

# SOCIAL/EMOTIONAL ISSUES

## Tutorial: Sense of Self/Personal Identity

### WHAT IS SENSE OF SELF?

Everybody has a sense of self or sense of personal identity. In fact most people have a number of important ways of thinking about themselves that are significant enough to be considered multiple senses of self. Our sense of self includes those roles, attributes, behaviors, and associations that we consider most important about ourselves. These sense-of-self associations can be based on any combination of the following

1. Occupations (e.g., teacher, physician, plumber)
2. Social relationships (e.g., husband/wife, friend, colleague)
3. Familial relationships (e.g., brother/sister; son/daughter; mother/father)
4. Quasi-occupations (e.g., helper, volunteer)
5. Avocations (e.g., athlete, musician, artist, collector, helper, volunteer)
6. Affiliations (e.g., Shriner, Yankee fan)
7. Abilities/disabilities (e.g., smart person, funny person, shy person with a disability, “patient”)
8. Salient attributes (e.g., reliable, hard working, good looking, lazy, dishonest)
9. Spirituality (e.g., child of God, Catholic, Buddhist)

Self-identities, especially those of young people, are dynamic or in flux. Children as young as four years old have a sense of self that is based on some salient attributes that the child considers important and is maintained over time, for example, “I am the strongest or fastest boy in my class” or “I am smart; I figure things out easily” or “I am good at helping people.”. Identities are often imposed or at least encouraged by environmental or cultural forces. For example, if a child is routinely told, “You are really smart” the likelihood is increased that intelligence will figure prominently in the child’s sense of identity. In contrast, when a child routinely hears, “You can’t do anything right”, then incompetence is likely to be central to his sense of self.

Children acquire their sense of self and self-esteem slowly as they mature into adolescents. Furthermore, children do not always feel good about themselves or their behaviors in every situation. Identities are developed over time and may change from time to time and place to place. For example, a child may feel self-confident and accepted at home but not around the neighborhood or in a preschool class. Furthermore, as children interact with their peers or learn to function in school or some other place, they may feel accepted and liked one moment and alienated the next. Emotional stability and acceptance at home and among school staff are important during these times.

Identities are generally “housed” as metaphoric, gut-level meanings rather than literal meanings. For example, an adolescent might think of himself metaphorically as a “Michael Jordan kind of guy” who works hard and achieves at high levels. Alternatively the student might think of himself as a tough guy, a “Take-no-prisoners Hulk Hogan kind of guy”. Furthermore, our sense of self is not judged to be true or false, but rather comfortable or uncomfortable, inspiring or uninspiring, admirable or not admirable. Identities that are culturally valued – associated with competence, status, success, talent, interest, and the like – are more likely to be sustained and nurtured as self-defining identities as children mature into adulthood.

Identities contribute to intrinsic motivation. For example, an adolescent who considers herself a good athlete – a “Mia Hamm kind of person” – will not need artificial motivators to exercise intensely and practice her sport several hours per week. Effort and practice go with being a Mia Hamm kind of person.

Similarly, individuals who tie their identity to religious beliefs and religious role models will not need extrinsic motivation to extend themselves by helping others. Helping others simply goes with being the kind of person they take themselves to be. Students whose identity includes intelligence and academic success will not need a promise of rewards, like money, in order to study hard; rather, they study just because “that’s the kind of person I am; that’s me; I’m a conscientious student – and I know I need to study to do well!” Even hard work can be easy and satisfying if it flows from a person’s sense of “who I am.”

“Construction of identity” is rarely a deliberate, self-conscious process. Students do not set about to create a sense of self as a good student or good athlete or good friend. Rather they simply find themselves over time thinking and feeling about themselves in certain ways. Early in life, sense of self is associated with the security, protection, and acceptance that infants, toddlers, and preschoolers feel when effectively cared for by adults to whom they feel an attachment. By the late preschool years and early school years, sense of self comes to be additionally associated – positively or negatively – with attributes that parents value and model for their children in the way they live their lives. Over the school years, peer values and peer pressure come to play an increasingly influential role in how older children and young adolescents think about themselves. “Cliques” – the “in crowd” versus the “out crowd” – become important components of identity. Identities that have been strongly developed prior to these years often protect against the developmental difficulties associated with these years.

