

THE PSYCHOSOCIAL IMPACT OF A TEMPORARY DISABILITY

HOW ARE WE AFFECTED WHEN THE TWO
ENDS OF OUR BODY – OUR HEAD AND FEET –
SUFFER?

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INTRODUCTION

A significant number of scientific studies have shown, thus far, the strong relation between physical problems and emotional stress.

Several articles have also been published, separately, regarding the physical symptoms of a migraine or a fracture and/or surgical operation in the foot (ankle area). Rarely will an article jointly present these two serious – for those affected – experiences.

What could be said with certainty is that, despite their apparent differences in respect to physical symptoms, these two kinds of temporary disability have similar, important psychosocial effects.



THE IMPORTANCE OF THE BRAIN

The enormous importance of the brain to human survival and wellbeing is indisputable. Our life depends on the proper functioning of the brain, as it regulates our breathing mechanisms as well as our ability to efficiently respond to various daily functions dependent on thought, communication, movement, etc.

The temporary reduction of the brain's efficiency due to a migraine attack which can last from a few hours to a few days, is an example of a temporary disability whose gravity can usually only be fully understood by the persons experiencing the attack.



THE IMPORTANCE OF THE FEET

At the other end of our body lie our feet, to which we depend – when able-bodied – for our smooth and unhindered transport from one location to another. Our feet, especially around the ankle, contain a large group of muscles, tendons and ligaments, whose coordinated function in keeping the foot in balance could be compared to the impeccable orchestral execution of a popular symphony.



THE IMPORTANCE OF THE FEET

The great importance of our feet for our daily existence usually goes “unnoticed”, as we take it for granted that, unless we become sick or grow old, we will always have them to our disposal until the end of our life.

However, the realization of this importance dawns quickly on any individual that loses the use of his or her feet, albeit temporarily but for several months, and therefore experiences the dependence on others for moving around, the need for physiotherapy and the long recovery period that the feet require to return to their previous, fully-functioning state.



TEMPORARY DISABILITY - MIGRAINES

The term “temporary disability” is used in this article to describe two illnesses which appear different at first sight yet share many similar psychosocial effects.

Even though migraines can potentially be classified as a “long-term disease”, the persons that suffer from them do not experience them as chronically continuous but as attacks that come and go in regular intervals. The physical symptoms of migraines vary from person to person but usually include a combination of general pain on the head, the neck, the eyes and elsewhere, leading to various problems, like difficulties in concentration, decision-making, speech, reading, writing, touching and tasting, auditory and olfactory hallucinations, pain in the ears, hypersensitivity to light and gastrointestinal problems.



TEMPORARY DISABILITY - MIGRAINES

According to medical research, 90% of persons that suffer from migraines state that these attacks prevent them from completing their daily obligations. Eight out of ten sufferers state that they become unable to execute tasks which are usually not painful, like brushing their hair, shaving or putting on earrings.

It is, therefore, obvious that a migraine attack constitutes a serious threat to the quality of life of a sufferer.



TEMPORARY DISABILITY – FOOT FRACTURE/SURGERY

Similar to the dysfunction or the full interruption of daily activities caused by a migraine attack are the results of an unexpected fracture and/or a serious surgical operation to the foot and ankle area. The fracture and operation cause the physical, emotional and social immobilization of the patient. This immobilization can be more severe when the sufferer lives alone and is forced (or accustomed) to self-care.



EMPATHIC UNDERSTANDING FROM OTHERS

The presence of other persons in the house, for example in the case of a family, may, on the one hand, reduce the loneliness that person will experience due to being isolated at home for many hours of a day but may also increase the anxiety for not being able to respond to obligations towards the other family members.

The understanding and support that persons immobilized at home from a migraine attack or a foot fracture/operation will find in the members of their family or their friends, whether they live together or not, is extremely important for their recovery and the resilience they will demonstrate against their condition.



EMPATHIC UNDERSTANDING FROM OTHERS

Unfortunately, this empathic understanding cannot be assumed a priori. The situation may be attributed to the incomplete information that friends, family and others might have regarding the severity of the psychosocial immobilization or to the sufferers' weakness in communicating the gravity of the dysfunction and the loneliness they go through in their attempt to cope with what is happening to them.

