

Social Identity & Acquired Brain Injury

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Why ABI ?

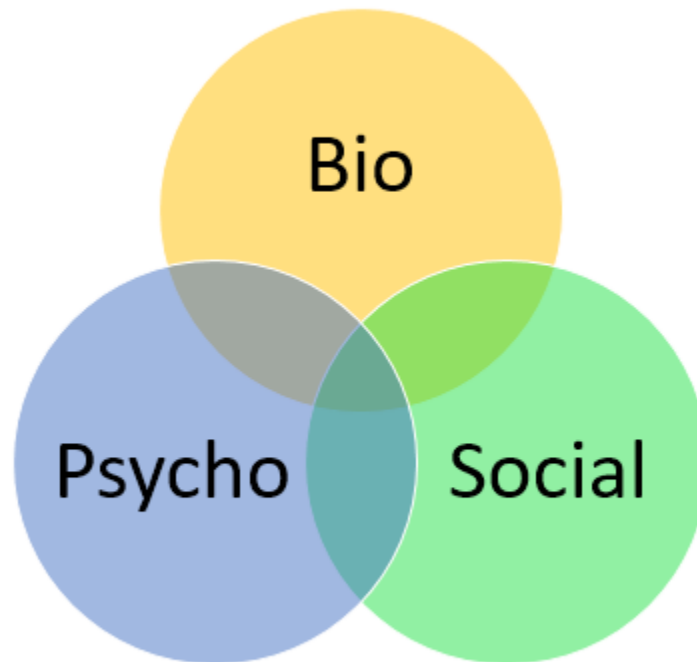


MATERIALISM

‘the view that all behaviour – language and reasoning included – can be fully accounted for by brain function’

Kolb & Whishaw, 2009, p.27

Biopsychosocial



Haslam et al. (2009)

Advocates an intrinsically social view of mind.

Haslam et al. (2009) identified five processes, or pathways, through which 'the social' can influence health. These are social identity as determinants of:

- Symptom appraisal
- Symptom response
- Health related norms
- Health related behaviours
- Clinical outcomes

The Social Identity Approach – 4 key contributions to the study of ABI

- Sense of self derives from group memberships
- Behavioural norms and values can derive from social identity
- The nature of groups and group processes is always bound up with social context
- “Social Identity is the cognitive mechanism which makes group behaviour possible”

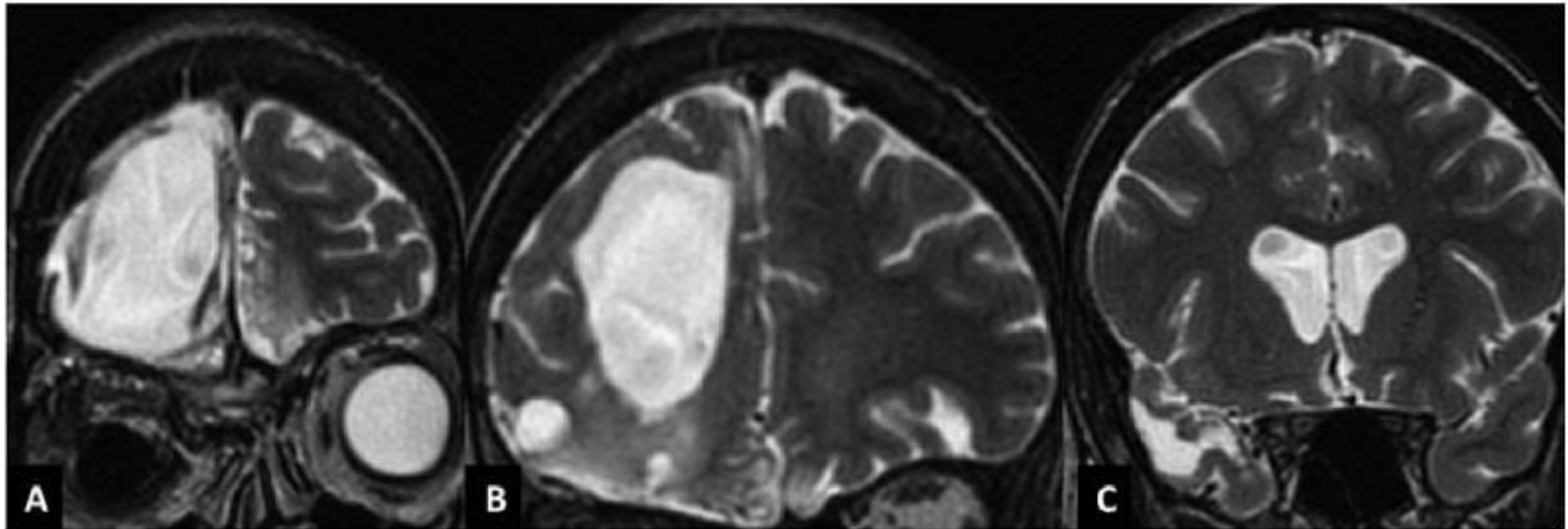
**Acquired brain injury: combining social
psychological and neuropsychological
perspectives.**

