

TBI and Identity Loss: Recovering Self

A photograph of a single, full-canopied tree standing on a small, rounded green hill. The sky is a clear, vibrant blue with a few wispy white clouds. The overall scene is peaceful and open.

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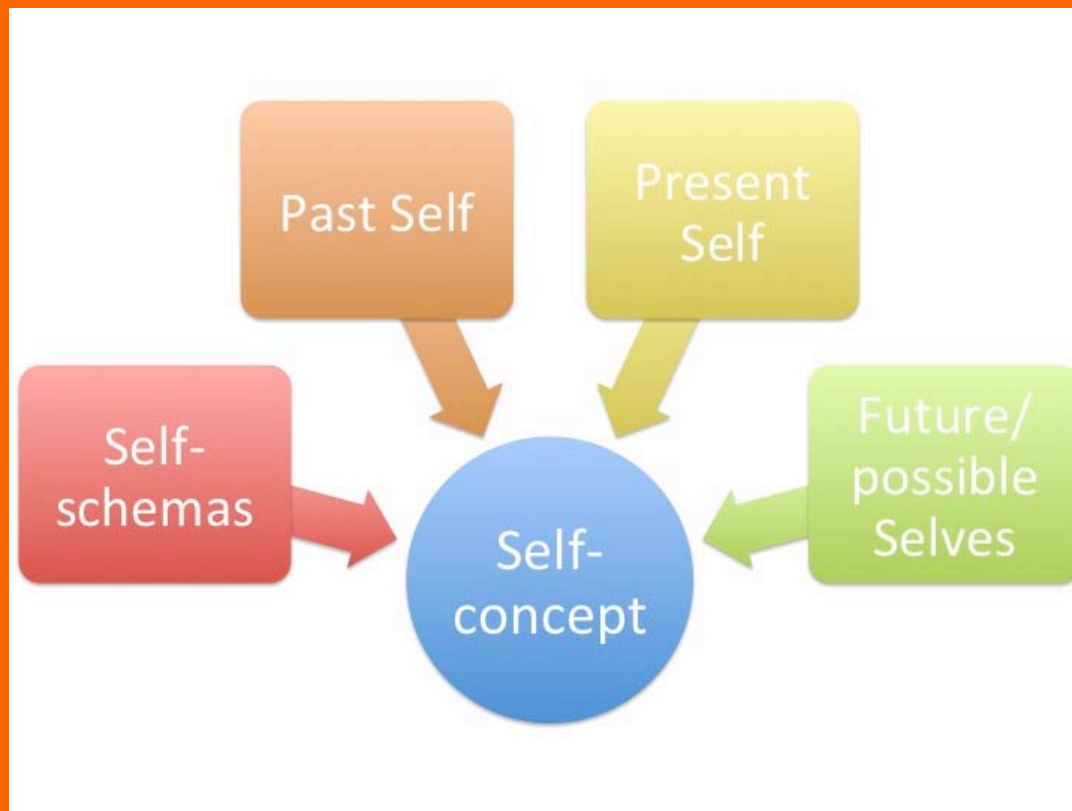
Overview

1. Developed from psychotherapy perspective.
2. Concepts generalize to other professions.
3. Challenges to achieve optimal outcomes.

