

TRAUMATIC EXPERIENCE OF LOWER LIMB AMPUTATION DURING ADULTHOOD: A CLINICAL ANALYSIS OF THE WORK INVOLVED IN CONTINUING ONE'S EXISTENCE

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Abstract: *It is known that, amputation is a very dramatic event that changes completely an individual's life as it brings loss of sensation, trouble of body image, which compromises the victim's life throughout his existence. The way in which the subject faces the suffering of limb loss is complex and individual are influenced by a variety of factors (personal, social and environmental). How does the subject implement the work involved on continuity of his existence in a context of traumatic experience related to amputation in adulthood? The aim of this study is to understand the work involved in continuing one's existence in a situation of traumatic experience of lower limb amputation on adulthood. Based on the clinical method, we have used of the semi structured interview guide with three men met at the National Rehabilitation Center for Persons with Disability (Yaounde-Cameroon) permit to obtain the result. The participants show functional adaptation, they manifest an inappropriate feeling as well as psycho-emotional response. This is due to the difficulty for the subject to implement effective mental work in order to increase their sense of continuity of existence. It is necessary to put in place a structure with a holistic rehabilitation program with a multidisciplinary team approach that takes care of amputees in this context.*

Keywords: *trauma; traumatic experience; limb amputation; adult; feeling of continuity of existence.*

1. Introduction

Amputation is the surgical removal of a body part because of a disease or an injury. The practice of amputation can be used for punitive, ritualistic, and therapeutic reasons. According to Rybarczyk, Nicholas and Nyenhuis (1997), amputation of limb is a common thing in this present society and is one of the most common acquired disabilities. The global incidence of amputation is difficult to ascertain, as rates vary widely both between and within countries. Despite advances in medicine and surgery, amputation continues to be a large problem among adults which has resulted in more than 900,000 people living

with minor limb loss worldwide (Ziegler-Graham et al., 2008). In Cameroon, it is estimated that the population of amputees has increased as a result of the Boko Haram issues in the Northern regions and Anglophone crisis in the Southern part of Cameroon couple with road accidents.

Any amputation is a devastating and life-changing experience. This incident compromises the victim's life throughout his existence (Adrian, 2006). Trauma may alter one's capacity to regulate arousal levels, which in turn can alter the concept of self. Consequently, distortion in body image may be vastly influenced by traumatic experiences (Kneipp, Kelly & Wise, 2011).

The main effect of a lower-limb amputation is a reduction of person's mobility, meaning that they will not be able to walk as they did before; they need some form of assistance most likely affecting a person's balance. Therefore, the continuing one's existence is compromised because the basic pursuits of daily living will become much more difficult, or perhaps even impossible, such as getting dressed, washing, toileting or carrying out shopping. The additional effort required by amputees to perform many of the routine activities of daily life can result in increased levels of tiredness and fatigue.

Although, all individuals with amputations face major physical, emotional, and social adjustments, adaptation to adjustments seems to vary widely between individuals (Akyol and al., 2013; Williamson et al., 1994). The alteration in the body sets up a series of emotional, perceptual, psychological and negative reactions. The loss of a limb is a traumatic event since the subject experiences the damage on his body that also affects all the aspect of his life. While, the limb amputated subject should be able to perceive an internal, stable and coherent unity of the self, and he must be able to put in place a multiple strategies (coping strategy, defense mechanism, cognitive, emotional) to avoid the loss of his existence and favor the feeling of continuity of his existence. In fact, the feeling of continuity of existence on the subject face with limb loss refers to a kind of self perception he has, through a sense of self while perceiving possible modifications on one self. These perceptions are link to others and to the external world of the subject. It is therefore a "certain internal security that tells us that in the next second, we will always be there and always the same. (Pireyre, 2011: 55).

The study states the problem of continuity of existence in a context of traumatic experience of lower limb amputation during adulthood. The aim of this study is to understand the impact of lived traumatic experience of lower limb amputation by adults in the manner they put in place for the continuity of their existence.

2. Method

Through the clinical method, this study is based on qualitative research (Muchielli, 2009), in the sense that it tries to locates researcher in the subjective world of participant or subject, about the relevant phenomena

(Denzin & Lincoln, 2000). Qualitative research is pertinent in this study for it gives the first place to the actor's point of view by a case study approach. Emphasis is laid on their perceptions, experiences, beliefs, emotions, representation of the persons' and their expression or interpretation of the event or phenomenon.

