difficulties in their stories about their burn injuries.

Agency

Before major trauma occurs, men are socialized to view themselves as active in influencing the direction of their lives. Their stories are about spending time furthering their life goals, working, and building relationships. During burn injury recovery, men's sense of agency can become threatened due to troubles with pain and physical difficulties. As discussed in the previous section, boredom due to physical difficulties was particularly troublesome for the men in this study as it interfered with their ability to tell restitution narratives. Agency will be further discussed in the context of men's narratives of burn injury recovery below by elaborating on men's sense of agency in being able to choose to tell narratives about getting better. By doing so, I shift the focus of discussion away from the agentic actions in the story and instead discuss the agency of the narrator in telling this type of story as this agency can drive men's narratives of healing.

The agency of the narrator is important to consider for this discussion of men's narratives of burn injury recovery. By choosing which stories are important to tell, the narrator is able to consider his intentions and find meaning in his recovery. The agency of the narrator can give context to why men's stories about being bored were particularly distressing. The male narrators' agency was limited when they no longer could tell stories about being physically active or performing other agentic behaviours during their recovery. When lacking stories to tell about being agentic, the men no longer had the option of discussing intentions of "fighting" their illness or representing themselves as tough because they did not have any stories as evidence of this behaviour. The men then had no other option but to represent themselves as being bored and

restless through counter-narratives. Stories about being physically active, "fighting", and being tough are all stories which can be influential to men's masculinities. Since these masculinities can be a strong driving force in men's agency, these counter-narratives were particularly distressing for the men to tell because they did not allow the men to construct stories representing their masculine socialized beliefs that they should be active.

Despite the men's narratives of boredom due to physical difficulties, it is interesting to note that very few failures at attempting physical activities were discussed in the men's stories about physical difficulties or physical activities. That is, in the men's stories, they were either able to do the activity or they did not try. It is possible that like stories of boredom, stories about failures at attempting activities were threatening to the male narrator's sense of agency. If this were the case, male narrators would be able to restore their sense of agency by overemphasizing stories of being able to complete physical tasks in response to this threat.

For counter-narratives of burn injury recovery dealing with grief, the agency of the teller was also very important. In his original description of restitution narratives, Frank (1995) mentioned that mortality cannot be discussed through a restitution story structure. Although Frank was referring to the narrator's death when addressing this, this guideline also seems to generalize to Richard and Patrick's stories about the death of friends and family in the fires which caused their injuries. These men were not able to tell stories about their lives returning to normal because they would never be able to regain the person that they had lost. Instead of being able to choose to tell a restitution narrative, the men were forced to tell stories which dwelled in the past. For these men, agency involved reflection about their past in addition to considering alternatives to their previous actions which may have prevented these fires. In

choosing to tell stories about these alternatives, the men were able to negotiate meaning in their actions.

Up until this point in the discussion, I have considered the findings of both narratives about agency and restitution narratives in men's stories about burn recovery separately. The next section will discuss the implications of discussing agency within stories of restitution.

Restitution and Agency

Agency does not integrate seamlessly onto the concept of restitution narratives. Stories about men being actively involved in burn recovery clashes with some of the characteristics of restitution narratives originally conceptualized by Frank (1995). Based on Frank's description, patients who tell restitution narratives are expected to assume a sick role. The sick role, originally described by Parsons (1951) is a sociological construct which provides guidelines for the behaviour of patients suffering from an illness. These guidelines include: patients do not attribute fault for the illness to themselves, the sick person relinquishes the roles and responsibilities of daily life, and the patient must comply with the orders of a health professional.

Although men mostly indicated that they relinquished control of medical procedures to their care staff such as dressing changes in their stories about burn recovery, they also suggested that they guided their recovery by performing physical activities- some of which were contra-indicated by health care professionals. In choosing to tell stories about their refusal to rest physically over the passive restitution narrative, the men were able to express that they did not want to harm their recovery but also did not want to relinquish the roles and activities which were important to them. In addition, several of the men also discussed being partly at fault for their injuries by telling stories about their grief and regrets over the incident which caused their burns. The concept of restitution narratives had to be broadened to include agentic behaviours of

doing physical activities and regaining roles for the purposes of this study. After broadening Frank's (1995) and Parson's (1951) guidelines for what is acceptable behaviour for men suffering from an illness and what behaviours can be encompassed in a restitution narrative, many of the men's stories demonstrated how restitution narratives could include men's agency as discussed in previous sections of this discussion. Broadening the guidelines of Parson's (1951) sick role to encompass men's efforts to influence their recovery is also consistent with calls from the sociological literature (e.g. Segall, 1997). Along with my research, this literature posits that as a rule, societal pressure does not completely force patients to solely experience their recovery from an illness passively; instead patients can actively be involved in this recovery.

