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# Working therapeutically with “identity” following a Neurological Injury

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The impact of neurological and brain injury can have far reaching consequences that impact an individual’s functioning. This can include experiences of loss of cognitive skills, physical abilities, and emotional functioning difficulties as well as loss of independence, a sense of agency, work and vocational roles, family roles and social participation. These losses can affect an individual’s adjustment to their new circumstances as well as distorting their sense of “identity”. This presentation will briefly review existing research in the area. It will also focus on how to begin to formulate and work therapeutically with difficulties with a change in identity after a neurological injury. Attention will also be paid to additional work that is possible with therapy teams and families of the people whose identity has changed as a result of their neurological condition. This paper explores how new identities are formed during intensive group rehabilitation, where patients with TBI acquire critical self-awareness skills. It argues that the objects used in therapy both nourish and help control the “new selves” that are defined collaboratively within Western norms.

Long Abstract How does an individual forge a replacement identity after experiencing traumatic brain injury (TBI)? At a New York City hospital, some individuals with TBI take part in Milieu Therapy, an intensive group treatment program that focuses on improving attention, memory and social communication by teaching self-awareness and compensatory skills. During this process, individuals define and make new selves within the context of their cognitive and physical limitations. Such a transitionary, self-reflective, school-like therapeutic milieu is replete with objects that help define, visualize and communicate the restrictions, challenges and therefore the goals of the new disabled self. In this paper, i exploit my clinical experiences as a trainee to elucidate these cognitive and behavioural therapeutic processes that believe objects to trigger repeated self-examination (e.g., self-referential posters, behavioural contracts, notebooks, video-recordings). I demonstrate how individuals engage with the objects carefully infused in their milieu to define and forge new selves. I discuss how these educational tools are wont to constantly remind cognitive and psychosocial deficits while also triggering newly-acquired behavioural responses. I also focus on how different parties (e.g., trainers, trainees, significant others) rely on these objects to instil new power hierarchies that both nourish and, if needed, control the new "self" that's being formed in accordance with Western norms during these holistic therapies. This notion of forging and modifying self-concept in holistic therapies is never subjected to critical gaze of STS.

Through this analysis, I plan to make this milieu more accessible and attractive for future STS research. I am a post-doc in clinical neuropsychology and I work at a rehabilitation unit in New York City. I am an outsider to social sciences by training, but i'm an STS enthusiast. I owe my interest in this field to the many scholars I got to meet (and delightfully befriend) during my graduate training at UC San Diego. Today, i might wish to present to you on an intensive treatment program that helps brain injury survivors integrate back to their communities. My one and only goal for this talk is to inform and alert fellow investigators to the practices that are common in such therapeutic milieu, with the covert desire to attract future STS scholars to further study (and enlighten) our field with their critical gaze. Brain injury, also called the invisible injury, affects millions of people every year and as a result of the high incidence rates of motor vehicle accidents and strokes. For fortunate patients who have access to high level of care, the recovery path usually follows multiple weeks of hospital stay followed by inpatient and outpatient rehabilitation of physical and cognitive symptoms. The negative effects of traumatic brain injury (TBI) on the mental and physical health of Americans have become increasingly evident. As suggested in the statistics summarized below, TBIs are widespread in America. Yet several subgroups have received increased attention recently in terms of TBI risk. This has helped the public to become more aware of at least certain aspects of TBI, but may have misled some to believe that TBI is not as issue of concern in the general population.

For instance, many Americans have become aware of the higher risk of TBI in professional athletes and military personnel due to greater media coverage on these topics. In other situations, TBI survivor stories have been presented to the public in media forums. One particularly clear example of this involves the shooting of former Arizona House Representative Gabrielle Gifford’s and her continued recovery from the effects of this incident. However, as is detailed below, TBI is not a rare occurrence and its impact can be severe and persistent. Concussions, once thought to be minimal risk events for children and adults, have recently been re-conceptualized as instances requiring greater concern and care than previously thought (Kirkwood et al., 2008). With an estimated 300,000 sport related concussions each year in the US (Ambler & Shaughnessy, 2009), the effects of these frequent events are therefore probably significant. As TBIs are so common, counsellors working in school, family and community mental health settings are likely to encounter and provide services to individuals who have sustained a TBI, whether they are aware of it or not.

The rationale for describing some of the basic knowledge about TBI in this paper stems from the increasing relevance of this phenomenon to counsellors and their clients. As professional counsellors move toward providing direct care for military personnel and veterans, awareness of and familiarity with TBI will be essential. Counsellors with knowledge of TBI and PTSD will have a distinct advantage in this and other treatment settings. As counsellors assume a more active role in veteran and military treatment settings, they should be aware of the prevalence of TBI in these environments. Several investigators refer to TBI as the “signature injury” of the military operations in Iraq and Afghanistan (Military TBI Task Force, 2008, p. 11). A study by Campbell, et al. (2009) summarizes 2008 survey data.