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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.

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Introduction

Healing from a landmine explosion is a painful and arduous process. Recovery from limb loss requires patience, tenacity, hope and help from friends, family and community. Getting a working prosthesis and learning to walk again is often transforming. But artificial limbs alone do not put food on the table or ensure psychological health and social integration. Certainly, mine victims worldwide need access to better medical care and mobility equipment, but LSN research indicates that physical rehabilitation alone is not sufficient for full recovery, and the need to develop psychological and social support cannot be ignored. Recovery is a multi-faceted and dynamic process, and the field of victim assistance must therefore be interdisciplinary.

Some of the stages of recovery from landmines are obvious. There must be immediate and competent medical care; there must be appropriate mobility equipment and adequate rehabilitation. But some of the crucial factors that enable complete recovery are not so obvious. Psychological factors, like the survivor’s own resilience and the impact of social support, also play a key role in determining how landmine survivors recover from trauma.

Survivor Interviews

Over the past two years, LSN has gathered information and conducted in-depth interviews with landmine survivors in six mine-affected countries to examine the social and psychological factors that facilitate recovery from landmine injury. Our fieldwork and analysis have identified the following central aspects of recovery: physical health, psychological well-being, and social and economic integration. Survivors’ stories from El Salvador to Ethiopia reveal that these recoveries follow interact with each other in dynamic ways. Each needs to be addressed in an interdisciplinary fashion when working with a survivor on the road to recovery.

LSN social workers interviewed 59 amputees, family members and service providers in six countries: 11 in Bosnia, five in El Salvador, 10 in Ethiopia, nine in Ethiopia, nine in Jordan and 14 in Mozambique. Interviews included 33 survivors of traumatic limb loss, of whom 30 had been injured from mine/UXO explosions. The amputees ranged in age, gender, socio-economic status, urban/rural location, time since injury and extent of rehabilitation. Other interviewees included immediate family members and experienced service providers, including prosthetists, physical therapists, psychiatrists and physiotherapists.

This broad set of participants captured the great diversity of injury and limb loss can be devastating. Survivors describe initial reactions ranging from horror to numbness to rage, with a number of amputees describing suicide attempts. Death, both for their children, and the psychological 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.

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 and scarred. A survivor not only loses a limb or eyesight, he/she often loses his/her place in society. Self-perception and the perception of others also change. Stated one survivor; “Initially, I developed a psychological complex when I would think of myself without a limb. Survivors who face the challenge of learning to walk again—often with mobility equipment that inflicts pain—express uncertainty, helplessness and hopelesslessness. 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, livelihoods become inaccessible and the survivor’s ability to become productive members of society (economic integration) is impaired. 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 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..."
he's not so disabled that he can't help..." Likewise, the presence of the above characteristics also made it more likely that survivors would be able to deal with the inevitable barriers to such integration. The same survivor said, "...I’ve felt rejected when some people say you’re disabled, or look at you, but you meet their gaze and say, ‘I’m an invalid’... Both the individual as well as those in his/her immediate societal environment indicated his/her self-concept and psychological well-being.

Social Integration
Social 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 and an active contributing member of society. Across all country studies, perceptions of normalcy proved to be an important indicator of a survivor’s level of social and economic integration. A yardstick of "normalcy" was evident in the vast majority of interviews and research. A survivor’s success in negotiating and managing his/her reintegration into society, often mediated (and usually in a positive way) through the immediate family, a spouse or a peer member of society. As a result, these human interactions often gave survivors looked for social support from live they will recover from their injuries and their family, community and society. Psychologic well-being. Social support in the form of normalcy proves to be an important indicator of a survivor’s psychological well-being. Societal barriers play a significant role in preventing a survivor from feeling valued, both as a member of his/her family and community and an active contributing member of society. Across all country studies, perceptions of normalcy proved to be an important indicator of a survivor’s level of social and economic integration.