Trauma

Now that there has been an in-depth discussion of men's narratives about burn injury healing, the focus of this paper will be turned to further situating my findings by comparing them to the literature on help seeking and coping with trauma.

One of the main findings of this paper is that men prefer to use restitution narratives to discuss and find meaning in healing from a burn injury. What has yet to be addressed is how chaos narratives and restitution narratives may hinder or promote adjustment to a burn injury. To discuss this issue, the key characteristics of a restitution narrative need to be considered. A restitution narrative is a coherent story which is future oriented. Survivors who tell this type of narrative focus on a future where they are healed and no longer have to deal with their injuries. In doing so, survivors avoid discussing aspects of their healing which are difficult and instead focus on being able to resume the roles in their lives which are important to them.

According to the literature on coping with trauma, when people have overall future oriented outlooks they tend to have better overall health, well being and psychological

adjustment (e.g. Henson, Carey, Carey, & Maisto, 2006; Keough, Zimbardo, & Boyd 1999; Rothspan & Reid, 1996). Since restitution narratives are generally future oriented, telling these narratives theoretically should be helpful in the process of coping with a burn injury. What may not be as helpful is the manner in which restitution narratives allow survivors to avoid discussing the injuries, impairments and difficulties that they have encountered. Avoidance is a very common coping mechanism in dealing with traumatic injuries and events. Despite this, avoidance is associated with many negative outcomes including high psychological distress and has been shown to be an overall poor method of coping (Charlton & Thompson, 1996; Littleton, Horsley, John, & Nelson, 2007). Therefore, there may be both advantages and disadvantages to telling a restitution narrative while trying to cope with the process of burn injury recovery.

On the other hand, men's use of counter-narratives in their stories about burn injury healing also needs to be discussed in the context of coping with burn injuries. Men told counter-narratives which addressed aspects of their experience that the restitution narratives could not such as their feelings of grief and regrets over the incidents which caused their injuries. When narratives of individuals who have been traumatized become stuck in past temporal orientations such as those presented in the men's counter-narratives about these incidents, the narrators are more likely to encounter severe, long term, psychological distress and post traumatic stress symptoms (Frazier, Berman, & Steward, 2002; Holman & Silver, 1998). The incoherent structure of these narratives can also be particularly detrimental to a patient's ability to cope with trauma (Tuval-Mashiach et al., 2004). As such, there may be a reason for concern when survivors are telling chaos narratives which are incoherent and only focus on the incident which caused their injuries.

One final consideration which should be made about counter-narratives is that they are often told simultaneously with restitution narratives. For example, in their stories the burn survivors would often vacillate between narratives of "getting better" and narratives of experiencing difficulties with boredom, grief and regrets. This vacillation is similar to approach-avoidance coping where a survivor becomes distressed because he cannot choose between behaviours which address difficulties he is facing due to an injury and behaviours which avoid these difficulties. For burn survivors, an approach-avoidance coping approach exacerbates symptoms of PTSD (Fauerbach et al., 2009). Just as the difficulties in choosing between approach and avoidance coping is stressful to burn survivors, it may also be difficult for burn survivors to choose between stories of getting better and of experiencing difficulties when discussing healing from a burn injury. Therefore, it is beneficial to encourage burn survivors to construct a narrative which integrates aspects of both plotlines into a coherent illness narrative (e.g. Tuval-Mashiach et al., 2004; Wigren, 1994).

Poverty and Aboriginal Trauma

Although this study does not focus on cultural issues, one needs to understand the historical context of aboriginal trauma in order to situate the narratives some of the men articulated as many of the participants in this project were aboriginal. Due to colonialization, Aboriginal people in Canada have been forced to deal with violence, de-population, cultural dislocation and forced assimilation from people of European decent for several hundred years (Weaver & Yellow Horse Brave Heart, 1999;Wesley-Esquimaux, & Smolewski, 2004). After experiencing centuries of trauma, recollections of this trauma entered the social narrative of aboriginal people and were relayed to their children. Aboriginal parents became less able to fulfill the social obligations of parenting because they did not have the cultural resources to do so

as they were still dealing with the trauma they had encountered. Their children lived in impoverished conditions and experienced their ancestors' trauma through the stories they were told. The children then had to face this trauma and the difficult social patterns that accompanied having parents that lived with this trauma (e.g. difficulties with parenting, substance abuse, family violence, feelings of helplessness and post-traumatic stress disorder symptoms). The process of trauma being passed through generations is entitled historic trauma transmission; a process which has resulted in collective feelings of loss and grief for Aboriginal people, (Yellow Horse Brave Heart, 1998) and is hypothesized to be one of the most important issues to the development of current traumatic life experiences for aboriginal people living on reserves (Wesley-Esquimaux, & Smolewski, 2004).

