

ORIGINAL RESEARCH

Sex-Based Differences in Perceived Pragmatic Communication Ability of Adults With Traumatic Brain Injury



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Abstract

Objective: To identify sex-based differences in self-reported and close other-reported perceptions of communication behaviors in adults with traumatic brain injury (TBI).

Design: Between-groups comparison of questionnaire data from men and women with TBI and their close others.

Setting: University academic department.

Participants: Adults with medically documented TBI (n=160) and adults without TBI (n=81; control group) (N=241).

Interventions: Not applicable.

Main Outcome Measure: La Trobe Communication Questionnaire, a standardized measure of communication problems in everyday life.

Results: Participants with TBI endorsed more communication problems than controls ($P<.001$). There were no significant differences in self-ratings ($P=.20$) or in the ratings of close others ($P=.09$) in communication behaviors of men with TBI compared with women with TBI. There was no difference between the self-ratings of women with TBI and their close others ($P=.59$). However, men with TBI significantly underreported communication problems compared with reports of close others ($P<.001$).

Conclusions: Women with TBI might be more accurate than men with TBI in recognizing their own pragmatic communication problems.

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Pragmatic communication problems, which can be defined as difficulty using language and nonverbal communication in social contexts,¹ have been well described in the TBI literature. Problems reported in adults with TBI include a higher proportion of inadequate responses in conversation,^{2,3} impoverished content,^{2,4,5} and errors in accurate transfer of information.^{4,6} In addition, individuals with TBI may have impairments in initiating and

maintaining conversations,^{2,5} producing and comprehending implied meaning,⁷⁻⁹ and structuring discourse to meet the needs of the listener and context.¹⁰ Conversational discourse of adults with TBI has been described as tangential^{2,5,11} and egocentric,¹² with inappropriate word choice^{6,13} and interaction style.¹⁰ Pragmatic communication impairments place a burden on the communication partner to maintain the flow of the conversation^{3,11,13,14} and may contribute to loss of friends by individuals with TBI in the chronic stage postinjury¹⁵; they may also contribute to reduced social integration, family burden, and poor vocational outcomes.^{4,16-18}

Although there is consistent evidence that pragmatic communication is impaired after TBI in general, to our knowledge no studies have considered potential differences between men and women with TBI.¹⁹ The lack of research on sex-based differences in communication likely reflects the fact that the incidence of TBI

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is about twice as high in men as in women.²⁰ Unfortunately, the incidence of TBI among women has increased over the last 2 decades,²⁰ and it is not only possible but necessary to ask questions about sex-based differences.

One reason to expect sex-based pragmatic communication differences in adults with TBI is that typical men and women differ in cognitive functions underlying social behaviors (eg, emotion recognition and theory of mind,^{21,22} which is the ability to appreciate that others have thoughts different from one's own). An advantage for women in emotion recognition begins in infancy²³ and is present through childhood²⁴⁻²⁶ into adulthood.^{22,27-29} Likewise, there is evidence of an advantage for women on theory of mind tasks^{22,30}; however, this difference might be task dependent.³¹ In the same way premorbid intelligence is positively correlated with outcomes after TBI,³² an advantage in social cognition might predict better pragmatic communication recovery after TBI.

Research on social cognition in individuals with brain injury is in the early stages, but findings to date suggest sex-based effects on outcome. For example, girls with brain tumors had lower emotion recognition test scores when they received cranial radiation than when they did not, but boys with brain tumors had low scores regardless of treatment.³³ Also, girls with childhood TBI recovered emotion recognition ability faster and better than boys over the first 2 years postinjury.³⁴ Findings in adults with TBI were similar to those for children, with higher theory of mind test scores in women with TBI than men with TBI.³⁰

One method for evaluating pragmatic communication is to elicit opinions from communication partners—the individuals who interact socially with the person with TBI. Comparison of self-ratings and close other ratings of communication behaviors provides useful information not only about pragmatic communication impairments, but also about self-awareness of the person who is being rated, which is useful given the prevalence of impaired awareness among individuals with TBI.³⁵ Information from communication partners can provide a clearer understanding of communication impairments after TBI, which may be beneficial for planning intervention goals. To our knowledge, only 1 study to date has reported sex-based differences in perceived communication ability for individuals with TBI. Dahlberg et al³⁶ used the Social Communications Skills Questionnaire-Adapted³⁷ to evaluate 50 men and 10 women in the chronic stage after TBI and found that men with TBI reported significantly better pragmatic communication skills than women with TBI.

