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Paths to Recovery: Coordinated and Comprehensive Care for Landmine Survivors

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Paths to Recovery: Coordinated and Comprehensive Care for Landmine Survivors

By conducting interviews with survivors of landmine incidents, Landmine Survivors Network (LSN) has been able to learn a lot about rehabilitative needs from the perspective of the patients. This article describes how physical health, psychological well-being and socio-economic reintegration are all important components of a complete recovery for landmine victims.

Trauma and its Manifestations in Different Socio-Economic and Political Contexts

The psychological and emotional impact of the physical trauma of a mine injury and limb loss can be devastating. Survivors describe initial reactions ranging from horror to numbness to rage, with a number of survivors describing suicidal ideations. Death, or at least the thought about taking my life; I had intentions to kill myself because I said to myself: "Well, now without an arm, what am I going to do?" Interviewees across all the countries express similar strong emotions. Yet our data also reveal that the occurrence of a landmine accident in the individual's life may be one cause of a series of chronic stressors with which they have to cope, like hunger and displacement. As a result, the earthamputee's single traumatic event followed by a particular set of psychological responses, highlighted in much of the current literature on trauma recovery (which primarily focuses on levels of Post-Traumatic Stress Disorder) is an inaccurate reflection of the post-limb loss experiences of many landmine survivors.

The Interaction of Recovery Factors

Physical Health

Survivors often describe a fundamental relationship between their physical health and psychological well-being. An individual's self-perception is greatly influenced by his physical health and appearance after a landmine injury. Landmine explosions occur suddenly and without warning. In an instant, a survivor's body is forever changed. Whether the injury is life-threatening or does not result in death, the physical consequences can be devastating. Survivors often need to become used to their new body parts and to live with the reality of their injuries. This can lead to feelings of vulnerability, helplessness and hopelessness. In countries where prostheses are available, there appears to be a connection between the quality of the equipment and the survivor's overall sense of physical health: "when everything was going well and things actually worked, I came alive. That gave me some strength."

The impact of survivors' physical functioning on their social and economic integration is evident. Without physical health being restored, survivors are unable to farm or care for their children, and the physical limitations of their disability often preclude a return to their previous occupation. They are suddenly disconnected from their family roles as providers or caretakers, which has an impact on survivors' psychological well-being. Survivors' physical health also has an impact on how they perceive their interaction with their communities and families (social integration), and their ability to become productive members of society (economic integration). Access to mobility equipment is often the deciding factor in whether or not survivors are able to get the follow-up health care and rehabilitation services they require, as well as whether or not they can find or return to work.

Psychological Well-Being

Many survivors describe their need to feel some hope in order to continue to deal with ongoing physical adjustments and mobility challenges. One service provider described the issue this way: "Even if we receive a patient who is 100 percent rehabilitated, but his psychological condition is not good, we will face difficulties with him. Being not ready psychologically is a tiring process."

Some survivors had to develop new coping strategies and ways of thinking to help them adjust to their new roles in society, in their family and in their work. For many survivors, religious or spiritual beliefs contribute to finding meaning in the aftermath of the injury. Which contributes to their acceptance of the injury and their recovery. Survivors cite their own determination, perseverance and positive thinking as important for their recovery. "I can't get rid of what happened to me, so I stopped thinking and worrying about what had happened to me and I then started thinking about going back to work." Another survivor stated, "I knew that I had to forget a lot of things, what I had been, my past, when I was in good condition and healthy, I had to forget a lot of things in order to move on with the situation that I was facing." Many survivors describe having to give themselves encouragement and hope when it was not available from their family, community or hospital staff.

Personality characteristics of psychological well-being, like self-reliance, independence, and feeling normal and capable, make it more likely that survivors will be proactive about integration. Said one survivor, "Things are different when a person goes out into the world and hears his opinions in conversation, when others will see his work, not reject it, and be able to say that..."
Social Integration

Social integration barriers play a significant and rather insidious role in preventing a survivor from feeling valued, both as a member of his/her family and community. Impairment of a survivor's level of social and economic integration. A yardstick of "normalcy" was evident in the vast majority of interviews and research literature. Social support is critical for negotiating and managing his/her reintegration into society, often mediated (and usually in a positive way) through the immediate family, a spouse or the community. Many survivors describe the impact of their family and community on their recovery. Family and social support from other amputees and community members is key to improving survivors' psychological well-being. Social support also contributes to survivors feeling that they will recover from their injuries and live "healthy" lives. In the interviews, survivors discussed their desire to live as "normal" individuals in their family, community and society. When ambulating, survivors looked for social support from peers, others in the hospital with them, or the professionals treating them. The encouragement that survivors received from these human interactions often gave them the hope that they would indeed be accepted and valued as "normal." Overall, the study found that survivors, like most people, and that gave me more courage. That is, they didn't tell me to have courage or anything like that, but yes, when we talked. I liked it, and I copied something good from each of them.