Historic trauma transmission (HTT) is important to consider when looking at the narratives constructed by Aboriginal men in this study. It provides a context for the Aboriginal men's stories about the difficult living situations they face which may have increased their risk of encountering trauma due to burn injuries. Although the participants did not mention historical trauma directly in their stories, the effects of this trauma were prevalent. Many of the men alluded to problems with substandard housing in their home reserves which may have made it more likely for their houses to catch on fire. In their narratives, the poverty and housing problems associated with the aboriginal men's reserves may have also made their restitution narratives different from the stories of other men. For example, Paul discussed many housing issues he was facing while telling stories about how he was healing. The general plot of his story remained about "getting better", but overcoming housing issues was part of this restitution story.

Housing issues were not the only problems that the Aboriginal men faced, many of the men also talked about trauma due to crime, suicides and deaths that their friends and family were

involved in. Additionally alcohol abuse, a major problem on aboriginal reserves (Szlemko, Wood, & Thurman, 2006; Whitebeck, Chen, Hoyt, & Adams, 2004) was discussed in many of the men's stories while reflecting on what caused their burn injuries. I highlighted how many of the men discussed regrets about using alcohol and grief over the deaths of others in their stories about healing from a burn injury, however, since their burn injuries were not the only trauma the Aboriginal men had faced, stories about grief and regrets may have been more common for these individuals than some of the other participants. According to theories of HTT, living conditions, alcohol abuse and experienced trauma are a direct result from the poverty imposed on Aboriginal people and is one of the effects of experiencing ancestral trauma. The grief being faced by the aboriginal participants about the loss of loved ones may have then been compounded by grief of trauma faced during previous life experiences while living on a reserve. For example, some of the Aboriginal men discussed how their friends or family members had committed suicide or they discussed how they had witnessed another traumatic event. For many of these men the fire which caused their burn injuries is one more event in their life story which contains much grief embedded within. Due to HTT, it is important to consider culturally suited interventions when considering mental health interventions for aboriginal burn survivors (e.g. Waldram, 2008). Further investigation of cultural issues is therefore needed with this population in order to help them construct more coherent narratives about their burn injury recovery and repair their life story.

Men and Help-Seeking

Men's under utilization of health care resources has been well documented in the literature. Men are known to delay going to see a physician when they are ill and less likely than women to go see a physician when they are healthy (for a review see Galdas, Cheater, &

Miarshall, 2004 or Smith, Braunack-Mayer, & Wittert, 2006). In addition, men are less likely to seek treatment for psychological disorders and emotional distress than women (Rickwood, & Brathwaite, 1994). What is less known is how men approach and accept care from a health care provider once they have been diagnosed as being sick or are healing from a traumatic injury. Men's narratives about burn injury healing can then inform the literature on men's help-seeking behaviours.

Generally masculine socialization is credited for men's feelings of wanting to be self-reliant and "tough" and hence not wanting to see a physician. Current theories on how this socialization affects men's help seeking suggests that men sometimes ignore symptoms of being sick because being sick runs counter to their gender roles (e.g. Mansfield, Addis, & Mahalik, 2003). This ignoring stance can be seen in men's restitution narratives and men's stories about agentic behaviours. By choosing to emphasize their ability to do physical activities and choosing to tell stories about healing and skipping illness, the men constructed a reality where they would no longer need to seek help from a physician and could quickly resume the roles which were important to their lives. This suggests that telling restitution narratives is not conducive of medical help seeking as it emphasizes that the men should quickly heal from health problems or that the men can ameliorate their health condition by just following the guidelines of concealing their vulnerabilities as prescribed by the "tough" masculine narratives (Mahalik, Good, & Englar-Carlson, 2003).

The main problem with the dominant restitution narrative is evidenced in the counter-narratives told by men. Men's stories clearly indicated that they were experiencing psychological difficulties which might benefit from treatment. Based on socialization, discussing emotional or medical difficulties with health care providers or friends and family, particularly other males, is

not an acceptable behaviour (Tudiver, & Talbot, 1999) and was clearly not present in the dominant narratives of burn injury healing. Many of the men reported emotional difficulties but were hesitant to talk about their efforts to seek help or resolve these issues. The men's agency was also defined by the socialized rules of help seeking. Their stories about how they used agentic actions to "get better" were all about the physical actions that they conducted. The agentic actions that men chose to talk about did not involve consultations with their physicians about psychological distress in order to promote healing, but rather how they could do physical actions without the help of others. In ignoring psychological distress more than physical difficulties in their stories, the men demonstrated that these difficulties were more acceptable to discuss. However, without social or professional support, men may be left to cope with emotional difficulties by themselves because their socialization did not allow them to report difficulties or consult their health care providers about the best way to foster their healing.

Strengths, Limitations and Future Research

This study investigated how men experienced and found meaning in the early stages of burn recovery. In this section, I will discuss the strengths and limitations of this study design. In addition, I will address future research questions about burn injury recovery which have emerged from this thesis.