Communication outcomes may differ for men and women with TBI because of sex-based differences in expectations for social behavior. Society's concepts of masculinity and femininity create stereotypes of sex roles for men and women against which one perceives, categorizes, and evaluates his or her own behavior and personality and the behavior and personality of others.^{38,39} For example, Tannen et al⁴⁰ observed that men communicate as a means to establish place in hierarchy or to acquire information. Conversely, women use pragmatic interactions to build consensus or to share thoughts and feelings, show more listening behavior and less interrupting, and use more self-disclosure, openness, support, and collaboration in discourse. Therefore, a man with

TBI who discloses personal information might be more socially penalized than a woman who shows the same behavior, whereas a woman who monopolizes a conversation might be judged more harshly than a man who does the same thing. Many of these stereotypes have not changed over the last 40 years,⁴¹ and the social desirability for congruence of sex roles and behaviors is likely to influence how pragmatic communication impairments of individuals with TBI are perceived.

Auster and Ohm⁴¹ reported sex-based differences in the perceived social desirability of masculine and feminine traits. Men and women mostly agreed on desirable traits for a man with the exception of affectionate, which women rated as more important for men than men themselves.⁴¹ Men and women differed, however, in perceived social desirability of traits for a woman because men were more likely than women to rate the masculine traits of competitive, defends own beliefs, and willing to take a stand as being socially desirable for women, whereas women were more likely than men to rate feminine traits (eg, eager to soothe hurt feelings, feminine, flatterable, gullible, shy, soft-spoken) as socially desirable for women. These results suggest that men and women differ in their expectations for women's social behavior, but they have similar expectations for men.⁴¹ Sex-based differences in sex-role expectations may play a critical role in TBI, given the relative preponderance of caregivers and service providers who are women evaluating men with TBI.

These studies show that sex-role stereotypes continue to be pervasive in today's society and raise questions about how sex-role stereotypes influence expectations of and for men and women in pragmatic communication interactions. The prevalence of sex-based differences in social expectations supports the importance of examining sex-based differences in pragmatic communication ability after TBI because these differences are likely to affect clinicians' identification of problem behaviors and also what we choose to treat in rehabilitation.

Research evidence suggests that there might be differences between men and women in perceived pragmatic communication performance after TBI, including evidence that women have better social cognition^{30,42} and evidence that society has different expectations for pragmatic communication in men and women.⁴⁰ The advantage of women in social cognition might predict higher ratings of women's pragmatic communication skills, but if societal expectations for women are higher, women might rate themselves more critically, and others might be more critical as well. It is important to identify sex-based influences on pragmatic communication because these influences will play a role in our evaluation of people with TBI, selection of treatment goals, and expectations for long-term communication outcomes.

The aim of the current study was to determine if there were sex-based differences in self-reported and close other-reported perceptions of communication skills in adults with TBI. Specific questions were as follows: Do self-ratings of communication ability differ between men and women with TBI? Do communication ratings by close others differ for men versus women with TBI?

There were 2 competing hypotheses about sex-based differences in self-reported and close other-reported pragmatic communication skills for participants with TBI. Higher societal expectations for women would predict that self-ratings and others' ratings would identify more problems in women than men. Alternatively, evidence of an advantage of women in social cognition would predict better ratings for women than men.

List of abbreviations:

GCS	Glasgow Coma Scale
LCQ	La Trobe Communication Questionnaire
PTA	posttraumatic amnesia

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