



Positive Psychological Aspects on Posttraumatic Stress Disorder after Traumatic Brain Injury

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Posttraumatic Stress Disorder (PTSD) is a serious condition which occurs in a person who has experienced a traumatic injury in which serious physical harm was experienced [1]. PTSD is a collection of traumatic ordeals which causes fear, anger, or horror, an accident, war, natural disaster or unexpected death of a loved one. Also, families of victims will show the PTSD. Most people, who experienced a traumatic event, will have reactions of shock, fear, anger and even guilt. These feelings will increase and continue, becoming strong and keep the person of having a normal life. PTSD after traumatic brain injury is rare and must be examined in relation to co-morbidities and other risk factors [2].

Traumatic brain injury (TBI) occurs through sudden jolt to the head. Anyone can get the brain injury at any age. The most common causes of brain injury are closed to:

- Head injury due to falls, road traffic accidents, violation and assaults
- Stroke
- Subarachnoid haemorrhage
- Hypoglycemia
- Cerebral hypoxia which is prolonged to cardiac arrest
- Cerebral infections

- Carbon monoxide poisoning

These events occur suddenly with no warning. It often occurs under traumatic conditions. When the brain injury occurred can result to cognitive and physical disabilities. To challenge with acquired brain injury, there is a need to heal the associate cognitive, mental and emotional problems of the patient. A person with brain injury has major problems such as memory, concentration, empathic feelings, and difficulty in speaking. Perhaps, the most aspect which upset him is the combination of losses that effect on personal identity [3].

The only one way to focusing on positive aspect is identify and recognizing of existing identity strength. Also, it is possible to recognize positive aspect of current situation. It could be involved of processes that range of simple comparison such as: "I walk lameness", but since I have seen other people who are not able to walk at all, I realized how lucky I am". "I have made some really good friends in hospital, but now as I think, I realized that family comes first before work."

People who have got brain injury may need permission to represent these types of idea and help to regulate them. Psychotherapy approaches to people who have brain injury need to be more directive than

other groups. It is because that these peoples have more difficulty in generating these ideas due to the problems with administrative function from frontal lobe damage. They will benefit from quick alternative questions rather than obvious approach in formal psychotherapy practice [4].

Focusing on positive aspects and approach can completely change the tone of a therapeutic collision and will light the mood of both patient and therapist. It seems that positive thinking to patients who have got brain injury is better than that administering the hint of depression. Patients will tend to leave the feeling of sadness and anxiety. To work with people who have got brain injury and have poor memory, the emotional tone is very important [5].

The people with brain injury should accept and deal with the stress in their life. After treating bruises and bumps in hospital, people should going back to work and school and have normal life. People may have

some trouble with work or school, but it is normal and could be frustrating. Therefore, thinking positive on posttraumatic stress after brain injury can support healing and fights depression and anxiety and allows the person to buildup healthy coping skills. Positive thinking also will strengthen immunity and help to fight with illnesses. The best method to positive thinking is replacing negative thoughts with positive. Most people are focusing on negatives and burst problems in their mind. They will imagine the worst things that happen. Positive thinking can be used to heal the problems and avoid thinking negative. Also, persons can surrounded him/her with positive peoples who will be able to support the patient mind. Therefore it is better to change the negative thoughts to positive which it will become automatically reaction.

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References

1. Posttraumatic Stress Disorder. [Internet] <http://www.webmd.com/anxiety-panic/guide/post-traumatic-stress-disorder>. July 28, 2011.
2. Bombardier CH, Fann JR, Temkin N, Esselman PC, Pelzer E, Keough M, Dikmen S. Posttraumatic stress disorder symptoms during the first six months after traumatic brain injury. *J Neuropsychiatry Clin Neurosci* 2006;**18**(4):501-8.
3. Jackson H, Manchester D. Towards the development of brain injury specialists. *Neurorehabilitation* 2001;**16**(1):27-40.
4. Patterson B, Scott-Findlay S. Critical issues in interviewing people with traumatic brain injury. *Qualitative Health Research* 2002;**12**(3):399-409.
5. Collicutt McGrath J. Fear, anxiety, and depression following traumatic brain injury. In A. Tyerman & N. King (Eds.), *Psychological approaches to rehabilitation after traumatic brain injury*. Oxford: Blackwell; 2007b.