Strengths

There is very little work on how men interpret and find meaning in healing from acquired traumatic injuries such as a burn injury through narratives. To my knowledge, this is the first study to investigate how male burn survivors find meaning in their recovery and as such makes a unique contribution to the literature. In addition, I was able to highlight the importance in regaining physical abilities in male burn survivors and provided numerous treatment implications

listed below. Additionally, in order to fully capture the important emerging narratives constructed by men about finding meaning in healing from a burn injury, I employed a broad focus in interview content. I also interviewed a broad sample of men with a wide variety of burn severities and locations which allowed me to investigate and find commonalities in the dominant narratives of healing from a burn injury for men. For example, despite the difference in severity and prognosis of burn survivor's injuries, all of the burn survivors constructed stories about the dominant narrative of becoming "normal" after their recovery. In addition, all of the survivors indicated some issues which interfered with their ability to tell this narrative, suggesting that aspects of healing from a partial or full thickness burn injury were distressing for the men regardless of the size of their burn. This allowed me to make strong and consistent comparisons from my findings to the literature and provided a foundation for my analysis and conclusions.

Limitations

Sampling issues also served as somewhat of a limitation. Our sample was restricted to participants with burns covering less that 30% TBSA; as such, men with more severe burns may experience and find meaning in their recovery differently from the participants in this study as burns greater than 30% TBSA require more medical attention and more time spent in hospital. Along similar lines, participants in this study were willing to share their stories allowing for the construction of rich and full narratives. Survivors who were coping well with burn injury recovery may have been more likely to participate than others. That being said, many of the men in this project did construct stories about not coping well and were experiencing severe psychological distress.

The findings of this thesis may have also been influenced by how long the participants had lived with their injuries. The majority of men who participated in this project had been

injured less than three months prior to the interview. Although this allowed for findings about how participants found meaning in the short term aspects of recovery, many of the psychosocial issues associated with chronic symptoms of burn injury may not have been captured in this sample. To this effect, the burn survivors may not have known the full extent of their injury and therefore could have been more hopeful about recovery and more likely to tell restitution narratives.

The final issue which may have had an impact of the findings of this study was the participant's social location. It was clear in the Aboriginal survivors' stories that culture played a role in their experience of burn injury healing; however examining culture further was beyond the scope of this thesis. During this project, I only briefly addressed cultural activities as a role which participants discussed regaining in their restitution narratives. However, culture can have a large impact in the recovery of illness and how a survivor develops a sense of agency. In particular, participants from our study who were aboriginal or were suffering from a disability may have had a different way of conceptualizing and interpreting the healing process. In addition, due to the history of trauma in aboriginal populations, aboriginal burn survivors may have different ways of interpreting mental health issues including alcohol use and PTSD associated with burn injuries which could have affected the way they told illness narratives or discussed agency (Struthers & Lowe, 2003).

Future Research

Further research is needed with Aboriginal populations in order to understand how aboriginal men find meaning in burn injury recovery as the cultural implications of burn injuries have not been fully established. In addition, the narratives men with disabilities tell about burn

injuries also needs to be further investigated as it was clear that these men have different ways of interpreting their injury due to marginalization.

Research is needed on how men at several different stages of recovery find meaning in healing from a burn injury and how men's narratives of burn recovery change over time. More specifically, this research should address the development of men's sense of agency over time for burn injury survivors. Future research could also concentrate on how men with larger burns find meaning in their illnesses as burns greater than 30% TBSA require more medical attention and more time spent in hospital.

Lastly, although I highlighted men's feelings of guilt and regrets as counter-narratives to burn injury healing, these feelings are quite complex and could each be investigated further in the context of other traumatic accidents and injuries. In addition, since alcohol use has been shown to be prevalent both prior to men being burned and during burn injury recovery, further investigation behind the meaning of alcohol abuse and dependencies during burn injury healing is needed.

Treatment Implications

As health care providers, it is important for us to understand how men experience and find meaning in healing from a burn injury in order to recognize how it may affect men's recovery. The treatment implications of each of the findings from this thesis will be addressed in this section.

It is important for health care providers to be aware that the dominant narrative which men are socialized to tell in response to a burn injury is one of resuming life or becoming "normal". This type of narrative can have both positive and negative implications in men's treatment. The positive implications are that men may remain hopeful about their recovery and

can have a goal of resuming the roles and responsibilities which are important to them. This goal can allow the men something to work towards while recovering. The negative implication of this narrative is that it promotes the omission of details in discussing certain aspects of men's recovery which they find distressing. If men are socialized to tell this type of narrative, problems which arise in their recovery may not be fully addressed. That is, by being tough and minimizing the problems associated with their injury, men may risk re-injury by not completely informing their health care providers or families of their troubles.

