

Case Reports / Series

The role of self-esteem on vocational rehabilitation of people with spinal cord injury

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Rehabilitation is the ongoing management of injuries and disabilities after an accident. It will help people to maximize the individuals' recovery through the relearning of skills or teaching of strategies to compensate for changed abilities. Self-esteem may be one major factor related to the manner in which people with Spinal Cord Injury (SCI) respond to rehabilitation. Following a short discussion on related concepts this article will report a study and conclude that, pertaining to vulnerabilities in self-esteem, the second year following SCI may be just as critical a time period as the initial one after the injury. If replicated, this finding is of potential importance in the rehabilitation field. For example, the majority of psychological services are currently available at the acute stage of injury. People with SCI are most often discharged from hospital when they are physiologically stable and physically deemed ready for the discharge. It is precisely at this point, however, that people with new SCI may have many questions and concerns their new role in the community. The current study suggests that perhaps practitioners need to make a more concerted effort in dealing with the psychological effects of SCI when difficulties may arise in the community.

Keywords: Self-esteem, Vocational rehabilitation,

Introduction:

Self-esteem, believed to be a major factor of our concept, may be considered as an individual's global positive or negative feelings towards himself or herself (Rosenberg, 1965). A person's self-esteem also affects the manner in which he/she deals with the environment. It means, people with low self-esteem tend to view their environment as threatening, and, therefore, have difficulty interacting in it (Roy, 1976). People with high self-esteem, however, tend to deal more actively with their environmental demands, and generally feel more secure about themselves (Coopersmith, 1967; Zegdlik, 1992). Self-esteem is a construct involving an individual's perception about his/her own worth, Battle (1992). Although initially not well developed, self-esteem is believed to develop as people mature, as a result of interactions with significant other and various personal life experiences.

The importance of self-esteem or evaluating one's self is one of the most important factors in the psychological development of an individual. No doubt, the people with high self-esteem have a good and positive image of themselves and are different from the people with low self-esteem in many aspects. They set higher goals for themselves, have lower anxiety, experience lower psychological stress, feel more control over their lives, suffer less from helplessness, are less sensitive towards failure and criticism, are more curious about themselves and their environment. In sum, They are motivated people that are not only worthy, but also have positive attitude towards themselves (Sadrossadat and Shams, 2001). Barden(1980), indicated that when it is developed, self-esteem remains fairly stable and resistant to change unless an individual goes through an extended period of keeping decisions, consistently failing, and no

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longer being productive. Self-esteem, therefore, must be maintained through continual successful interactions with one's environment.

Rehabilitation is the ongoing management of injuries and disabilities after an accident. It will help the person adapt and relearn skills and abilities lost as a result of their brain injury. At all times the rehabilitation is in the individual need of the people with the injury. It is most important that the individual with the injury and their failing have input into the planning and decision-making that shapes the rehabilitation program. Rehabilitation programs should reflect the personal desires and goals of the person with injury.

Rehabilitation will help maximize the individual's recovery through relearning of skill or the teaching of strategies to compensate for changed abilities. Rehabilitation aims to help people with brain injury regain the ability to care about themselves and therefore return home as soon as possible. At an appropriate time, the person with the injury will be assisted in returning to work or school or to explore options that are available within their capabilities.

Rehabilitation teams:

The rehabilitation of an individual with a disability is a complex process involving the skills abilities of a wide variety of technical and professional help, such as surgeons, psychiatrists, clinical psychologists, physical therapists, occupational therapists, social case workers and the vocational rehabilitation specialists. The desired result of their coordinated efforts is the reconstruction of an individual with a disability to the fullest physical, mental, social, vocational and economic functions of which he/she is capable.

The rehabilitation team recognizes the importance of a satisfying lifestyle and will assist the person in regaining confidence and skill in sports or recreational interests. Within this framework of coordinated services, the vocational rehabilitation specialists are the occupational training and job placement specialist. Coordinating these services with those of other rehabilitation specialist, the vocational rehabilitation specialist works towards the ultimate goal of satisfactory job placement and /or the adjustment of individual with disabilities to their daily environment. Vocational rehabilitation is set on the third phase of rehabilitation which's called "Tertiary rehabilitation". Tertiary rehabilitation is sometimes referred to as functional rehabilitation because it involves assisting the person with injury with the day-to-day of life at

home, in the community and at school or work.

Occupational therapists are experts in establishing a routine of self care activities in daily living and designing therapy for the redevelopment of living skills. Their focus is on the physical, cognitive functioning, eye-hand-coordination and self-care skills such as dressing, dining and bathing. Therapy sessions involve the use of math, balls, play board, puzzles and physical movement exercises. Functional tasks also may be used such as cooking, working with tools, using art materials or it can be swimming or taking trips in the community. The therapist may also perform splinting of the patients arms or hands and may provide the patient with special equipment such as adaptive eating utensils, large print texts, dressing aids or adaptive seating devices.