At the same time, sufferers that are stuck alone at home commonly expect that the people around them will automatically show them the relevant understanding and compassion. What they might receive, instead, is the anxiety and frustration of those persons who are called upon to help them by taking on their burdens and further responsibilities.



EMOTIONAL IMPACT OF PHYSICAL IMMOBILIZATION

- Feelings of emotional void
- Feelings of sadness (which may progress into clinical depression, if present and worsening for a number of months)
- Frustration and anger for the loss of daily activities and of opportunities for sports and recreation [especially in the case of individuals with an active lifestyle, the immobilization at home and the deprivation of freedom of movement is a serious emotional blow] and longing for returning to them
- Fear of losing social contacts and experiences in social activities due to being restricted at home (known also with the acronym FOMO – Fear of Missing Out)
- Crying and general malaise (intense, raw physical pain can create emotional hypersensitivity and sufferers may feel more susceptible to crying in response to emotional stimuli)



EMOTIONAL IMPACT OF PHYSICAL IMMOBILIZATION

- Fear for permanent effects of the physical condition to the future functioning of the body and the person's overall quality of life
- Financial insecurity (in the case of self-employed persons or persons without adequate health insurance or persons that depend on their savings for their subsistence)
- Agitation, nervous outbursts and arguments with others in the familial environment (including intimate partners)
- Resistance to accepting help from others outside of the home (in order to preserve a sense of autonomy) or an increase in the dependence on others for assistance and companionship



EMOTIONAL IMPACT OF PHYSICAL IMMOBILIZATION

- Feelings of guilt that the sufferer is a burden on others for the assistance she or he needs
- A sense of “going crazy” due to being restricted at home for many hours
- Fear for a new episode of the problem (i.e. a new migraine attack or further injury to the ankle area)
- Exhaustion from the extra physical effort needed to complete basic daily functions
- Feelings of shame for not being able to respond to work-related and home-related obligations



COPING SKILLS AND TOOLS

In order to cope successfully with the restrictions imposed by a temporary disability, the sufferers will need to employ a range of personal skills and other tools, which they might be discovering for the first time.

Those include personal characteristics of resilience towards challenges, such as creativity for innovative and practical solutions (e.g. on how to move around effectively in the house), patience, humor, optimism and understanding of treatment and therapy as a process with small steps that depends on – and reinforces – self-esteem and determination.



COPING SKILLS AND TOOLS

The sufferers will have to accept their body's need to “shut down” in order to recover and to concentrate on the things they can control. Entertainment at home, meditation and the option of receiving therapeutic sessions at home, are among other helpful tools. Writing as a form of externalizing thoughts and feelings for the illness helps with perceiving it as an entity that is separate from the individual and, therefore, not as a condition that solely defines the individual.



LACK OF UNDERSTANDING FROM THERAPEUTIC STAFF

Scientific studies and professional practice identify the frequent absence of empathic understanding by doctors and therapists for the extent of the psychological distress on the patient. Despite their good intentions, they seem unable to see the psychosocial effects of the physical symptoms/pain from the perspective of the sufferer.

For example, a 60-year old woman's aesthetic need to wear high-heeled shoes to her daughter's wedding may be met with rejection by the physical therapist who does not consider this a priority for her ankle fracture treatment. The therapist might not even attempt to at least validate the woman's feelings, even if her desire cannot be practically realized. Likewise, a doctor may recommend medication to a woman that suffers from migraine attacks, without first discussing with her other, alternative treatment options.



MULTI-FACETED INTERVENTION FOR FASTER RECOVERY

In conclusion, a multifaceted intervention that simultaneously takes care of the physical and emotional recovery of the sufferers, may lead to a faster and more comprehensive rehabilitation.

For this to happen, health professionals that cater for these individuals must have the aforementioned psycho-social effects in mind, discuss them with their patients and refer to the right specialists when further support is needed.

In turn, this implies the more active participation of suffering individuals to their treatment plan, for the purpose of their empowerment, their own recording of the effects they are experiencing and the recovery of their self-confidence.