As indicated by the findings of this thesis, agency is another issue which health care providers must be aware of when treating men with burn injuries. It is important for health care providers to know that although men may not be interested in some of the medical aspects of their recovery, they may attempt to do physical activities on their own especially if these activities are particularly important to them. Health care providers should foster a sense of agency in male burn survivors in order to empower them to find a role in their treatment. In practical terms, this could include discussing the aspects of the men's lives which are important to them and helping them reassert these roles while they are healing from a burn injury. A lack of being able to perform agentic behaviours can also have implications in the treatment of men's burn injuries. As discussed, boredom due to not being able to do agentic physical activities was found to be a counter narrative to the dominant narrative of becoming normal. Since this type of narrative is distressing, men may try to attempt physical activities which their bodies are not capable of performing in order to counteract this boredom. For the health care practitioner it then becomes important to emphasize physical tasks which the burn survivors should not be doing in the early stages of recovery. In order to replace these tasks, it is important to discuss alternative physical tasks the burn survivor can perform in order to alleviate boredom and at the same time

not become re-injured. The burn survivor should also be involved in creating these physical tasks in order to foster a sense of agency over burn injury treatment.

Finally men's counter-narratives of grief and regrets may also have treatment implications. Health care providers must be aware that these issues have important repercussions in men's conceptualization of their recovery. When telling these stories, men can no longer construct a restitution narrative which can be very distressing. This conceptualization may then impact men's motivation in doing the stretching and physical exercises which the burn survivor must do in order to heal properly. As such, psychological intervention is crucial when men are healing from a burn injury, particularly if they have feelings of grief and regrets over the incident which caused their injuries.

Conclusions

Men represent over 70% of burn injury survivors (American Burn Association, 2009). Based on this, it is important to understand how men experience and find meaning in burn injury recovery. The findings of this study emphasized that men constructed a dominant narrative indicating that they wanted to return to their "normal" lives. In order to do so, the men omitted details about some aspects of impairment in their stories and instead discussed how they would regain roles which were important to their lives. Based on our interpretation, telling this type of story is strongly grounded in men's socialization and as such is important to be aware of when treating men for burn injuries. My thesis also demonstrates that being agentic is important to men's stories about healing from a burn injury. The men who were healing from burn injuries wanted to be able to influence the direction of their recovery in order to resume roles and activities which were important to them such as going to work, helping their children, and regaining physical ability. As suggested, when considering the structure of stories told by men,

restitution narratives can involve active behaviours as these allow men to construct a story where they are healing and no longer impaired. One final conclusion which can be reached based on the findings of this thesis is that psychological issues are clearly present in men's experience of healing from a burn injury. Although, men may not want discuss these issues as they run counter to the dominant narrative, psychological distress needs to be addressed while men are healing from a burn injury and as such, psychological intervention should be integrated in the treatment of burn injuries.

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Appendix A
Physician or Intermediaries Script

Hello. A Master's student from the Department of Psychology is conducting a study on how burn survivors interpret their burn injuries. It involves an hour long interview.
He was wondering if it would be okay to come talk to you about this study.
Choosing to participate has no bearing on your care here.

If yes, the PI will come talk to the burn survivor.
If no, the PI will not be told about the burn survivor.

Appendix B
Letter of Informed Consent
(University of Manitoba, Psychology Letterhead)
RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Title of Study: Narratives after a Burn Injury: How Men Adjust to Bodily Changes

Principal Investigator: Sulaye Thakrar, Master's Student, Department of Psychology, University of Manitoba, Phone: (204) 480-1026
Supervisor: Maria Medved, Assistant Professor, Department of Psychology, University of Manitoba, Phone: (204) 480-1465

You are being asked to participate in a research study. Please take your time to review this consent form and discuss any questions you may have with the study staff. You may take your time to make your decision about participating in this study and you may discuss it with your friends, family or (if applicable) your doctor before you make your decision. This consent form may contain words that you do not understand. Please ask the study staff to explain any words or information that you do not clearly understand.

Purpose of Study
This research study is being conducted to study how male burn injury survivors adapt to injuries during their recovery. This study will focus on your experience with pain, scarring and the implications these have on work, physical activities and relationships. The central aim of this study is to investigate how men understand and find meaning in their burn injury recovery after they have been discharged from the hospital. The findings will increase our understanding of risk and resilience factors in this population. A total of 10 participants will participate in this study.

Study procedures
Men who are at least 18 years old and have suffered a burn to 1-30% of their body can participate in this study. Participants must also have been discharged approximately six months prior to being interviewed and be able to communicate fluently in English.

Participation in this study involves:
a) Answering some demographic questions (e.g. age, education, work history etc.);
b) Allowing the researcher to look at your medical chart to obtain information related to your burn (exact size, location and severity of your burn injury);
c) Participating in an in-depth interview involving questions such as: Did your burn injury create any physical limitations for you? What was hard about living with a burn injury?
Can you tell me about the most painful part of recovering from your burn injury?