(Walsh, Gallagher, Fortune, & Muldoon, 2014)

Applying a social psychological approach to ABI?



A case study



Orbitofrontal/vmpfc lesion (Fisher et al., 2011)

Research

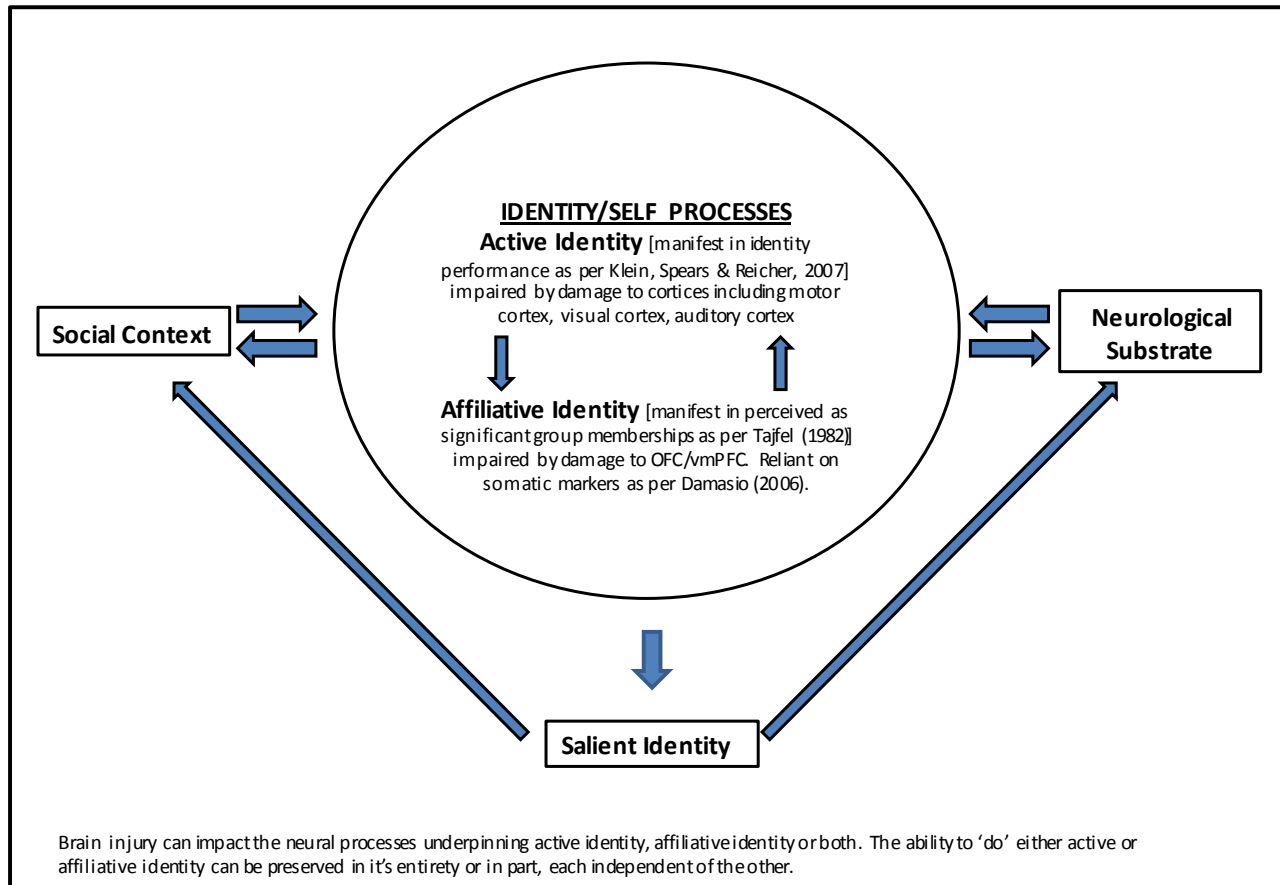


Figure 1. Identity/Self Processes and ABI

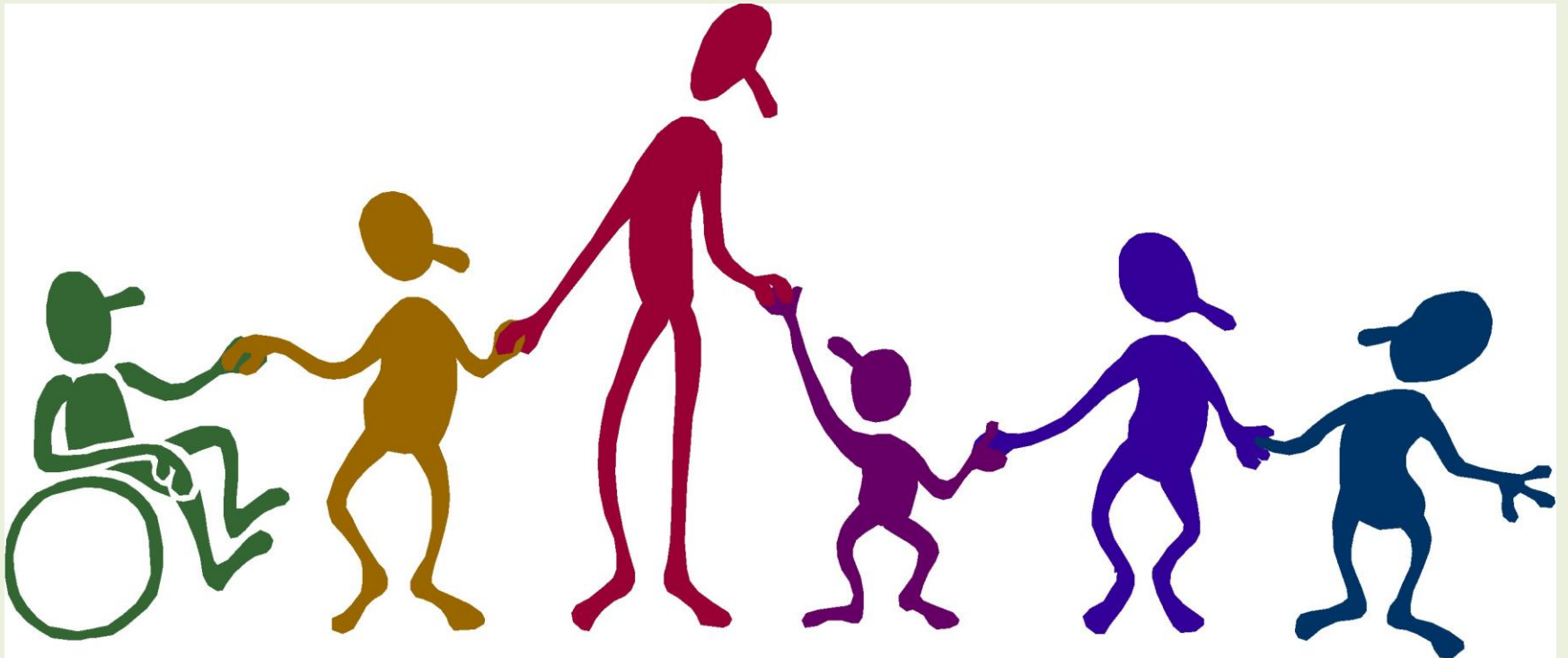
- The social identity approach regards identity as a process.
- This is a view shared by the emerging field of cultural neuroscience.
- The computer metaphor has been incredibly useful but it is time to move beyond the concept of a bounded computational mind (Kitayama & Park, 2010).
- In order to understand what is happening in the brain we must look outwards to relationships and context.
- Integrating the social identity approach with clinical neuropsychology has the potential to close the gap between what 'works' and what is theoretically coherent in rehabilitation following ABI.