2.1. Participants

The participants of this study were drawn from disabled person interned at the National Rehabilitation Center for Persons with disabilities (CNRPH cardinal Paul Emile Leger) at Etoug-Ebé in Yaounde- Cameroon. Three participants were involved and selected base on inclusive criteria such as:

- to have been amputated for at least a year;
- to be lower limb amputees as a result of traumatic injuries;
- to have insight about their condition and can recount their real life experience without any reservation. This refers to persons who are able to express and share their experience of their daily life.

The three participants are adults with age ranging from 36 to 46 years old (two male adults and one female adult).

2.2. Instrument and procedure

The use of semi-structured interviews through the interview guide as instrument helps to collect data. The interview guide was divided into six themes based on:

- the presentation of cases;
- the experience of lower limb amputation;
- the emotional feeling after the lower limb amputation;
- the coping strategy put in place after the lower limb amputation;
- the defense mechanism identifies;
- the feeling of continuity of existence after the experience of lower limb amputation.

Following the inclusive criteria of the study, three participants were selected and interviewed in the counseling room of the center (CNRPH cardinal Paul –Emil Leger).

2.3. Ethical considerations

A pseudonym was attributed to the three participants of the study in other to respect anonymity, ethic and confidentiality. Data are recorded through the use of an audio recorder. But it required the prior permission of each participant. All the participants signed informed consent prior to participate in this study.

2.4. Data analysis

After the data collection, the transcription was done using word software. The technique of thematic content analysis (Mason, 2002), facilitates the data analysis based on the themes of interview guide.

3. Results

3.1. Presentation of cases

Case of Kunna

Kunna is a 41 years old man who had an above the knee amputation eight years ago as a result of an accident in the Yaounde- Douala highway, precisely at Pouma. He is a native of Bafut from the North West region and married, he is father of three children. He is a Presbyterian, an orphan who lost his parents when he was still a kid. Kunna was a businessman dealing in petroleum products; because of his condition he is selling second articles precisely clothes and shoes.

Case of Elianne

Eliane is a 36 years old woman who had a below knee amputation. She was amputated three years ago as a result of an accident sustained in the Quosi- Douala highway when returning from a business trip. She is a native of Bana in the West region and of catholic religion. She is single and a mother of two children.

Case of Adjii

Adjii is a 46 years old man, who had a below knee amputation. He was amputated a year ago as a result of a cancer disease. He is a business man and native of Juiziga in Extreme North and a catholic by religion. Adjii is married, a father of five children.

3.2. Experience of lower limb amputation and emotional feeling

The experience of lower limb amputation is linked to the psychological and emotional reactions of the participants. Psychologically, the participants dealt with a lot of hardships following limb loss. The new life experience, having to face the world without a limb brought different psychological reactions. The emotional reactions to limb loss are very complex and reveal symptoms as feeling shock, acute emotional distress and self- identity. The participants described their initial reaction to their amputation as a shock, unexpected and overwhelming as a result of the accident. The loss is overwhelming exceeding their ability to integrate the emotions involved with the experience; referring to a powerful response that is devastating. Kunna said:

I regain consciousness and I got up. I discovered that my leg was not there and I started shouting where is my leg, where is my leg? The nurses told me to calm

down. I became so violent and aggressive towards everyone around, crying where is my leg? In that state I started removing and destroying the dressing around my wounds and they had to chain me up since no one could calm me.

A part from being a shocking and unexpected, losing a limb is not easy to accept, victims adhere to it as a last resort having no other option after struggling with the information, with the uncertainty about what the future holds with this condition as expressed by Elianne:

“The doctor told me that the only solution to resolve my problem was amputation. I refused and told him if he dare I will die in the operating room. It was a shock, and after two years that I finally accepted to be amputated because I was in pain, suffering, I could no longer do anything,”

The subjects found it really difficult to go through the new experience of their lives. Repeated frustration and anger was expressed by participants as part of their experience resulting from the fact that they can't live their lives as spontaneously as expected. The challenges they face and the lack of capacity to overcome them, intensify suffering and difficulties to contend with it. They expressed various sources of frustration and anger:

“I am frustrated faced with the challenges I encounter, I can't go to places I use to, I cry, I am in anger when I can't face life the way I am supposed to, I am sad, worried about my family. I feel pains, itching that I can't localize, I have the feelings that my leg is still there it is later that I realize myself and look for crutches at times I fall (Adj.).