Participation in this study will take approximately 75 minutes. The interview will be audiotaped. The researcher may decide to take you off this study if you become extremely distressed. You can also stop participating at any time. However if you decide to stop participating in the study, we would encourage you to talk to the study staff first.

If you would like to receive a summary of the study results, please leave your contact information with us and we will send you this information when it becomes available (approximately fall 2011).

Risks and Discomforts

There is a minor risk that you may feel distressed from discussing your burn injury. Please note that you only have to provide as much information as you feel comfortable and you may stop, change topics or withdraw at any time.

Benefits

There is no direct benefit to you from participating in this study, although sometimes people find it helpful to talk about their burn experiences with others. We hope the information learned from this study will benefit other people with burns in the future.

Costs

There is no cost to participating in this study. All the procedures, which will be performed as part of this study, are provided at no cost to you.
If you want to return to the Health Sciences Centre to participate in this study, we will immediately reimburse you for taxi expenses or parking when you provide a receipt.

Payment for participation

You will be given $20.00 for your interview. You will receive this cash honorarium before the interview begins.

Confidentiality

Information gathered in this research study may be published or presented in public forums; however your name and other identifying information will not be used or revealed. Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law. Please note that we are required to report instances of previously unreported abuse involving children other than yourself (i.e. persons who are still minors) or of yourself if you are judged as a vulnerable person, and situations in which you are judged to be a danger to yourself or others.

Raw data will be identified by subject number only (names will not be used). All identifying information (e.g. places, names, etc.) from the interviews will be deleted from audiotapes and will not be transcribed. Data will be kept in a secure office to which only the research team will have access. The information will be kept for 5 years after completion of all phases of the study and will be destroyed June 2016.

The University of Manitoba Health Research Ethics Board may review records related to the study for quality assurance purposes.

All records will be kept in a locked secure area and only those persons identified with the research study will have access to these records. If any of your research records need to be copied for the above purposes, your name and all identifying information will be removed. No

information revealing any personal information such as your name, address or telephone number will leave the University of Manitoba.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect your care at this centre. If the study staff feels that it is in your best interest to withdraw you from the study, they will remove you without your consent. We will tell you about any new information that may affect your health, welfare, or willingness to stay in this study.

Medical Care for Injury Related to the Study

You are not waiving any of your legal rights by signing this consent form nor releasing the investigator(s) or the sponsor(s) from their legal and professional responsibilities.

Questions

You are free to ask any questions that you may have about your treatment and your rights as a research participant. If any questions come up during or after the study or if you have a research-related injury, contact the principal researcher: Sulaye Thakrar (204) 480-1026 or his supervisor: Dr. Maria Medved (204) 480-1465.

For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at (204) 789-3389.

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent

I have read this consent form. I have had the opportunity to discuss this research study with Sulaye Thakrar and I have had my questions answered in language I understand. The risks and benefits have been explained to me. I believe that I have not been unduly influenced by any study team member to participate in the research study by any statements or implied statements. Any relationship (such as employer, supervisor or family member) I may have with the study team has not affected my decision to participate. I understand that I will be given a copy of this consent form after signing it. I understand that my participation in this study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this research study.

I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed. I authorize the inspection of any of my records that relate to this study by The University of Manitoba Research Ethics Board for quality assurance purposes.

By signing this consent form, I have not waived any of the legal rights that I have as a participant in a research study.

Participant signature_____ Date _____
(day/month/year)
Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: Sulaye Thakrar **Date _____**
(day/month/year)
Signature: _____

Role in the study: Principal Investigator

Relationship (if any) to study team members:**_____**

I would like to receive a summary of the results of this study (approximately fall 2011).

YES_____ NO_____

Name and signature only required if answer is yes.

Participant signature_____ Date _____
(day/month/year)
Participant printed name: _____

Email Address_____

Surface Mail Address:

Appendix C
Transcriptions Conventions

Reproduced from Medved and Brockmeier (2004) with permission.

< >	Speed up talk
> <	Slow down talk
[ ]	Start and end of overlapping speech
(2)	Pauses in seconds (here: 2 seconds)
(.)	Micropause
(:)	Prolongation of preceding vowel
((Text))	Transcriber's comment
Underlining	Emphasis
CAPITALS	Speech that is louder than surrounding speech
—	Utterance interrupted
Italics	Increase in pitch

Appendix D
Interview Guide

Not all questions will necessarily be asked.
o = prompt

General:

1. Tell me a bit about your burn. How did you get it?
2. What did you find difficult when you were first released from the hospital?