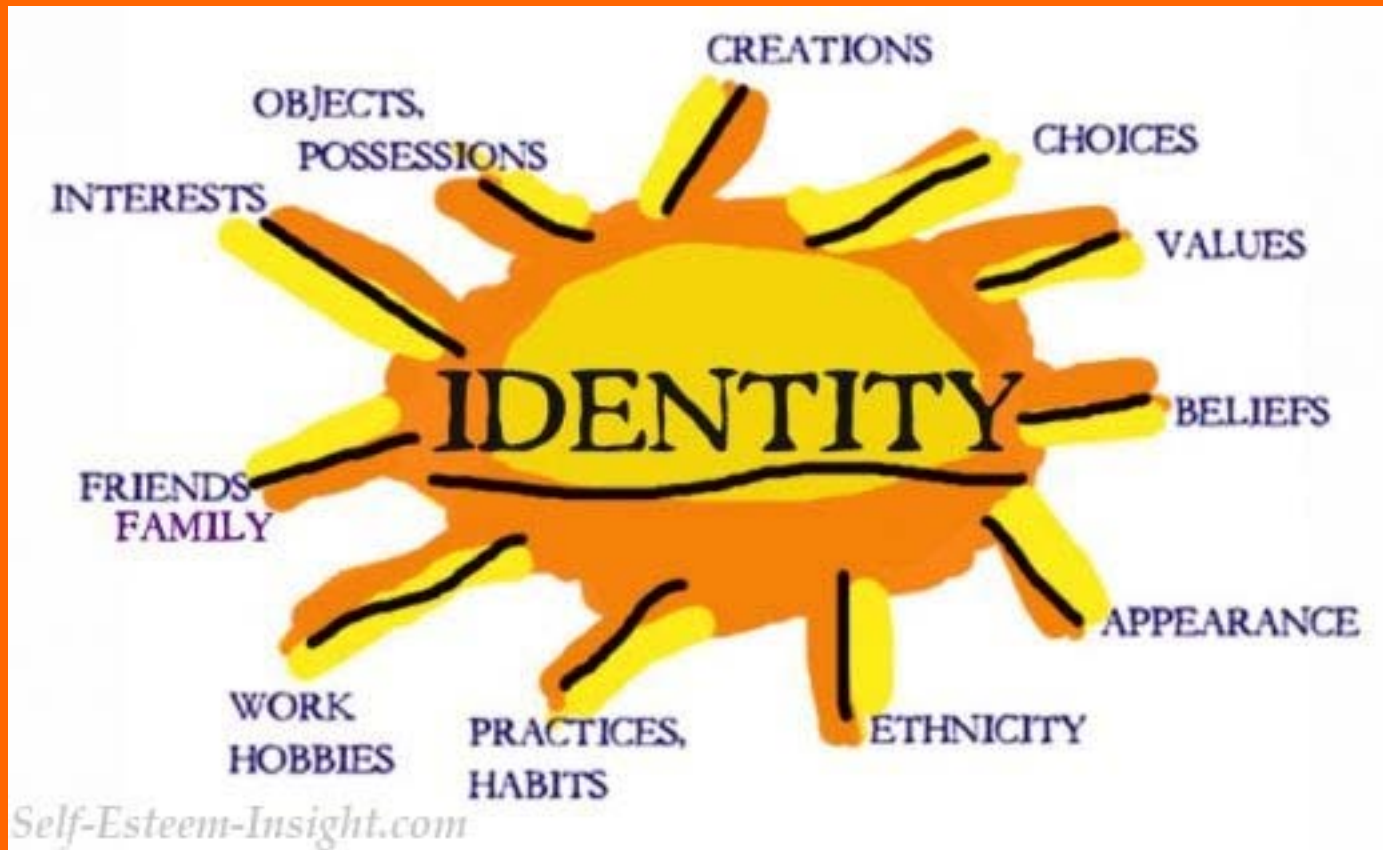
“I knew my “self” and my role in life had changed and I would have to accept it and adapt.”



Self-concept: the sum of a being's knowledge and understanding of self.



Identity: persons' conception and expression of their individuality or group affiliation



What About
Identity Loss?

Loss of Self



**Long-term physical,
cognitive and emotional
problems accompany
brain injury**



**Ambiguous loss is most
stressful & defies closure**



Self uncertainty correlates with perceptions of boundary uncertainty with others



**Manifests as
identity uncertainty**



**Client may develop a
profound “loss of self”**



Three Categories of Loss

(Nochi, 1998)



Loss of clear self-knowledge

- Memory loss effects
- Lack understanding of reason for situation
- Uncertainty of where “I” come from
- Terrified of all the blanks

“I struggle daily to do my job and be the person I used to be. I still, after two years, am trying to redefine myself. I don’t know this person anymore. She is not reliable and cannot be trusted as my best friend.” --Alienation from self

Three Categories of Loss

(Nochi, 1998)



Loss of self by comparison

- Usually compare with pre-injury self
- Compare self with what they are AND
- What they would have been--
- The loss of **INDIVIDUAL POTENTIAL**

“After the accident...my son was three years old, and I knew he was my son. But the feeling like we were connected was gone. He was a total stand alone person. I'd always felt like we were somehow, like there was a magic chord from me to him. It was gone right after the accident.”