The report of a study:

Although it is commonly supposed that the person with acute SCI will experience serious psychological disruption, many researchers disagree with this assumption (Frank et al, 1987; Gunther, 1971; Livneh, 1991a). Their disagreement stems from the scarcity of empirical data supporting the loss of self-esteem among people with SCI. In this regard Irmo et al (1996) conducted a study to address the lack of data regarding self-esteem of people with SCI. Their research instrument was the Culture-Free Self-esteem Inventory (Battle, 1981, 1992). The variable measured in this study was self-esteem scores derived using CFSEI-2. The manipulated time variables were three periods of time since injury. The results were:

Perceived self-esteem was significantly higher before SCI ($M=28.29$) than after SCI ($M=21.79$), $t(60)=4.58$, $p<.01$ on the overall scale. Moreover, an analysis of variance revealed a statistically significant difference among the years since injury and perceived self-esteem, $F(2.59)=4.00$, $p<.05$. It means differences were present between post injury total self-esteem scores, $F(2.59)=5.53$, $p<.01$, but not between self-esteem level in the pre-injury period, $F(2.59)=1.68$, $p<.05$. The 2-year post-injury reported a significantly lower self-esteem ($M=25.75$), $F(1.49)=5.57$, $p<.05$, which scored highest among the three groups.

An analysis of variance was performed on 15 demographic factors and self-esteem. To control for experiment wise type one error (parker& szmanski, 1992), the Bonferroni procedure was applied, revealing no statistically differences between perceived total

self-esteem and the variables tested. It means variables such as age, marital status, living arrangements, and educational level did not support the findings of other researchers (Craig et al, 1990; Frank et al, 1988; Mayer and Andrews, 1981; Schulz and Decker, 1985). Results from this study both support and modify the previous assumptions regarding perceived self-esteem changes SCI consistent with earlier findings. (Nelson, 1987; Pizzari et al, 1991; Roy, 1976; Trieschmann, 1988), the current sample did report a perceived lower self-esteem following SCI. Also consistent with previous findings (Cook, 1979; Livneh, 1991b; Nelson 1987; Trieschmann, 1988) was that the longer the time period since SCI, the higher the perceived self-esteem. That is, the 5-year post injury group in this study scored the highest in the way they perceived personal self-esteem. Despite external circumstances, people with SCI seem to adjust and reestablish a new role over the time. A final consistency with previous findings reflects the lack of perceived self-esteem differences regarding severity of SCI.

Ways to increase self-esteem:

Situation: "now my self esteem is very high, but if you had asked these questions a few years ago, the answer would be totally opposite. The media do not present a true image on any women in society, disabled or not. And the people with disabilities that they present to the public are only the "good-looking" one's—they are never overweight and never, ever have more than one impairment at a time. The thing that helps is remembering who I am and what is really important."

Suggestion: If you want to improve your self-esteem, you need to think realistically about who you are, and learn to count on your strengths. Developing self-esteem has nothing to do with simply repeating to yourself that you are great and life is wonderful.

Situation: "I don't really have issues with self-esteem now as an adult, but I did as an adolescent. As I got older and became more aware of how the media spoon feeds images, I was able to take a more critical look. When you get out in the world, you see we don't all look the same. You have to think: My woman-ness is not at all wrapped up in what you see on the outside. Do not judge your value but other people's standards".

Suggestion: Being self-confident is closely related to how you perceive yourself. How you perceive yourself is related to what you think about yourself, and to how you talk to yourself. People who lack self-confidence repeat all kinds of negative sentences to themselves.

They focus on negative experiences and memories of weakness. By doing so, they feel good-for-nothing, and consequently miss great opportunities—chances for growth and enjoyment. Know yourself—and be realistic.

Situation: "it is important to have role models and positive images if we are to find a new sense of the self as a person with a disability, and to feel comfortable with our new selves and our presentation to the world. It took me a long time to understand that I could be whatever I chose to be, or look like, and that having a disability does not mean that you give up your individuality".

"If anything, my disability has accentuated my innate individuality. Most important, it reminds me to stay in tune with my own inner voice. Without relying on others, men or women, for validation or approval. Don't worry, be happy—and screw anybody who labels you with that scarlet letter "D" for denial or disability. Use your disability to tune in to your own inner authority and don't be afraid to act on that authority (Paralysis Net News Spring 1996).

Suggestion: Being self-confident is about displaying behaviors that show know yourself—that you know how important you are, and what you want. And at the source of these behaviors are your thoughts about yourself. To help you have good thoughts about yourself, try this simple exercise: prove to yourself that you have strengths. Now:

- 1- Write down ten of your strengths.
- 2- Illustrate each strength with at least two specific examples from your past experience.
- 3- Read your list of strengths and examples often (at least daily). By doing so you will keep those strengths in mind, ready for use when you need them.
- 4- Personalize these strategies and persevere in applying those you find relevant to your situation. However, if nothing seems to work, consider seeking professional help. Read a book. (Increasing self-confidence, 2002). ■

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