Sense-of-self identification is often associated with physical attributes (e.g., physical attractiveness), physical prowess (e.g., athletic accomplishments), or physical possessions during the elementary and middle school years. By late adolescence, mature students are moving beyond peer pressure, group norms, and predominately physical associations, and come to think about the sort of person they want to be, based on their most deeply held values. With this may come an increasing comfort in being “different” from peers and possibly an increasing need to take risks.

### **WHY IS SENSE OF SELF IMPORTANT FOR MANY STUDENTS AFTER TBI?**

One of the most devastating consequences of acquired brain injury is the challenge it poses to the student’s sense of personal identity. Students who previously staked their sense of self on academic success, athletic abilities, helpfulness, popularity, or physical ability and attractiveness may find the basis for their sense of self to be gone. Academic pursuits may be difficult; sports may be ruled out by physical disability; the student who was a helper may now only be a helper; friends may depart; and physical attractiveness may be affected by scars or other consequences of the injury.

Changes to sense-of-self as a consequence of the brain injury typically take several different forms and may evolve during the early months and years post injury. The duration of time a student struggles with altered sense of identity will depend on the severity of the injury, the age of the student at the time of injury, and the structured support available from family and teachers to help the student adjust to realistic changes in their functioning. Changes in self-identify are more pronounced in those children injured during middle to late adolescence when they have already acquired a preliminary sense of self. Children injured early in life often do not present the same challenges to self-identity since they were too young at the time of initial injury to have developed a settled sense of self.

Types of altered self-awareness after TBI and possible stages of adjustment are summarized below:

**Unawareness:** Unawareness of disability is often a direct consequence of the injury. It is a neurologic condition associated with either bilateral frontal lobe injury or deep right hemisphere injury. This unawareness is not a psychological denial (i.e., a condition in which the student resists coming to grips with the consequences of the injury) but rather a genuine inability to grasp the consequences of the brain injury itself, because the part of the brain that enables us to perceive our strengths and weaknesses is damaged. Neurologically-based unawareness (sometimes referred to as “anosagnosia”) is seen on a continuum in

students with severe injuries (i.e., comes in degrees), like all neurological conditions. In extreme cases, the student may initially believe that he has no disability – even in the presence of profound physical, sensory, and cognitive limitations. In such cases, no amount of talking about disability or demonstrating real limitations will convince the student that he is disabled. As time post injury continues and feedback about real changes is provided, students gradually become aware of select limitations (e.g., physical limitations), with awareness of cognitive and behavioral/emotional limitations typically emerging later in the course of recovery. In less extreme cases, counseling and other awareness interventions may be options **[See Tutorial on Self-Awareness]**

**Denial:** Denial of disability is frequently observed, with the student actively resisting acceptance of the reality of persisting disability and all of its consequences. Some degree of denial or reduced awareness is healthy initially after the injury, because it serves to maintain hope and prevent the student from falling into a deep depression. Some degree of low awareness or denial may be an essential correlate of hope, which is necessary for maximizing functioning after a brain injury. Denial can be combined with unawareness; often organically-based unawareness gradually gives way to denial and then to a growing acceptance of real disabilities and the need for compensatory interventions. This evolution may require several months or even years after the injury.

**Perplexity:** Perplexity is a state of confusion that many students experience about their actual versus assumed abilities and disabilities after TBI, and their implications for everyday functioning. Students who are confused or perplexed are not actively denying their disability, but may alternate between a more optimistic and a more pessimistic view of their long-term abilities and their future.

**Depression and Learned Helplessness:** Depression is an understandable and common consequence of acquired brain injury in both children and adults. Depression is associated with feelings of sadness, hopelessness, worthlessness, and despair; possible loss of interest and motivation, leading to social withdrawal; fatigue and loss of energy; and possible changes in eating and sleeping patterns. Younger children may reveal their depression as excessive irritability, agitation, and aggressiveness. Depression is importantly connected with sense of self because depressed people typically feel out of control, unable to positively influence important outcomes in their life. Depression may be associated with a “sick role” – that is, “I am a patient, I cannot help myself, I am in the care of others and have no control over my destiny”. **[See Tutorial on Depression]**

**Defiance:** As awareness of real disabilities begins to emerge, some students with brain injury react angrily and defiantly to the changes in their lives. They may refuse to accept restrictions on their activities and react angrily to any person who attempts to impose restrictions. It is at this point that supportive counseling may be most effective in helping the student move from anger to gradual acceptances of changes in functioning.

