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The public's misconceptions about traumatic brain injury: a follow up survey

Thomas J. Guilmette [a,*], Michael F. Paglia [b]

[a] *Department of Psychology, Southern New England Rehabilitation Center, Providence, RI 02903, USA*
[b] *Providence College, Providence, RI 02918, USA*

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Abstract

Two prior surveys from rural Louisiana, Canada, and New York [Arch. Clin. Neuropsychol. 3 (1988) 331; Arch. Clin. Neuropsychol. 8 (1993) 461] revealed that a high portion of the population endorses misconceptions about the sequelae of traumatic brain injury (TBI). The purpose of this study was to assess the public's perceptions of head trauma in an urban setting in the Northeast region of the country and to compare those results with surveys from other geographical areas conducted 8 and 13 years ago. This study also examined the prevalence of perceptions about TBI that may be relevant to personal injury litigation with TBI plaintiffs. Data were collected at an office of the Department of Motor Vehicles from persons conducting business there. Participants ($n = 179$) voluntarily completed a 19-item survey covering several facets of brain injury. This sample endorsed misconceptions at a level consistent with previous studies, indicating a comparable lack of knowledge about moderate to severe TBI. With regard to mild TBI, however, our sample generally endorsed fewer misconceptions than previous samples. The public also holds perceptions of TBI that may be relevant to personal injury litigation involving TBI plaintiffs.

Keywords: Traumatic brain injury; Public's misconceptions; Surveys; TBI plaintiffs

The incidence of traumatic brain injury (TBI) in the United States is approximately 1.5–2 million cases annually and it is the leading source of injury and neurologic disability among children and young adults (NIH Consensus Development Panel on Rehabilitation of Persons

* Corresponding author. Tel.: +1-401-865-2295; fax: +1-401-865-1227.
E-mail address: tguilmet@providence.edu (T.J. Guilmette).

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With Traumatic Brain Injury, 1999). Although TBI may cause a host of observable deficits with motor, sensory, and speech functioning, the most debilitating impairments often result from the less conspicuous psychosocial, behavioral, and cognitive sequelae of the injury. Because of the lengthy, and at times incomplete recovery process, TBI survivors may reenter community, work or school settings still dealing with their particular deficits, yet may be expected to perform at preinjury levels. Such a scenario can lead to frustration and anger, possibly exacerbating existing deficits and impeding the recovery process.

Given the complexity of this injury and the myriad of deficits it may produce, sufficient knowledge about head trauma and its effects are essential to provide proper care. However, Swift and Wilson (2001) demonstrated that misconceptions pertaining to TBI are widespread even in the medical field. Responses from TBI patients and caregivers indicated that health professionals who did not specialize in brain injury held the same misconceptions as lay people regarding length and extent of recovery, awareness of diversity of deficits (particularly with regard to cognitive and behavioral impairments), and misidentifying persons with TBI as learning disabled or mentally ill. Participants also reported that such circumstances did not provide them with the support, emotional and otherwise, necessary for a proper recovery. Farmer and Johnson-Gerard (1997) reported a high rate of misperceptions about pediatric TBI held by educators (mean percent of misconceptions = 49.6%) and, to a lesser extent, rehabilitation staff (mean percent of misconceptions = 32.6%). Although educators were generally better informed about TBI relative to the general public, they still endorsed a significant number of false beliefs. Finally, a survey given to school-based speech pathologists (Hux, Walker, & Sanger, 1996) found that most rated themselves as seriously lacking in their knowledge about TBI.

Given the above findings, it is not surprising that the general population also demonstrates little knowledge about the sequelae of head injury. Gouvier, Prestholdt, and Warner (1988) administered a 25-item survey to 221 individuals at a Southern Louisiana shopping mall. Data analysis revealed that while people were fairly knowledgeable about the causes of brain damage and the importance of seatbelts, up to 50% of the sample answered questions regarding unconsciousness, amnesia, and recovery incorrectly. In a partial replication of Gouvier et al. (1988), Willer, Johnson, Rempel, and Linn (1993) used 9 of Gouvier's original 25 survey items and found similar levels of misconceptions among a sample of 245 adults taken from a county fair in Western New York and 68 adults at two Ontario, Canada shopping malls. Demographic data for this sample were consistent with that of Gouvier et al. (1988).

Although both studies provide valuable insights into the misinformation about TBI and its implications, this research was conducted 13 and 8 years ago. Subsequent public education may have resulted in decreased misconceptions. In addition, the samples in these surveys were confined to generally rural regions of the country and Canada. As a result, the data may not be generalizable to the public nationwide.

Furthermore, an interesting forensic implication exists that was not addressed in either Willer et al. (1993) or Gouvier et al. (1988). It is generally well established that "pretrial beliefs and values may influence and, on occasion, even overwhelm the evidence presented in court" (Wrightsman, Greene, Nietzel, & Fortune, 2002, p. 433). For example, some pretrial factors that may influence juror decisions include: defendant attractiveness (Erian, Lin, Paten, Neal, & Geiselman, 1998); defendant race (Sommers & Ellsworth, 2001; Wuensch, Campbell, Kesler, & Moore, 2002); gender (Goodman, Loftus, Miller, & Greene, 1991); and several