Study:

**Affiliative and 'self as doer' identities:
relationships between social identity, social
support, and psychological well-being amongst
survivors of acquired brain injury (ABI).**

Walsh, Muldoon, Gallagher, & Fortune (2015)

Social identity, support and Ψ WB



Social identity, support and Ψ WB

Affiliative and 'self as doer' identities elicited from participants

Affiliative Identities:

ABI Ireland	1
Men's shed	1
Bridge club	1
Brothers (6boys)	1
Community centre	1
Dancing group	1
Extended family	1
Family	27
Football club	1
Friends	7
Girlfriend/family	1
Humankind	1
My marriage	1
My family	2
My kids	1
My partner	1
Not part of any group	1
People in bookies	1
Swimming group	1
Wheelchair assoc.	1
Total	53

'Self as doer' identities:

Art	1
Baking	1
Being a good friend	1
Being a mother	1
Bird breeding	1
Building	1
Child care	1
Choir singing	1
Coffee with friends	1
Computers	1
Cooking and baking	1
DJing	1
Dressing/clothes	1
Farming	3
Fitness	1
Fixing / being handy	1
Following GAA	1
Following irish dance	1
Following Munster	1
Following local FC	1
Going to gym	1
Going to matches	1
Going up the town	1
Greyhounds	1
Gym/pool/sauna	1
Listening to music	1
Mechanicng	1
Mother	2
Music	3
Music&guitar	1
Parenting	2
Parenting/housewife	1
Photography	1
Reading	1
Talking	1
Theatre/cinema	1
Thinking	1
Walking	7
Walking the dog	1
Work	1
Working	1
Total	53

Social identity, support and Ψ WB

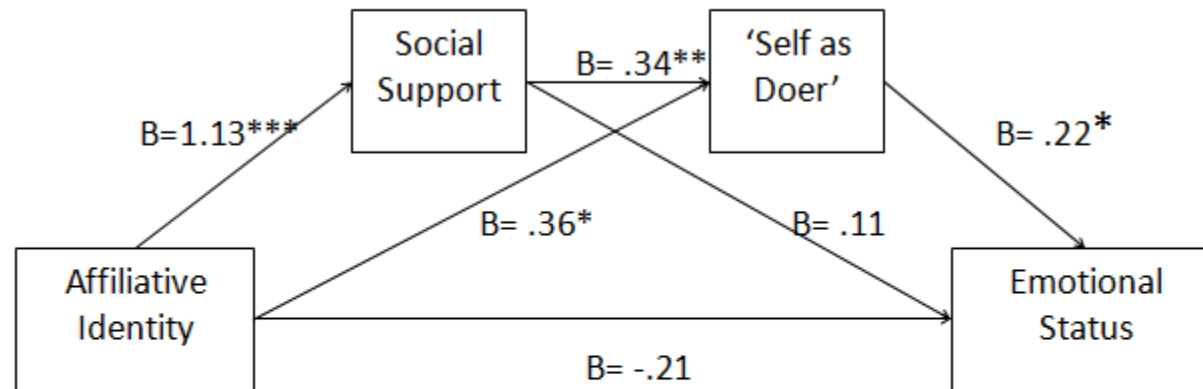


Figure 1. Path analysis for affiliative identity to emotional status via social support and self as doer identity. $B = .29$; $SE = .10$; 95% CI [.12, .49].

Note: * $p < .05$; ** $p < .01$; *** $p < .001$:

Study:

A longitudinal study of relationships between identity continuity and anxiety following brain injury (Walsh, Muldoon, Fortune, & Gallagher, 2017)

Identity continuity and anxiety following brain injury

- Mental health, specifically anxiety has particular importance following acquired brain injury (ABI) because anxiety has been identified as a significant predictor of functional outcomes.
- Continuity of self has also been linked to post ABI adjustment and research has linked self discrepancy to anxiety.
- This longitudinal study investigates how the understandings that people have of themselves as expressed in their affiliative and self as doer self categorisations, along with the consistency of these self categorisations, impacts anxiety.
- Data was collected at two time points. Fifty three ABI survivors taking part in post acute community neuro-rehabilitation participated at time one and thirty two of these participated at time two.