**Awareness Combined with Resolve/Determination:** The ideal long-term goal is to have students with brain injury increase their understanding of and adjustment to the disability, combined with an optimistic determination to be as successful as possible with the abilities that remain after the injury. Even in mature adolescents, it is likely that this state of adjustment and resolve can be achieved only after at least a year or two of emotional struggles. **[See Tutorial on Self-Awareness]**

### **WHAT ARE THE MAIN THEMES IN INTERVENTION AND SUPPORT FOR STUDENTS WITH ALTERED OR PROBLEMATIC SENSE OF SELF AFTER TBI?**

Altered sense of self is viewed as a typical process in adjustment to brain injury, rather than a psychiatric problem or maladjustment. At times, disorders associated with an altered sense of self can result in the student becoming significantly depressed or anxious. In these situations, (e.g., depression, anxiety disorder), a consultation with an appropriately trained and credentialed professional is indicated.

An important theme in sense-of-self intervention is that it is impossible to avoid contributing to the student's evolving sense of self. Whether educators are critical of the student, appropriately respectful and reinforcing, overly reinforcing, neutral, supportive, or unsupportive, they have an impact on how that student comes to formulate a new self-image. Every interaction with students with a disability – successful or unsuccessful, positive or negative – contributes in one way or another to that student's sense of self. With this as background, it is logical that staff and family should combine forces to organize their approach to the student's evolving sense of self. The following concepts and procedures are germane to helping a student develop a “new” and positive sense of self. The list can be used as a checklist to ensure that staff and family are doing what they can and should do to help the student with brain injury.

### **Procedures for Contributing to the Construction of a Positive and Productive Sense of Self:**

**1. Acceptance and Respect:** For very young children, acceptance, emotional attachment, and ongoing nurturing are the primary basis for a positive sense of self. However, acceptance and respect from relevant adults remain strong contributors to a student's sense of personal identity at all ages. Acceptance and respect are equally important from family, school staff, and peers.

Respect is communicated, among other ways, by expressing genuine interest in the thoughts, interests, and activities of the student and by holding her to reasonably high standards of behavior and academic performance (with sufficient support available to meet those standards). The key point is not to simply react to the student's performance (e.g., with grades), but rather to communicate to the student that she is capable of reasonably high quality work – and then to provide the supports needed to enable performance at that level.

**2. Success with Meaningful Tasks:** For school-age children and adults, a positive sense of self and self-esteem are derived ultimately from meaningful achievements. It is sometimes said that self-esteem is a product of motivational talk or other forms of self-talk therapy, which then results in higher levels of achievement. However, most research suggests that the causal relationship goes in the opposite direction – engagement in meaningful activities and some type of meaningful achievement are the basis for building a positive self-concept and self-esteem, rather than simply relying on self-talk approaches.

This poses a dilemma for many students with brain injury who evaluate their accomplishments based on pre-injury criteria, rather than current abilities – and therefore routinely find themselves falling short, based on those criteria. Parents and educators must therefore be creative in identifying activities and tasks in which the student can experience meaningful success and ideally a sense of contribution. With some students with more severe injuries, it is possible to capitalize on their disability and injury history in achieving this goal. That is, the student can build a sense of self by helping others understand TBI, by providing information based on their experience, or participating in school projects for which their injury history gives them unique knowledge and insight. In other situations, collaborative supported engagement in meaningful project-oriented work at school or at home can create a basis for a sense of accomplishment and associated elevation of sense of self.

**3. Association of Positive Role Models and Sense-of-Self Metaphors with Successful Task Completion:** Many studies have shown that when people are reminded of some strongly valued or heroic persons prior to beginning a difficult task, they throw more effort into the task and achieve at higher levels than if they had not had the positive association before beginning the task. The heroic identification provides inspiration, motivation, and energy. This is the psychological reality underlying the common practice of wearing a bracelet inscribed with an inspirational religious slogan or reminder of a religious leader. The underlying idea is that the person wants to be like a religious leader, a hero, or perhaps a parent; therefore, when the person has that positive role model or image in mind, she will try harder and succeed at a higher level. That is, “I can be a \_\_\_\_\_ kind of guy or girl”, where the blank is filled in with some personally meaningful and positive hero or other metaphor.