Mental Health:

3. How have you been emotionally managing?
    - What changed in your day-to-day life after your burn injury?
    - Have you been worried about anything because of your injuries?
    - Did you talk to anyone about difficulties you faced after your injury? Any professionals?

4. If death of a friend or family member is discussed: How did you take learning about the death of _____.
    - Have you had the chance to grieve? What have you done to cope with your grief?

Disability/ Return to Work

5. How did work or physical tasks change after your injury?
    - Was there anything about the burn injury that got in the way of your daily living?
    - Have you returned to work or are you making plans to go back to work? How did you find going back to work? What does going back to work mean to you?
    - Did your burn injury affect your work? How so?
    - Did your burn injury get in the way of doing housework or chores around the house?

Pain:

6. Are you in pain or discomfort right now?
    - Can you describe it?
    - What is the most painful part? Tell me about it?
    - Tell me about a time it affected you the most?
    - How are you dealing with it? Can you give an example?
    - How do you express your pain? Do you talk to anyone about it?

Closing:

7. Is there anything you would like to tell me that I haven't asked?

Appendix E
Demographic Information and Chart Review
Demographic information (gathered from participant)

Date information filled out:

Age:

Gender:

Cultural Background:

Date of Injury:

Age at Injury:

Hospital Duration:

Approximate date of Hospital Discharge:

Relationship Status:

Education:

Work History:

Prior Medical History:

Place of Burn (e.g. Home, work, etc.)

Medical Information (gathered from chart)

Size of Burn (% Total body surface area)

Location of Burn

Severity of Burn

Appendix F
University of Manitoba Research Ethics Board Certificate

UNIVERSITY OF MANITOBA

BANNATYNE CAMPUS
Research Ethics Boards

P126-770 Bannatyne Avenue
Winnipeg, Manitoba
Canada R3E 0W3
Tel: (204) 789-3255
Fax: (204) 789-3414

APPROVAL FORM

Principal Investigator: Dr. S. Thakrar

Ethics Reference Number: H2010:070
Date of REB Meeting: February 22, 2010
Date of Approval: March 8, 2010
Date of Expiry: February 22, 2011

Protocol Title: Narratives After a Burn Injury: How Men Adjust to Bodily Changes

The following is/are approved for use:

- **Proposal with Appendices C & D, Version dated February 8, 2010**
- **Revised Research Participant Information and Consent Form, Version 2 dated March 4, 2010**
- **Revised Appendix B Demographic Information submitted March 4, 2010**

The above was approved by Dr. John Arnett, Ph.D., C. Psych., Chair, Health Research Ethics Board, Bannatyne Campus, University of Manitoba on behalf of the committee per your letter dated March 4, 2010. The Research Ethics Board is organized and operates according to Health Canada/ICH Good Clinical Practices, Tri-Council Policy Statement, and the applicable laws and regulations of Manitoba. The membership of this Research Ethics Board complies with the membership requirements for Research Ethics Boards defined in Division 5 of the *Food and Drug Regulations of Canada.*

This approval is valid for one year from the date of the REB meeting at which the study was reviewed. A study status report must be submitted annually and must accompany your request for re-approval. Any significant changes of the protocol and informed consent form should be reported to the Chair for consideration in advance of implementation of such changes. The REB must be notified regarding discontinuation or study closure.

This approval is for the ethics of human use only. For the logistics of performing the study, approval must be sought from the relevant institution, if required.