Interaction with other survivors and their support—key to empowering survivors to persevere, believe in their potential, and achieve their goals—is critical. As one survivor stated, "I've felt rejected when some people say you're disabled, or look at you, but you meet your goals. That's right. I'm an invalid. Both the individual as well as those in his/her immediate social environment influence his/her self-concept and psychological well-being.

Cathartic Well-Being

Societal attitudes toward the survivor's landmine injuries make a big difference in their psychological well-being. For example, post-traumatic stress disorder (PTSD) may mitigate discriminatory attitudes toward persons with disability. Survivors who are injured in a war effort often possess higher levels of self-esteem and benefit from positive societal acceptance. Some survivors describe their injury as something that has brought a positive change in their lives because it has been a turning point. They feel more capable, to demonstrate they are not a burden, to "participate" in society, to know they are "normal." Survivors who receive retraining and have hope that they might find work describe the positive impact on their psychological states. "Thank God I got a diploma; now I feel capable and ready to work like a normal person.

Conclusion and Recommendations

Recovery from a landmine injury involves more than the provision of basic healthcare and work opportunities. Many types of humane and patient-centered intervention attempts to provide physically traumatized individuals with ways to re-establish physical function. This is an important goal of recovery. However, LSN research finds that recovery depends on a dynamic relationship among several factors, including physical health, psychological well-being, and socio-economic integration (the opportunity to be a productive member of society). Full recovery cannot happen without access to basic economic needs such as food and shelter, comprehensive and coordinated professional care, and affirming social relationships within the family and community. Survivor providers who address one aspect of the recovery process need to remain mindful of other essential ingredients for recovery. No single program can cover every aspect of recovery. Survivor providers need to promote access to the range of assistance needed for survivors to heal, recover and reclaim their lives. Systematic coordination among service providers with different competencies—medical, rehabilitative, psychological, social, and economic—is critical.

Service providers involved in psychosocial support programs can:

• Work collaboratively with other service providers in the field of victim assistance.
• Ensure that the population served has access to the requisite level of medical care and physical rehabilitation, and that opportunities to promote socio-economic integration also exist.
• Expand their work and technical assistance to include training on psychological issues for service providers in other disciplines. All service providers can learn from psychosocial service providers how to incorporate psychological support into their programs, rather than viewing that function as external.
• Incorporate the principles and practice of peer support in the delivery of their services. Having survivors closely involved in providing care is a meaningful integration of the psychosocial aspect of victim assistance in general.

Service providers involved in programs that provide assistance in physical function (such as medical care, physical therapy, prosthetics) can:

• Provide timely information about the psychological responses to limb loss and physical injury.
• Encourage survivors to utilize their usual means of social support and to develop contacts with other amputees who can provide peer support.
• Ensure that the population they serve has access to appropriate psychological and services and opportunities for economic integration, such as vocational training. Finally, every program should provide a discrimination-free and physically accessible environment.

Conclusion

Ideal recovery from trauma involves physical health, psychological well-being and socio-economic integration being met at the individual, family, community and societal levels. While every program may not be able to meet all of those goals, every person working with landmine survivors can incorporate the knowledge of the multi-faceted recovery process in their work, making comprehensive and coordinated care a reality.

One service provider (who is also an amputee) described the process following a landmine injury: "...[H]is life will change completely. From that moment, he has to start a new life, face a new life. ...[H]e has to undergo rehabilitation treatment—and I mean in all the areas: psychological, technical, educational, physical rehabilitation—in order to cope with his new life and be able to be reincorporated into the productive and social life of the country. It does not mean that he is going to do the same things he did before, but according to his disability, he can be prepared and can succeed."