Three Categories of Loss

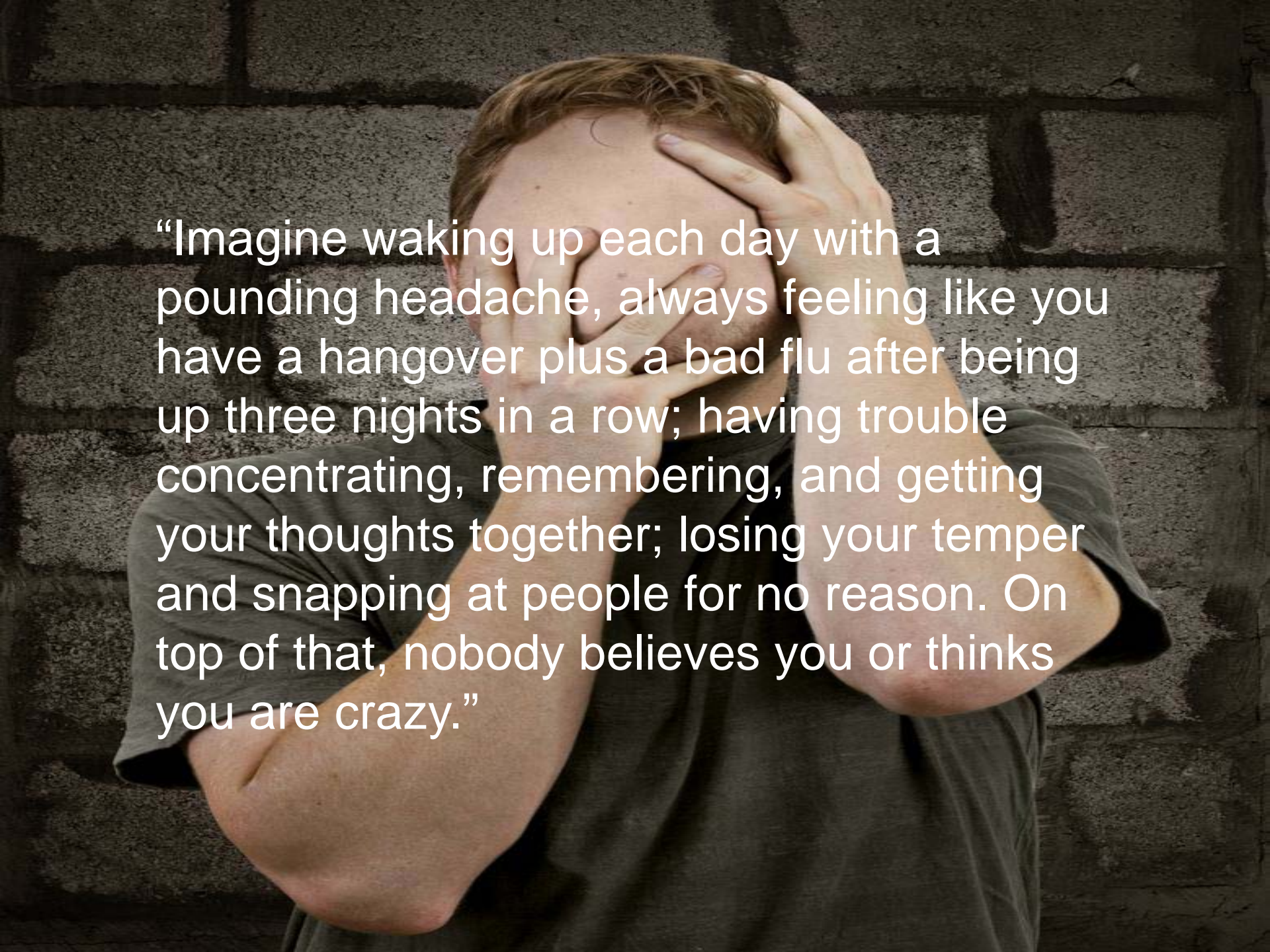
(Nochi, 1998)



Loss of self in the eyes of others

- Believe others think less of them
- Others put a negative level on them
- Individuality is obscured by labels

“I don’t like the term TBI because it just puts another stigma. It puts things on people. Suppose I say I have a TBI, and that’s going to stop people from getting to know me.”

A man with reddish-brown hair is shown from the chest up, wearing a dark grey t-shirt. He is covering his face with both hands, with his fingers spread, suggesting distress or pain. He is standing in front of a dark, textured stone wall. The lighting is somewhat dim, creating a somber atmosphere.

“Imagine waking up each day with a pounding headache, always feeling like you have a hangover plus a bad flu after being up three nights in a row; having trouble concentrating, remembering, and getting your thoughts together; losing your temper and snapping at people for no reason. On top of that, nobody believes you or thinks you are crazy.”

