

FACT SHEET:

Category:
Behaviour

Audience:
Professional

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ABIOS Neuropsychologist



ABIOS

Acquired Brain Injury Outreach Service

Understanding Emotional Lability

Introduction

Acquired brain injury can change parts of the brain that regulate or control emotional behaviour and feelings.

Emotional lability refers to rapid, often exaggerated changes in mood, where strong emotions or feelings (uncontrollable laughing or crying, or heightened irritability or temper) occur. These very strong emotions are sometimes expressed in a way that is not related to the person's emotional state.

What causes emotional lability?

Emotional lability occurs because of damage to parts of the brain that control:

- Awareness of emotions (ours and others)
- Ability to control how emotions are expressed – so ability to inhibit or stop emotions coming out

When a person is emotionally labile emotions can be out of proportion to the situation or environment the person is in. For example, a person may cry, even when they are not unhappy – they may cry in response to strong emotions or feelings, or it may happen “out of the blue” without warning.

A person may have little control over the expression of these strong emotions, and they may not be connected to any specific event or person.

Following brain injury an individual may also lose emotional awareness and sensitivity to their own and other's emotions, and therefore their capacity to control their emotional behaviour may also be reduced. They may overreact to people or events around them eg. conversations about particular topics, sad or funny movies or stories. Weaker emotional control and lower frustration tolerance, particularly with fatigue and stress can also result in more extreme changes in emotional responses.

The person may express their emotions in situations where previously they would have been able to be restrained or in control (in quiet situations, in church, listening to a concert).

These behaviours can be confusing, embarrassing, and difficult to understand for the person with brain injury and for others.

Emotional responses after an injury

Emotional reactions may be appropriate in the situation, but the behaviour or expression may be stronger, louder or last longer than would be usual for that person. For example, a person may be genuinely happy, but once the laughter has started they may be unable to stop or regulate the behaviour, laughing too loud, too much, or for too long.

After brain injury an individual may also show extreme but genuine emotional responses, including sadness and grief, despair, frustration and irritability, anger, anxiety and depression, and even joy, happiness, and pleasure. These may be appropriate and normal emotional responses.

Coping with Emotional Lability

Become aware of triggers

Be aware of triggers for emotional lability and try to avoid these when you can.

Triggers can include:

- excessive fatigue or tiredness
- stress, worry or anxiety
- high stimulation (too demanding, too noisy, too many people) – too much pressure
- strong emotions or demands from others
- very sad or funny situation (such as jokes, movies, certain stories or books)
- discussing certain topics e.g. driving, loss of job, relationships, death of a family member
- speaking on the telephone or in front of a group or where a person feels under pressure

Have a Break

Have a short break away from the situation so the person can regain control of emotions, and to give the opportunity for emotions to settle.

Sometimes a break of a few minutes or a longer period is enough to regain control of emotions – taking a short walk, doing a different activity all can help to cope with these strong emotions.

Ignore the behaviour

Try to ignore the emotional lability (but not the person) as much as is possible. Try to get others to ignore it too and continue on with the conversation or task.

Focussing on the lability or giving the person too much attention when it is happening can reinforce and increase the problem. It is important that other people don't laugh too, as this will also reinforce and increase the behaviour.

Change the topic or task

Changing the topic or activity (redirection and distraction) can reduce stimulation or stress (particularly if the topic was a trigger).

Try to distract or divert the person's attention by engaging them in a different activity or task.

Provide information and education

Uncontrolled crying or laughing can be upsetting, frightening or confusing for other people if they don't understand.

- Providing simple explanations or information to other people about the lability, for example, "They cry a lot since they had the stroke ... don't worry about it" or "Sometimes when they are nervous they get the giggles".
- Tell people what they should do, for example "Just ignore it and it will stop".

Plan ahead

When there is severe emotional lability, one-to-one, brief and fun activities in a quiet environment will be better.

- Try to avoid putting the person in stressful situations or environments e.g. noisy, busy, high levels of activity or that are too demanding.
- Plan activities that are within the person's ability.

- Plan more demanding activities or appointments after rests, or when the person has the most energy.
- Plan for rests between activities.

Use cognitive techniques

Some simple cognitive strategies can also assist in managing emotional lability:

- Relaxation and breathing exercises to reduce tension and stress
- Using distractions – thinking of something else, imagining a peaceful image or picture, counting
- Doing an activity (going for a walk)
- Cognitive and behavioural strategies such as thought stopping could be discussed with a Psychologist.

Counselling and support

Sometimes a person has had many losses and changes to cope with after the brain injury – loss of work, ability to drive, independence, changes in relationships or finances, changes in the quality of their life. All these changes happen quite suddenly with little chance to prepare or get ready.

These feelings of sadness, grief, anger, frustration, disappointment, jealousy, or depression after an injury are common and may be very difficult to cope with.

If there are other emotional adjustment and coping issues, referral to a counsellor such as a Psychologist, Social Worker or Psychiatrist may be helpful. Family (parents, siblings, children), friends or carers may also benefit from support and care to help them understand and to cope with these changes.



Resources

See other Acquired Brain Injury Outreach Service (ABIOS) Information sheets at <http://www.health.qld.gov.au/abios/>



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