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Aggressive behaviours of braininjured persons: Managing uncertainty by representations

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**Introduction** Aggressive behaviours of brain-injured persons put in difficulty care-work and are a source of uncertainty in the therapeutic relationship. These behavioural disorders are inherent to brain injuries, to the person and to the context (Eames, 1988).

The contextualisation of the therapeutic relationship (Morin & Apostolidis, 2002) allows us to consider the role of psychosocial prebuilts whose caregivers use to structure and contain critical situations by directing their actions.

**Objective** This study seeks to highlight the role of social representations (Jodelet, 1989) of nurse aids about brain-injured person in the adjustments made by these caregivers to build and maintain a quality therapeutic relationship in a context of uncertainty.

**Methods** Semi-structured interviews were conducted with nurse aids (n = 23, 22 females, average age 37.5 years, average length of service 8.5 years) working in the host institution on the long time.

The interviews were the subject of a thematic content analysis (Flick, 2014).

**Results** The content analysis shows that nurse aids perceive brain-injured persons with various disorders, multiple and changing. Caregivers have an organization of sequelae profiles incorporating a specific profile: the "frontals". The contents of these representations can explain the aggressive behaviour according to the personality of the brain-injured person, brain injury, cognitive impairments and the characteristics identified of its sequelae profile. This common knowledge allows caregivers to determine the status of "consciousness" of the person about his aggressive behaviour. The analysis shows that caregivers use specific care practices according to that state of "consciousness". These practices are oriented on the person, the environment or the caregiver himself.

**Discussion** In this context of care for brain-injured persons, caregivers explain aggressive behaviours by drawing on common theories and aetiologies allowing them to put meaning to care situations, adapt and ensure relational work. Training on and by the representations of caregivers can contribute to better care of brain-injured patients.

**Keywords** Aggressive behaviour; Social representations; Braininjured person; Therapeutic relationship; Caregivers

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