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The Journey Back to Myself: Returning to baseline functioning post- concussion
A Phenomenological Study

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Background/ Significance

Concussion is a common term for a mild traumatic brain injury (mTBI). A traumatic brain injury is essentially a “physiological disruption of brain function resulting from traumatic force transmitted to the head” (McMrory et al., 2013).

- Over 1 million emergency room visits in the United States each year with an additional 1.6-3.8 million sports-related mTBI diagnosed annually (CDC, 2016).
- Almost half of all individuals with an mTBI have long term effects
- 5.3 million people in the United States alone are currently living recurring post concussive symptoms or cognitive dysfunction related to the mTBI (CDC, 2016).

There is no treatment other than decreased stimulation and rest until your symptoms subside and you return to baseline functioning.

A prediction for this progression is virtually unknown by medicine at this time other than by what they learn from experience.

The recovery period following a concussion is littered with persistent symptoms and the symptoms impact a multitude of daily activities. This includes work responsibility, social and familial interaction as well as feelings of frustration with self.

The goal of this study was to richly describe experiences and various examples of situations in which they were more aware of their injury

Research Aims/ Question

- What is the experience of coming back to baseline following a concussion?
- Determine the experience of dealing with symptoms and impact on daily life.

Sample

Recruitment: Word of Mouth, Inquiry on social media (Facebook/Snapchat)

Demographics:
- AGE: 18-22
- EDU: 1 High school, 1 Some College, 1 Baccalaureate degree
- Health Insurance: All insured through parents
- Occupation: 2 Student, 1 Data analyst
- Injury: 1 sport related, 2 mechanical falls

Methods

Participants were asked: “Describe for me your lived experience with returning to baseline cognitive/physical functioning following a concussion. Share all your thoughts, feeling, expressions, and perceptions you wish to share. Specific examples of points you make would benefit me and the research greatly.”

- Colaizzi’s (1978) 7 step method was used
- The researcher bracketed presuppositions using a journal to document feelings, expressions and reactions during the research process.
- Interviews were recorded and later transcribed verbatim by hand.
- Significant statements were chosen from transcripts
- Significant statements transformed into formulated meanings.
- Formulated meanings grouped into themes
- Themes further categorized into theme clusters
- Theme clusters used to tease out Exhaustive Description

Results

- 80 total significant statements
- First 20 themes pulled from 80 statements
- Themes clustered into 9 themes

1. Waiting for persistent symptoms to end due to ineffective treatment
2. Feeling useless and unable to perform daily activities
3. Increased effort for daily activities from an inability to focus
4. Feeling frustrated and annoyed with self
5. Unable to remember; feeling foggy during recovery
6. Overwhelming sense of confusion
7. Going through the motions of life without any motivation
8. Altered perception of time and self
9. Symptoms impacting familial relationships

Significant Statement	Formulated Meaning
“Everyday things like taking notes, doing homework, listening to someone talk, it takes more focus and a lot longer to do these things”	Particpants felt as if it took longer and more focus to do everyday things like homework, taking notes and having conversation.
“I remember getting really mad because I couldn’t do anything to relieve my headaches”	Participants felt mad about not having control of symptoms such as headaches.
“I couldn’t think or focus or even see what I had to do at work”	Post concussive symptoms made it difficult to think, focus and see work related responsibilities
“It was frustrating because it was a headache that wouldn’t go away. So it’s not like enough was wrong with you to stop living, but at the same time you felt like you had to stop living.”	Symptoms would not go away causing the feeling of wanting to stop living. But it wasn’t enough for participants to actually stop living
“I was annoyed. My family didn’t take me seriously. I was frustrated that it [symptoms] was bothering me that I felt like that”	Symptoms caused family to not take the participant seriously. Additionally, the symptoms caused frustration because they were bothersome.

Table 1: Examples of Significant Statements and Formulated Meanings

Exhaustive Description

The journey back to self following a concussion is plagued with overwhelming feelings of confusion, trudging through each day without motivation. Essentially feeling as if they are going through the motions of life waiting for their symptoms to subside. Feelings of frustration and annoyance with themselves and the ineffectiveness of treatment. The recovery process is also hindered by an inability to focus on daily life leading to increased effort for simple tasks like conversation with others. Having symptoms negatively impact relationships with family. Leading to an overall feeling of uselessness shrouded in a fog from memory loss as a result of the injury.

Conclusion

Uncovering the lived experience of these patients will lead to improved treatment options and follow up regimens, ultimately improving the recovery experience following a concussion

More research needs to be done and this pilot study should be expanded on to reach data saturation

Credibility and Rigor

2 out of the total 3 participants were able to read the exhaustive description and final clusters of themes to validate that the essence of the experience

Limitations

Conducted over short 3 months

Sample size of 3-no data saturation

Future Studies

Focus on feelings of Blurring and Fogginess

More specific questions-

- Focus on impact on academic life
- Focus on impact on personal life

References

Centers for Disease Control. CDC's report to congress on traumatic brain injury epidemiology and rehabilitation. Washington, D. C: CDC; 2016.

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