His frustration and anger is due to the limitation he encounters, his family situation and phantom sensation and pains which he can do nothing to stop, it is out of his control. Elianne expressed that her anger is due to the fact that she struggles with home chores:

“I am in anger when I struggle with things that I could easily do like laundry, cooking, taking care of the home and myself. It is a struggling life”.

Anger is a message of discomfort which is expressed outwardly, what is felt is verbalized through anger out of control. Couple to these feelings of frustration and anger, participants described acute emotional distress as a response to the traumatic event, painful memories about the event, upsetting thought, which puts one in an imbalanced situation with self. According to the participant Kunna, the emotion was that of upsetting thought. He said:

“when I think back of who I use to be, I'm disturb, I feel pain within me I'm stuck in my memory, upset someone with two legs who had all he wanted but now everything has changed”.

Re-experiencing the incident was mentioned by participant Elianne who argue that

“I avoid contact with people because what they say are things that poison my mind, which annoys you and awaken the memories of the event”.

Coming in contact with certain people and certain places act as trigger that awakens the memories of the event; she has to avoid contact so as not to be reminded about the event. This statement from Adji refers to flash back of the event as he said

“I was told that if I allow myself to be overtaken by emotions I will develop other diseases which can lead to death, to avoid another problem to install itself I struggle to overcome my emotions and painful reminders”.

In order to avoid complication due to the fear of death, he has to repress his thought. The situation brought about feelings of helplessness, hopelessness couple with that of suicide thoughts. Kunna said

“I asked myself how was I going to come out of this situation and the only thought that came to me was that I should die, since I had no were to go day and night will meet me on the street, the rain will fall on me and the sun will shine on me”.

Elianne also described her feeling as:

“It was a hopeless condition, since they thought I was going to die”.

These statements unveil the presence of depression, anxiety and traumatic stress which participants experience as they struggle to meet up with the demands of life.

3.3. The coping strategy and defense mechanism

The shock was accompanied by denial, which is like a defense that helps to buffer the shock, preparing the individual to assimilate their loss by grieving. Grieving is not connected just to the loss limb, but with many things connected to the lost, what participants were in the past, what they are lacking and the numerous challenges they faced in their daily life. Adji mentioned that:

“Before I will go out every morning for work (since I am a business man), looking for what my family will earn a living for many years. Take care of my family, take my children to school, my children were not going to any kind of school, and they attained big schools. But now I can no longer do that (...)”.

One's observe that living with an amputation brought about several changes in participants life. All participants experienced impaired or reduce mobility, they had to use walking aids to enable them move which required a lot of energy and brought about discouragement as in the case of Kunna who stated:

“to displace myself, having fun, I have to use crutches, I may be in need of something but the stress I have to go through to get it discourages me”. Elianne equally said: “My prosthesis helps me to walk, to have some balance because at first I use to jump and I will fall, but now the falling has reduced (..). I can only use it to walk on level land, I can’t use it to walk on a rough surface, climb a hill, run and most of our roads are very narrow and rough”.

The walking aids are limited since she can’t move on places other than level land. Adji added that:

“I use to fall a lot at first and I can displace myself with some ease. I have gained some equilibrium even though I use a lot of energy, easily get tired and sweat a lot, it gives a lot of heat”.

It also enables them gain stability and to close the gap that exist between them and other persons but, the effort required when walking with prosthesis and the discomfort restricted the distance the participants are able to walk.

Faced with the numerous psychological and social challenges, amputees still have to move on with their life. They use various means and manner in which they cope through this highly tasking event that is for life. One participant (Adji) benefit from social support as he expressed that:

“My friends, family members are the one helping me from time to time financially, my wife assists me to carry out my daily task, like bathing, comfort [...]”.

This situation wasn’t the case for Kunna and Elianne who stated that, their family did not help them and even in some cases, they were abandoned by their family and spouse. Elianne said that

“My family abandoned me because the load was too much for them to bear and they thought I was going to die”. In the same vein, Kunna said that “when I was in the comma, my wife abandoned me in the hospital; sold everything I had, and went abroad”.