Identity continuity and anxiety following brain injury

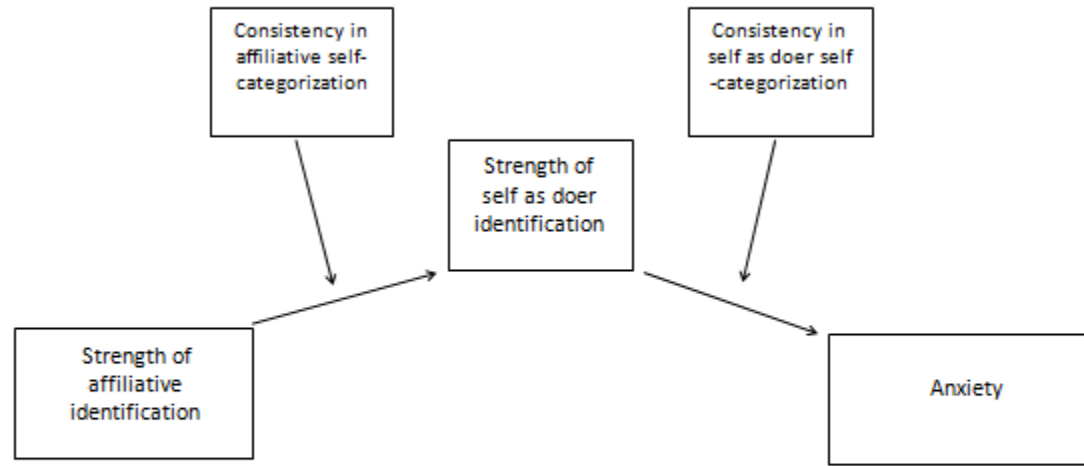


Figure 1. Hypothetical model of relationships between identification, consistency and anxiety

Identity continuity and anxiety following brain injury

Self categorized affiliative identities at T1 and T2

Time 1 affiliative identity	Time 2 affiliative identity	Continuity Code
family	family	.00
married	family	.00
friends	friends	.00
friends	friends	.00
family	family	.00
family	family	.00
family	family	.00
my kids	family	.00
family	family	.00
friends	family	.00
family	family	.00
family	family	.00
family	family	.00
my family	Rehab group	1.00
family	family	.00
family	husband	.00
family	family	.00
family	family	.00
friends	friends	.00
family	family	.00
family	family	.00
family	family	.00
family	family	.00
family	family	.00
Rehab group	family	1.00
friends	people	1.00
people in bookies	family	1.00
friends	Rehab group	1.00
my partner	friends	1.00
family	GAA	1.00
humankind	Rehab group	1.00
family	Rehab group	1.00

Self categorized 'self as doer' identities at T1 and T2

Time 1 self as doer identity	Time 2 self as doer identity	Continuity Code
following Munster rugby	following rugby	0
child care	home life	0
going to matches	sport	0
thinking	thinking	0
farming	farming	0
Mechanical work	Mechanical work / fix tractors	0
art	art	0
coffee with friends	socialising	0
listening to music	music	0
theatre/cinema	cinema	0
baking	baking	0
parenting	family	0
fitness	running	0
fixing / being handy	handyman	0
parenting	praying /AA	1
photography	service provider activities	1
music & guitar	caring for grandmother	1
music	following sport	1
gym/pool/sauna	Poker	1
walking	getting out	1
farming	being out and about	1
mother	collecting	1
walking	being a dad	1
walking	socialising	1
following GAA	DIY group	1
music	college	1
greyhounds	walking	1
computers	getting hair done	1
going up the town	exercises	1
cooking and baking	shopping	1
dressing/clothes	spiritualism	1
bird breeding	parenting	1