These ideas form the basis for an important way to help students who are confused, disorganized, or otherwise uncertain about their altered sense of self. Somebody who knows the student well can, collaboratively with the student, identify a heroic person or other inspirational image (e.g., a powerful animal identification) that then can be systematically associated with hard work and successful performance. For example, a student with anger control problems who admires Clint Eastwood can be reminded, "When you're being a Clint Eastwood kind of guy, you don't lose control, but rather react in a calm and composed way." When this association becomes strong, the student will associate power – and an attractive sense of self – with reserved, thoughtful responses rather than out-of-control angry responses.

Children as young as toddlers can benefit from such heroic associations. For example, young boys being potty trained often find inspiration when told, "You can be just like daddy; you can go in the potty chair; you're such a big boy." Thus there are few cognitive building blocks for generating improved sense of self and elevated performance by creating positive associations of this sort.

**4. Honest Feedback Associated with Sense of Self:** Most students are able to distinguish between empty praise, on the one hand, and genuinely respectful and honest appreciation and feedback on the other. When a child hears, "Great job!" over and over, but knows that the outcomes were not good at all, the likelihood is that the net effect will be opposite from that intended by the praise. At best, the empty flattery is a short term distraction. Worse, the student may think, "That was lousy work I did. If my teacher is telling me that this is great, she must think that I am totally incompetent."

Rather, teachers and parents should present feedback and praise that are honest and respectful – and therefore more likely to contribute to a positive sense of self. Here is an example: "You really worked hard on this; that's terrific. I think this part turned out very well because.....; I think you'll agree that this part needs more work. When you work hard [like your hero], you do fine work."

**5. Feedback Focused on Appreciation, Interest, and Respect, Not Just Praise:** Students tend to develop a mature sense of self when adults express genuine interest in the student's interests and thoughts, and provide honest feedback rather than focusing exclusively on praise. When students know that their interests, thoughts, and behaviors are taken seriously by people they respect, they develop a sense that they are real people, not just students who follow instructions and produce required work.

Parents should look for opportunities to express interest in and work with students on their school projects. Parents can also invite the student to participate with them in their activities and projects. Family discussion times as well as discussion times at school are ideal times for such expressions of appreciation, interest, and respect. At school, students can take their turn as teacher's helper, group leader, or other contributor role. Even oppositional students tend to feel respected when asked to play a leadership role.

**6. Genuinely Challenging and Meaningful Tasks:** Many students with significant brain injury return to school at academic levels lower than they held prior to their injury. Or they may return to school at the same grade level but have a modified curriculum. Children injured at an early age may lose academic ground as they age, resulting in a need for additional services and modified curriculum that presents tasks that may appear to the student to be at an immature level. Thus even though a student succeeds with these academic tasks, there may be no inherent sense of satisfaction – no affirmation of self – because the student does not believe that the tasks are at an appropriate level for a person of his age and ability.

Therefore, staff must be creative in presenting work that is appropriate for the student's current level of ability while also appearing to be relevant to her age and sense of self. At home, the student can be given meaningful responsibilities, like caring for pets, that create a sense of meaningful contribution while also adding organization and responsibilities to the daily routine.

**7. Opportunities for Meaningful Peer interaction:** Students with disability after brain injury may see friends fall by the wayside because the disability blocks meaningful participation in activities valued by the friends.

This common phenomenon contributes to the student's downward emotional spiral and threatens an already vulnerable sense of self.

At school, staff can try to organize peer support systems, friendship circles, or even school clubs as contexts for ongoing peer social interaction. At home, parents can invite other children to the house, making sure that there are enticing games and activities that are within the ability levels of all of the students, so that time spent with the other students or family members is fun and rewarding.

**8. Coping with Defeats:** Defeats and associated emotional crises are part of growing up for all children. Defeats are more common for students with disability, particularly if their standards of success and failure are based on their pre-injury accomplishments. Experiences of academic or social failure threaten the child's already weakened sense of self.

Parents can help the student by making clear that their love and support remain unchanged. When the crisis has passed, parents and teachers alike can reflect with the student about what contributed to the problem and how problems of that sort might be avoided in the future. Denying the reality of the child's perceived problems is of no help and is likely to reduce self-confidence rather than bolstering it.