Despite on this situation, the participants tried to live a positive life, keeping a positive attitude by manifesting intentional efforts to minimize the physical, psychological, or social harm of the event or situation. They adopted their own ways to deal with this stressful situation. The participants also actively worked towards a positive view and acceptance of their condition by using comparison as coping strategy and compare their condition to that of others they thought to be better than. The reacted to and dealt with the dramatic events in their lives in order to return themselves to some acceptable level of functional normality. Participants mentioned that since they could do

nothing to bring back their leg, they accepted the occurrence and begun to live their lives in their new situations. As Kunna stated:

“it has change the way I see myself for a short time while it could allow me stand I took myself as any other person, I did not look down on myself because God did not look down on me”.

Elianne argued that:

“I accepted the situation, my leg is gone no matter what ever I do I can't bring it back nor can it grow again”.

According to Adjii *“God is the one that permitted it I accept it I can't do otherwise”*. They learnt to accept that they had the amputation and the best they can do is live with it and move on with life. They also felt that they did not have a choice but to accept the current status and not accepting it will result in more struggle. As for Adjii, he did not accept it on the basis of merit but rather felt compelled to accept it. Beside staying positive, avoiding destructive situations was also expressed in managing and handling stress.

3.4. The feeling of continuity of existence

Losing a part of one's body is painful and imposes a new lifestyle, existence in the world and relating with it, which requires a dimensioning of the body and, consequently, the perception of the world and things are affected. This new reality creates a new way of existing and overcoming barriers towards actual possibilities is something complex and difficult.

The feeling of continuity of existence can be seen in terms of how subjects considers themselves in relation to other people, contexts and how they are viewed and understood by others which changes their perception of self-image. In fact, it is a feeling that protects the ego against all anxieties that threaten its integrity.

In this case, Elianne said *“I am a disabled person, someone whose person's has been reduced, is limited. No man can accept me because I am a burden. I am someone without choice in people's view”*. According to Adjii, his continuity of existence was seen in terms of normality. He said *“I am a handicapped person, I am no longer a normal person like you, and I'm reduced”*. The issue of being reduce refers to low self-esteem due to the feeling of being worthless, their physical integrity has been abused when responding to the up and down of life's challenges.

All participants experienced impaired or reduce mobility, the effort required when walking with prosthesis and the discomfort, restricted the distance the participants were able to cover. This reduces their interaction in everyday life because the lower limb is most mobile part of body and the relationship between the body and the world has been affected. This existential dimension of mobility can be further understood by the sense that people

living with physical impairment attribute to the loss of ability that interrupts their everyday life because the relationship between body and world is disturbed. Thus, we do not have a body, we are our body and consequently the body connects us to the world. Through the body, the surrounding world becomes meaningful.

4. Discussion and conclusion

The participants in this study demonstrate that trauma-related amputation is a complex phenomenon; it changes drastically one's life from an able to a disable person. Participants presented similar emotional and psychological distressing experience what engendered helplessness, hopelessness, upsetting thoughts, re-experiencing the event, avoiding contact with certain places or people so as not to be reminded of the event and suicide thoughts. This unveils symptoms of anxiety, depression and trauma. The participants experience a range of emotions from shock as their initial response, anger, frustration and grieving towards their loss as the study of Senra, et al. (2012) and Liu et al. (2010) expressed before.

This findings indicate that the experience of pain affect adjustment to amputation. Also participants expressed the fact that their self-concept has been abuse so that they view themselves as reduced persons often referred to as handicapped. This brought about feelings of low-self-esteem when interacting with others and unworthiness, and affect their feeling of existence. The patients now viewed the world through their reduced body and had lost their former ability to live the body unreflectively. The body became an object that prevented them from living their former life, and the patients experienced a kind of alienation from their body feeling stigmatized and discriminated.

Although the participants mentioned the role of social support (friends, family members) in the process of adapting with amputation (functional adaptation), it remains an inappropriate feeling related to the existence of continuity of the subject in such a context. This is due to the difficulty for the subject to implement effective mental work in order to increase their sense of continuity of existence. For future research, it is recommended that more study focused on mental health of lower limb amputees and how the social support (friends, family members, community, etc.) can influence the sense of continuity of existence in such context.

Due to this complex phenomenon, it is necessary to implement a structure with a holistic rehabilitation program that takes care of amputees in this context. The programs should include a multidisciplinary team approach with input from various healthcare professionals such as disability counselor who can detect the needs of amputees and proposed appropriate adaptations strategies.

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