## ANGER AND DEPRESSION

People will accept that head injury can change your thoughts and memories, but have difficulty understanding that is also changes your emotions. Your emotions don't exist in some cloud that follows behind your head. They're in your head just like everything else. Two of the more common changes in emotion are anger and depression. Someone may have been a "hot-head" or an angry individual before their accident. Since the head injury, this person's anger is multiplied 2 or 3 times. For example, a dog may pee on the carpet. This might be an angering situation for most people. But following a head injury, the anger is so extreme that the person may want to harm the dog. Anger after a head injury is quite different from "normal" anger. Anger following a head injury tends to have a "**quick on" and a "quick off**." Basically you can be in a good mood until some small thing irritates you and you suddenly get very angry. But this anger doesn't seem to last; you're angry for a few minutes, someone changes the topic of conversation, and you quickly stop being angry. In another variation of anger problems, some little thing sets you off and then the "whole day is ruined" (you're not mad but seem to be in a bad mood).

Many people say, following a head injury, "*I cry real easily, sometimes over the dumbest things*." This is especially tough for men in our society because men have been taught not to cry. I've had many male patients say to me, "*I've never cried as an adult; now I'll watch some silly movie on television and have tears running down my face.*" Many people begin to feel that they're losing their mind because of this emotional roller coaster.

Why is this happening? We know that the middle sections of the brain are pretty primitive. Rage, fear, and sexual feelings all come from very primitive emotional areas of the brain. If you have animals at home, you'll see the same primitive emotions in them. Humans also have primitive systems in the brain that says "yes" or "DO IT". If you're mad, hit something. If you get hungry, let's eat. Don't wait, do it right now. In contrast, the front part of the brain helps plan and control behavior. The front part of our brain is involved in saying "NO". For example, your boss says something to you that gets you get really mad. Your first impulse is to hit him. The "NO" part of your brain says "*Don't do that--you're going to be fired--you're going to go to jail.*" So the frontal lobes and the primitive parts of the brain act like a thermostat and a furnace. If the "NO"

part of the system isn't working so well, the primitive functions tend to be more prominent.

This change in emotion may cause your family members and friends to start avoiding you. With family members, they're going to learn to walk around you as if on "eggshells". If it's your friends, your yelling at them will result in a lot fewer friends. They may be afraid of the changes that they see in you.

What can you do to deal with the anger problem? One very helpful approach is the Time-Out procedure. Before you get to the point where you are going to explode (throw something, break something, or punch a hole in the wall), you **MUST** walk away. You have to get away from the thing that's really irritating you. I ask people to walk away for a minimum of 15 minutes. Get out of the house; go for a long walk. But don't stay in the situation that's making you angry. Why 15 minutes? People will say, "*I'm pretty calm after 5 minutes.*" But they go right back into the situation and they're instantly angry again. It takes quite a while for your emotional system to calm down. Time-Out must be at least 15 minutes. The more you do Time-Out, the more you learn to control your feelings, or hold back the flood of emotion. It's basically practice, practice, and more practice; just like learning to hit a ball with a bat. The more you try, the more likely you are to get better at it the next time. You can't just say, "*Okay, I've got the principle on swinging a bat; now I'll go out and play major league baseball.*" You have to keep at it--so practicing "Time Out" is a good thing.

One of the problems with Time-Out is that people don't realize that they are angry until it's too late. For example, I had one patient who was waiting in a check-out lane in the store and there was a little child being a brat; picking things up, throwing them on the ground, yelling, screaming, and basically driving everybody in line crazy. The family member who was with the patient could see the anger starting to build. The jaw was tightening; the fists were clenching; the feet were tapping. The head-injured person didn't recognize the anger. This person finally "exploded" at the parent and said, "*Shut your kid up!*" There are cues that anger is building in us, and we've got to learn to pick them up. It may be tightening in the jaw; it may be clenching in the hands; it may be sweating more or breathing heavily. It depends on the person. I often request that family members help with Time-Out. (In fact, the family member is most often the target of the anger.)

I also have a rule for the time-out procedure: **No matter who calls time-out** (whether you feel it's fair or not), you've got to do it. If you're the head-injured person and someone calls time-out on you, you have to do the 15 minute Time-Out, even if you don't think you need it. You may get mad because someone's called a Time-Out procedure. You still need to do it. Family members, however, have to "play fair" with the time-out procedure--they can't chase after you with an ongoing argument (the No-Nagging rule). If you're trying to get out of the situation, family members must not run after you and say "Oh yeah, and here's another rotten thing you do." They've got to do their part by "shutting up" during Time-Out.

It helps if you have a signal for time-out. It might be like the referees in a football game, where they make a "T" with their hands. If it's in a crowd and you don't want to be obvious, you might pull on your earlobe or touch your nose. Whatever the cue that you and your family use, you've got to do it. The more you practice this technique, the more it works. The first few weeks, it may not seem like it's working. But keep at it; it will work over time.

This article is provided by the Brain Injury Association of Virginia (BIAV) and is for informational and educational purposes only. The information is not intended as a substitute for professional medical or psychological advice, diagnosis or treatment, and you should not use the information in place of the advice of your physician or other healthcare provider.

For more information about brain injury or services and resources in Virginia, please contact BIAV: Toll-free Help-line: (800) 444-6443 � E- mail: info@biav.net � Website: www.biav.net

Pages are reprinted with permission from the "Traumatic Brain Injury Survival Guide" by Dr. Glen Johnson. See the entire guide at <u>www.tbiguide.com</u> This copy is provided by the Brain Injury Association of Virginia.