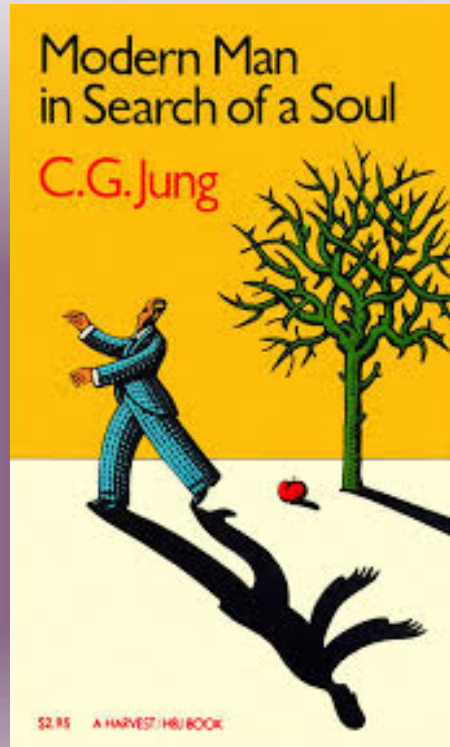


How we
create a new
realistic
outlook?

Disordered Mind, Wounded
Soul: The Emerging Role of
Psychotherapy in
Rehabilitation After Brain
Injury

Prigatano, G. (1991)

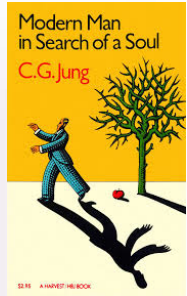
The Premise



C.G. Jung: “The soul of man **seeks Meaning or Purpose** for its existence.”

Prigatano, G. (1991)

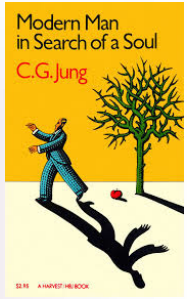
The Premises



1. In life transitions, people wonder about **the meaning of their life**.
2. Brain injury produces an abrupt transition in life.
3. Individuals ask, “Will I be normal,” “Why did this happen to me?” “Is life worth living after brain injury?”
4. Traditional psychotherapy (or others) cannot answer these.
5. They are existential and only by **entering the experience of the patient** are the questions answerable.
6. Thus, rehabilitation and psychotherapy must **focus on the disordered mind and wounded soul**.

Prigatano, G. (1991)

Understanding the Patient

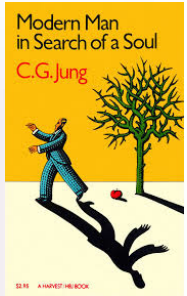


Unfortunately we understand the patient in relation to diagnoses, behavior and billing codes.

“Understand the mind of the patient and rehabilitation goes more smoothly.”

Prigatano, G. (1991)

Focus on the Soul

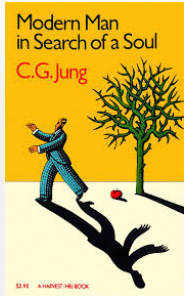


Therapy is a process of “teaching the patient to learn to behave in his/her own best self-interest.”

Focus on “discovering the meaning of their lives in the face of, not despite, the brain injury.”

Prigatano, G. (1991)

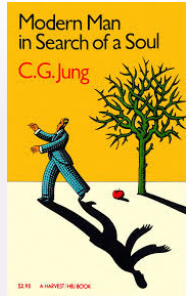
Prigatano (1991) asserts:



Three symbols in our culture that
“promise” meaning in our life:

- Intelligence
- Beauty
- Winning is Everything

Prigatano (1991) asserts:



Juxtaposed to other symbols that actually generate meaning:

- Work
- Love
- Play

Therefore, **access** music, humor, art, literature, exercise, spirituality and **INDIVIDUAL STORIES or NARRATIVES** as a part of the therapeutic process.

The Challenge

How do we incorporate these concepts in our service provision?

Where do we start?

Ben-Yishay & Daniels-Zide (2000).
Examined lives: Outcomes after
holistic rehabilitation.

Poses the question:

“Does attainment of optimal outcomes following neurorehabilitation require that the individual achieve an “examined self?”



Ben-Yishay & Daniels-Zide (2000).

Why is “examined self” important?

“To feel healthy again, assist in regaining individual personality components so the person can **accept voluntarily** the limitations the brain injury imposes”...AND...