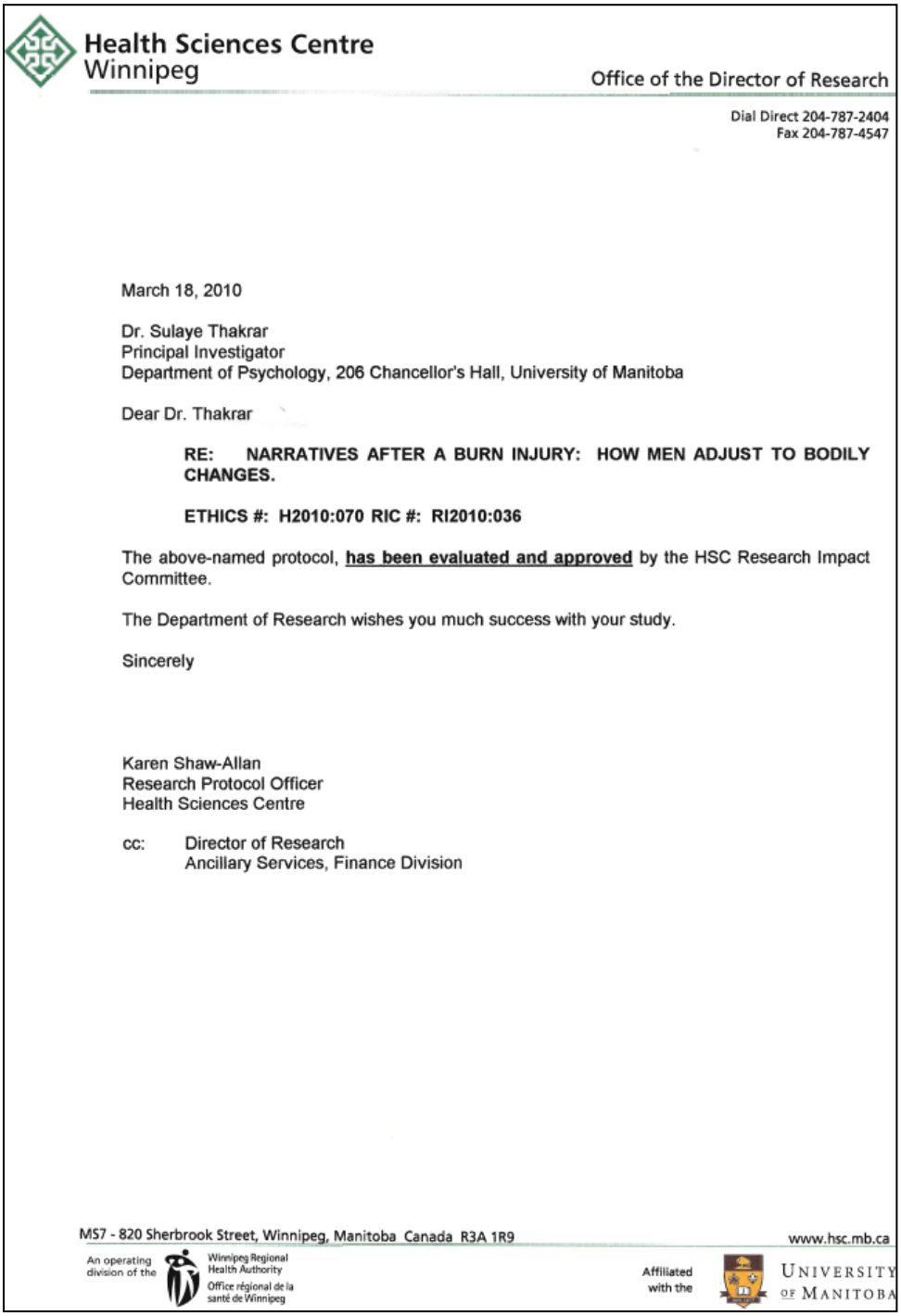
Sincerely yours,

John Arnett, Ph.D., C. Psych.
Chair, Health Research Ethics Board
Bannatyne Campus

Please quote the above Ethics Reference Number on all correspondence.
Inquiries should be directed to the REB Secretary **Telephone**: (204) 789-3255 / Fax: (204) 789-3414

www.umanitoba.ca/faculties/medicine/research/ethics

Appendix G
Health Sciences Centre Research Impact Committee Certificate



Health Sciences Centre
Winnipeg

Office of the Director of Research

Dial Direct 204-787-2404
Fax 204-787-4547

March 18, 2010

Dr. Sulaye Thakrar
Principal Investigator
Department of Psychology, 206 Chancellor's Hall, University of Manitoba

Dear Dr. Thakrar

RE: NARRATIVES AFTER A BURN INJURY: HOW MEN ADJUST TO BODILY CHANGES.

ETHICS #: H2010:070 RIC #: RI2010:036

The above-named protocol, **has been evaluated and approved** by the HSC Research Impact Committee.

The Department of Research wishes you much success with your study.

Sincerely

Karen Shaw-Allan
Research Protocol Officer
Health Sciences Centre

cc: Director of Research
Ancillary Services, Finance Division

MS7 - 820 Sherbrook Street, Winnipeg, Manitoba Canada R3A 1R9 www.hsc.mb.ca

An operating division of the Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg

Affiliated with the University of Manitoba

Appendix H

Table H1

Summary of Emergent Structures Found in Men's Narratives of Burn Healing and Men's Discussions of Agency within these stories

Type of Narrative	Structure	Agency & Content
Dominant	Restitution	Men constructed stories which demonstrated their agency in the context of their choice to discuss doing physical activities, minimizing the difficulties they faced with their burn injury and resuming cultural and work roles during burn injury healing.
Counter	Chaos (without timelessness)	Men constructed stories about their boredom. Their agency was highlighted by their choice to tell stories about wanting to engage in physical activities or other agentic actions but feeling distressed because of not being able to do so.
	Chaos	Men had difficulties constructing stories about dealing with grief and regrets over alcohol use or the death of a family member during the incident which caused their burn injuries. In their stories, the men discussed how they wanted to talk about recovering but could not because they were "consumed by sadness". For these men, agency was highlighted in their stories about considering alternatives to past actions as grief limited their ability to tell stories about agentic behaviours they were currently performing in order to promote recovery.