

# THE PSYCHOLOGICAL ASPECTS OF PARAPLEGIA: A GUIDE TO PHYSIOTHERAPISTS\*

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The authors set out to investigate the psychological problems involved in adjusting to paraplegia. The purpose of the study was to serve as a guide for physiotherapists.

Personal interviews based upon a questionnaire were conducted with 14 paraplegics. The sample group ranged from 14 - 61 years of age. There were 9 males and 5 females. At the time of interview the duration of disability ranged from 5 months - 20 years.

Results showed that 85% of patients interviewed regarded physiotherapy as essential. However, certain areas of need were highlighted. These include well-defined goals and ongoing explanation of the implications of paraplegia. Interviews revealed what paraplegics considered their worst experiences. These include:

- The first realization of the prognosis (43%).
- The inability to control bladder and bowel (29%).
- Feelings of clumsiness, awkwardness and ugliness associated with their first time in a wheelchair.

Physical strengthening through therapy and a close relationship with the physiotherapist were very encouraging aspects of physiotherapy. Discouraging aspects included boredom at the repetition of treatment and the slow progress in rehabilitation.

Patients were asked what advice they would like to give to physiotherapists. Answers were mostly related to the relationship between patient and physiotherapist. It was felt that the physiotherapist should take time to understand her patients, give them confidence and should not merely concentrate on the physical treatment.

The issue of professional closeness arose. This may be defined as the deep caring of one human being for another, such a caring being based on mutual trust and empathy. Empathy involves a 'fellow-feeling' with

the patient and differs from sympathy which was viewed by the paraplegics as very destructive. A genuine caring relationship between patient and therapist can do wonders to improve the patient's self-esteem and help him over common psychological problems.

Some psychological problems encountered in paraplegia are:

- *Acceptance of one's handicap.* Results show that those individuals whose former attitude to the disabled was one of acceptance adjusted to being paraplegic more easily.
- *Non-acceptance by others.* The fear of being sexually unattractive is a major psychological problem. Many male paraplegics are unable to attain an erection or ejaculate; this enormously affects their sexual role and leads to the questions: "Am I a man?" or "I wonder if anyone could ever accept me and want to marry me?"
- *Depression.* This is a natural part of the mourning process. A patient who does not show depression may in fact be suppressing his true feelings and later may encounter more severe psychological problems. It is important for the physiotherapist to give the depressed patient hope by, e.g., attaining a goal in physical rehabilitation to help relieve some despondency due to increasing independence.
- *Defence mechanisms used by paraplegics.* Denial, which was commonly noticed, may be reinforced by sensory changes and muscle spasm in the paralysed parts of the body. The attitudes of others may also reinforce denial as portrayed in the following typical comment: "We're praying for you and know you'll walk again." When treating the patient experiencing denial, it is important that the physiotherapist does not try to convince the patient of reality but works with denial and helps the patient to make the most of the present situation by encouraging participation in rehabilitation. A defence mechanism cannot be discarded until the individual is strong enough to cope with reality.

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In many cases time is the great healer. Other defence mechanisms include: withdrawal, projection, identification, rationalisation.

In conclusion, the importance of a personalised relationship between therapist and patient must be stressed. The physiotherapist must understand the personality and emotional type of the patient she is treating, thus enabling her to treat the whole person.

A relationship based upon openness, give and take, mutual trust and empathy will help the paraplegic appreciate his own self worth as a unique human being.

Intuition and experience are not sufficient in understanding our patients fully. A knowledge of psychology must be an integral part of the physiotherapist's skills. It is therefore essential that psychology be included in the education of all physiotherapists.