“Assist the individual to value their rehabilitation achievements and **view their present life as meaningful.**”



Ben-Yishay & Daniels-Zide (2000).

Wellness Components

1. **Autonomy**
2. Environmental Mastery
3. Personal Growth
4. Positive Relationships
5. **Purpose in Life**
6. **Self-acceptance**



Ben-Yishay & Daniels-Zide (2000).

The Value?

The individual exhibits an increased
sense of new personhood,
maximizes their rehabilitation
potential and overall **satisfaction**.



The self is not something
that one finds. It is
something that one
creates.

Medved, M. & Brockmeier, J. (2008)

“Clinical professionals need a better understanding of how people make sense of themselves, especially under extreme circumstances, before reaffirming or reconstructing a putatively damaged “self” in people whom the only thing we know is that they have a damaged brain.”

Jumisko, E., Lexell, J. & Soderberg, S. (2005).

A Review of Personal Narratives What Did the Narratives Reveal?

1. Insulting and exhausting to be checked constantly.
2. Afraid of the power authorities had over their lives.
3. Hurt if others don't believe in their opportunities



Jumisko, E., Lexell, J. & Soderberg, S. (2005).

What did they search for in a rehabilitation professional?

- One who **listened to them**.
- One who **respected their goals**.
- One who showed an **understanding of their situation**.



“How could I continue to live with a deficient brain? My head injury had been bearable only because it was temporary. **Permanent injury meant I had already lost. My job, my identity, my life, the real me.**”

Understanding and Treating Loss of Sense of Self Following Brain Injury: A Behavior Analytic Approach.

Myles, S. (2004).

Relational Frame Theory

Three Distinct Senses of Self Available to Us

1. Conceptualized Self—our view of self.
2. Self as an Ongoing Process of Verbal Knowledge
3. Self as Context

Relational Frame Theory

Self as Context

- Necessary to report events in coherent manner
- Provides a sense of perspective, unique point of view
- Place from which the person experiences the world
- Is the “I” behind the eyes
- Safe place from which to know
- Never changes and never lost—locked in?

Myles, S. (2004)

Relational Frame Theory

Conceptualized Self Dominates **Self as Context**

**Brain Injury:
A Crisis of the Conceptualized Self**

Loss of sense of self as a verbal (relational) process

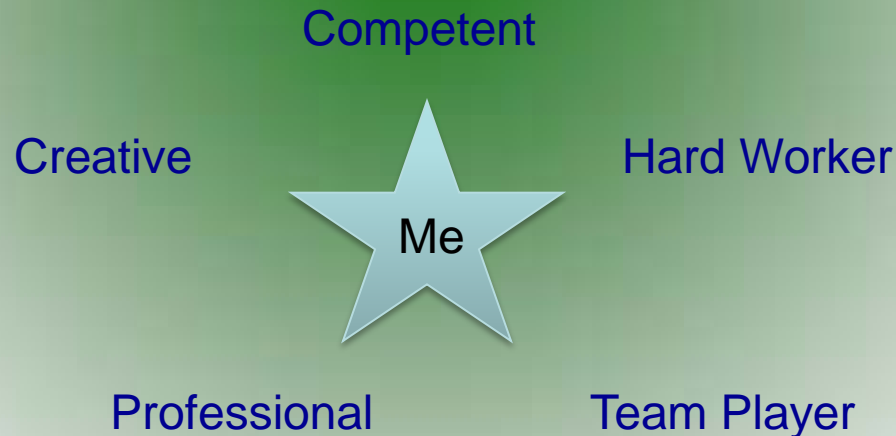
“I am not the same person.”

Myles, S. (2004)

Relational Frame Theory

Crisis of the Conceptualized Self

Awareness of inconsistency between **pre-injury concepts** and post-injury functioning



Myles, S. (2004)

Relational Frame Theory

Crisis of the Conceptualized Self

Awareness of inconsistency between pre-injury concepts and **post-injury functioning**



Myles, S. (2004)

Acceptance and Commitment Therapy (ACT)