Identity continuity and anxiety following brain injury

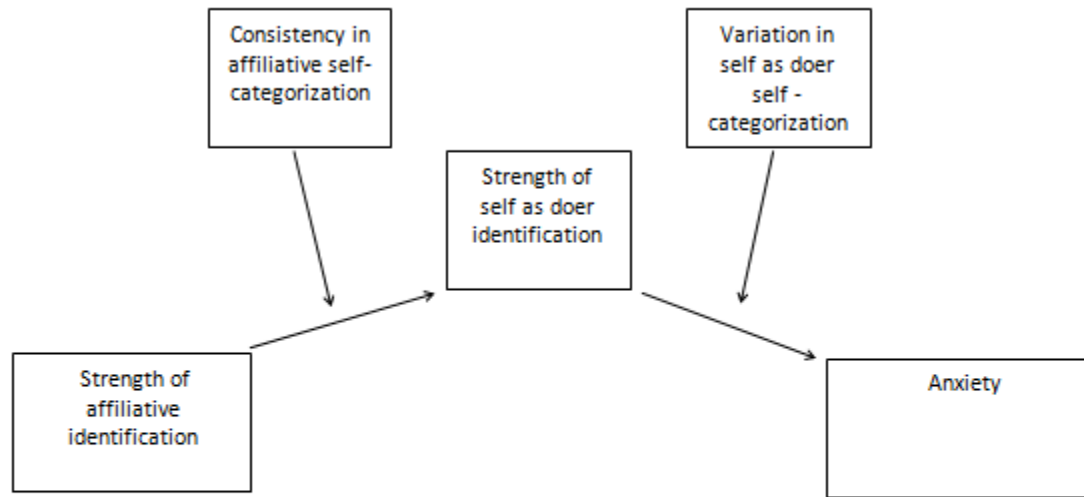
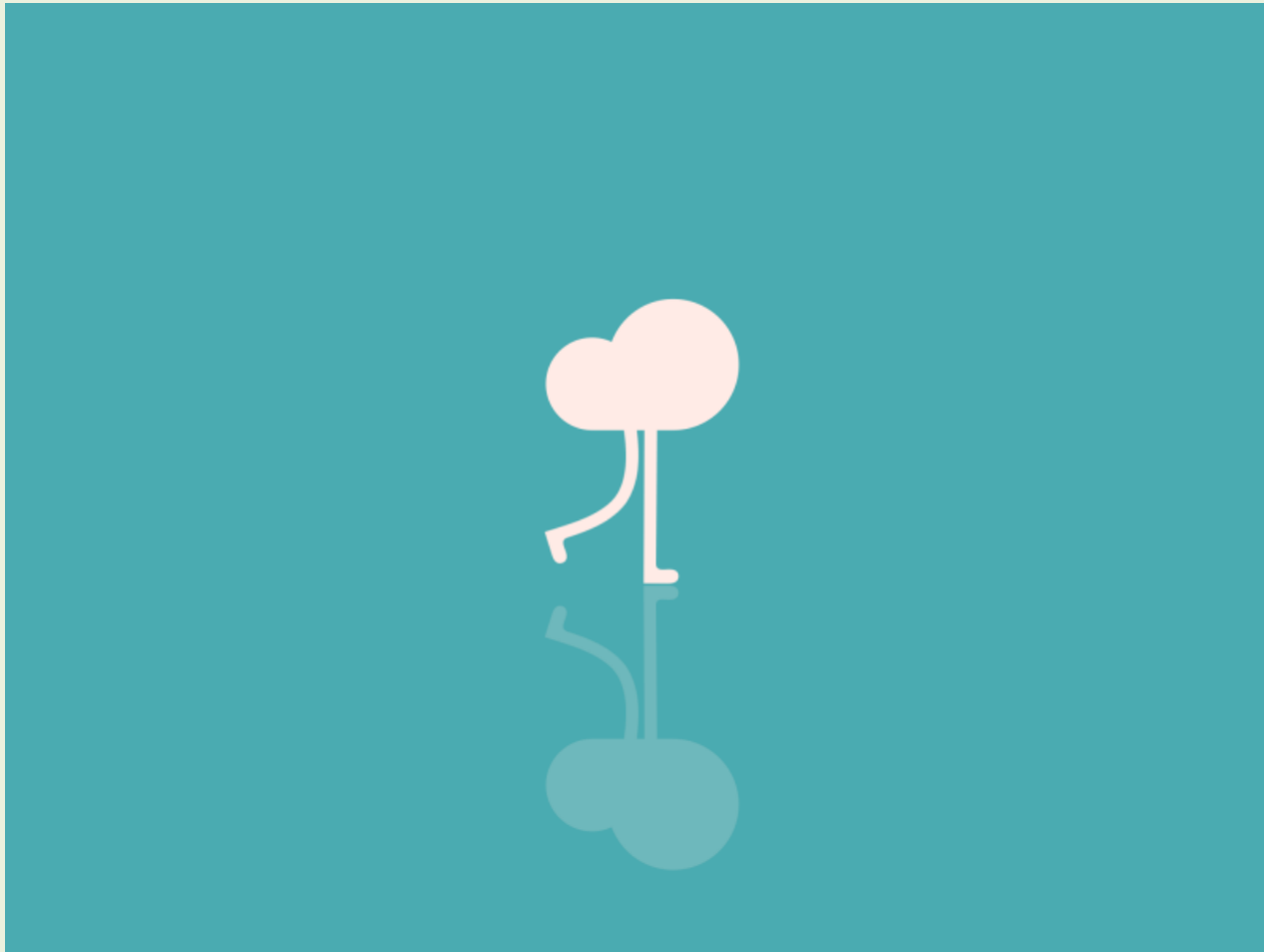


Figure 2 Moderated mediation in the relationship between strength of affiliative identification and anxiety via strength of self as doer identification, moderated by stability of affiliative and self as doer self categorizations

$B = -.29, SE = .10, 99\% CI [-.58, -.02]$

Some Future Directions:



What the research adds

The thread that runs throughout the body of research presented today is that social identities matter.