Treatment Approach for Experiential Avoidance

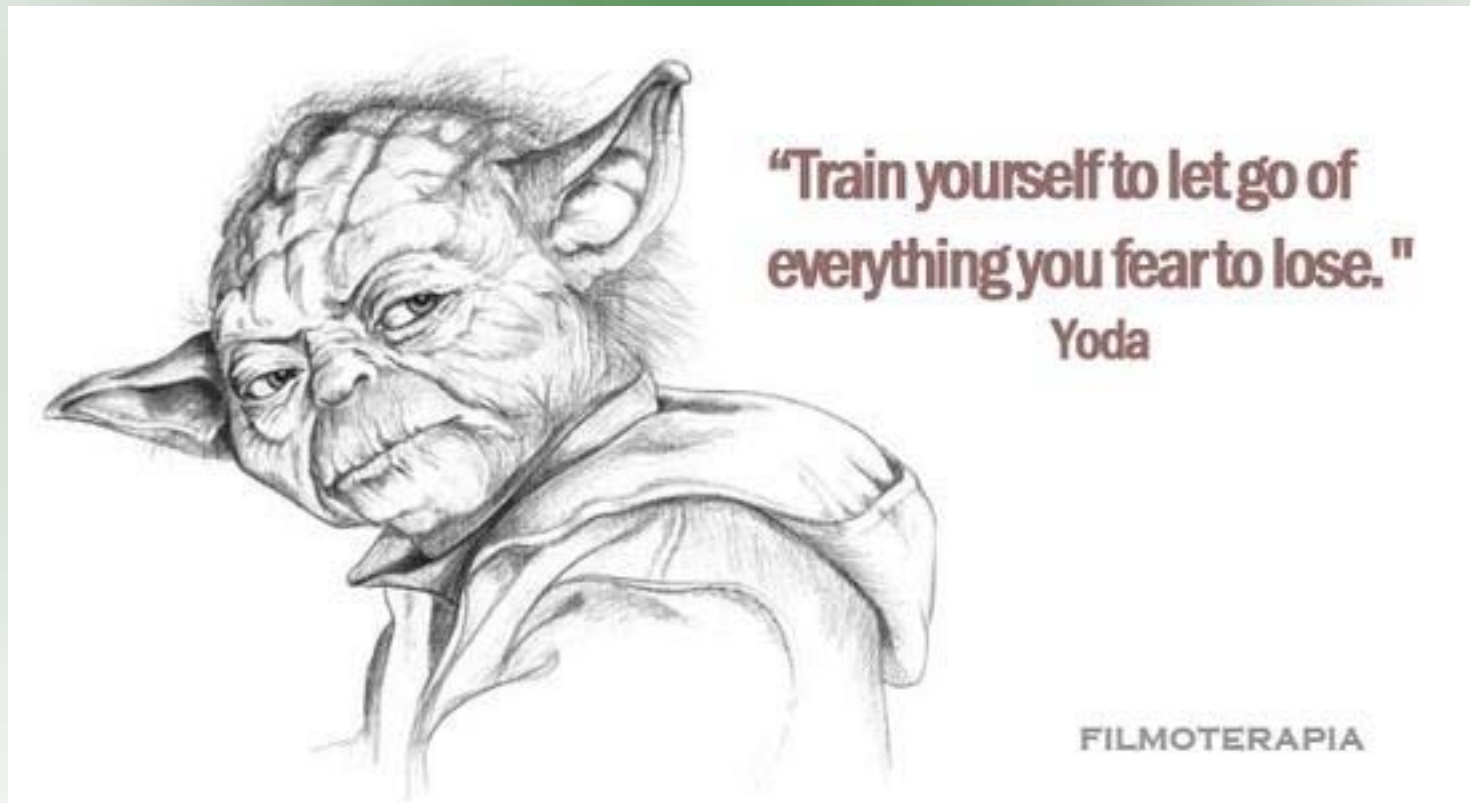
Guides Client to **Contact Self as Context**

Facilitates Acceptance

Myles, S. (2004)

Acceptance and Commitment Therapy

Views the **core** of problems as **FEAR**



Wikipedia (2014)

Acceptance and Commitment Therapy

The **healthy alternative** is to **ACT**

Accept your reactions and be present

Choose a valued direction

Take action

Acceptance and Commitment Therapy

Two Methods

1. Metaphors for abstract thinking
 - The House and Furniture
 - Chessboard
2. Experiential Exercises
 - The “Observer” Exercise

Acceptance and Commitment Therapy

Example

- Client experienced intense anxiety post injury
- Conceptualized as defense of pre-injury self-concept
- Guidance to accept new post-injury self-concept
- Allows for pursuit of key life values—

The **New Self** and **Purpose in Life**

Myles, S. (2004)

60 Minutes Quote

“This injury does not define my life, I define it. Life can be powerfully lived in this condition.”



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Thank you!

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