

The Psychological and Social Effects of a Spinal cord Injury

Paul Hacein*

Department of Surgery, University of Toronto, Ontario, Canada

Introduction

A spinal cord injury (SCI) involves more than just spinal cord damage; profound, long-lasting changes occur in the lives of SCI patients and their loved ones. Medical comorbidities in addition to paralysis may include neurogenic bradycardia, neurogenic orthostatic hypotension, circulatory hypo kinesis, adaptive cardiomyopathy, neurogenic restrictive lung disease, neurogenic obstructive lung disease, obstructive sleep apnoea, neuropathic pain, spasticity, reflex neurogenic bladder, reflex neurogenic bowel, neurogenic erectile dysfunction, neurogenic infertility, neurogenic skin, neurogenic obesity. Notably, the International Classification of Functioning, Disability and Health (ICF) was created to provide a framework that is universally accepted for classifying and describing function, disability and health for any particular diagnosis. This framework includes body functions, body structures, activities and participation and environmental factors.

Description

An ICF Comprehensive Core Set had 44 categories for body function, 19 for body structures, 64 for activities and participation and 41 for environmental factors when applied to chronic SCI. We will instead focus on the interaction between the person with SCI's biological, social and psychological influences since many of these comorbidities will be reviewed separately in this Special Issue. Mental health outcomes in this population are definitely influenced by the sheer number of medical comorbidities, just as they are in non-SCI individuals with more medical comorbidities. The "bio psychosocial" model was developed by George Engel in 1977 as a philosophical and practical approach to clinical care. Philosophically, this model considers the dynamic interactions of physiological factors (bio) with psychological, personal and societal components (psycho) to help others appreciate a person's experience with medical issues [1].

The bio psychosocial model broadens the standard medical model in a practical sense by allowing a variety of medical specialties to approach the complex aspects of the "person" and "social environment" that have a direct impact on subjective well-being and overall outcomes in the context of medical issues. Problems with one's mood, relationships, or personal sense of meaning, for instance, can lead to maladaptive behaviours like abusing alcohol, which can lead to additional physical, social and functional impairments, making an already difficult situation even more difficult. After an SCI, all aspects of a person's life are affected by the larger social-psychological consequences. Surprisingly, little has changed about how people with SCI experience social influences. Social psychologists note that the observer's and the person being observed (with SCI) experiences of social judgment, affect and behavior are comparable to those 60 years ago.

Ableism is discrimination based on a person's disability that comes

**Address for Correspondence:* Paul Hacein, Department of Surgery, University of Toronto, Ontario, Canada, E-mail: paulhacein@gmail.com

Copyright: © 2022 Hacein P. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Date of submission: 01 September, 2022, Manuscript No. jsp-22-80765; **Editor assigned:** 02 September, 2022, PreQC No. P-80765; **Reviewed:** 08 September, 2022, QC No. Q-80765 **Revised:** 15 September, 2022, Manuscript No. R-80765; **Published:** 23 September, 2022, DOI: 10.37421/2165-7939.2022.11.562

from thinking that people who are able-bodied are "normal" and better than people who have disabilities. Unlike other attitude-relevant domains like age, race, or gender, stigma and bias against people with disabilities are studied much less frequently. Studies revealed a general negative attitude toward people with disabilities a negative attitude that people with disabilities expressed themselves despite the fact that bias can influence judgment and actions in either a positive or negative direction. An emotional bias (such as prejudice), a cognitive bias (such as a stereotype), or a behavioural bias can be inadvertently influenced by misperceptions about the lived experiences of people with SCI. Self-stigma, public stigma and professional or institutional stigma are all possible outcomes of these. A person experiences self-stigma when they view themselves in a negative light. Self-stigma appears to change over time, according to research. Self-stigma is most common in the first two to three years of SCI, but it often stays with a person for the rest of their life [2].

After SCI, people who have a lot of self-stigma are very careful about how they look and how they talk to other people, which make them feel isolated from society. These people were more likely to be younger, to be single, to use power wheelchairs and to spend more time in rehabilitation. Higher levels of self-stigma were found to have an impact on a person's choices regarding social connections. Whether disassociating from lifelong companions or interfacing with another arrangement of friends, shame was related with a feeling of social detachment. The "spread effect" or "ineffectual bias," which holds that a person's disability also has a negative impact on their personality, intelligence, or abilities, is a major implicit bias against people without SCI. These biases can make people think more like fathers and less about the person's agency. The belief that others frequently felt sorry for them, that others frequently found them awkward and that people generally had lower expectations of them as a result of their injury are some of the reasons why SCI sufferers say they experience this [3].

A curiosity or simple ignorance about living with SCI can lead to stigmatizing attitudes from people without disabilities. Some people may project onto the person with SCI their own perceptions of catastrophe they would expect to have if they were disabled, or they may imagine the person with SCI is overly fragile, despite the fact that most people adapt well to SCI. These catastrophe and fragility biases can also affect how healthcare professionals treat SCI patients. These providers' biases can lead to more severe diagnoses and lower expectations for the person with SCI. When people link a person's SCI to the way it happened, this is an example of implicit bias that could be harmful. Academics use the just-world hypothesis or the moral model of disability to explain how people who are not disabled feel about people with disabilities. Unconsciously, people believe that good things happen to good people and bad things happen to bad people, or that justice and morality are compatible. As a result, when bad things happen, like SCI, the person who was hurt may have done something to stop them. Studies on the relationship between stigma and SCI appear to back up these hypotheses, with findings showing that stigma developed based on how a person got their SCI (if it was controllable, like in an automobile accident) or uncontrollable, like being hit by an impaired driver, or on how much help a person needs from others, or on how much they exercise [4].

Psychosocial outcomes like social isolation, a sense of injustice, more depressive symptoms, lower self-efficacy and lower quality of life can all be influenced by stigma. Living with SCI is confounded and shame and inclination are only one of a few getting through psychosocial results an individual encounters following SCI. The most effective way to reduce ableism and stigma is to promote a positive perspective on living with a disability. It can be hurtful to emphasize the apparent difficulties and dependences caused by a disability. Even though there are real obstacles, noting them does not change

how people with disabilities live their lives. Negative attitudes toward people who live with disabilities are perpetuated when people over-acknowledge accomplishments or challenges. These attitudes frequently engender pity or fear rather than adding positive perspectives on the challenges of living with a disability [5].

Conclusion

This review aims to present the most recent psychosocial information regarding SCI consequences from the literature. We shared the most recent guidelines for coping with psychosocial consequences whenever they were available. Systematic reviews and studies of psychosocial outcomes and complications are included to provide the most recent information and direction. Qualitative studies that present the patient's perspective are also included. The paper is broken up into sections that show how the person's living situation affected their relationships and families as well as their finances and employment; the research on reintegration into the community; factors that affect mood and how to cope; TBI and spinal cord injury; ageing due to SCI; and, at the end, producing beneficial outcomes like post-traumatic growth.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Jenkins, Hailey-Thomas and Theodore D. Cosco. "Spinal cord injury and aging: An exploration of the interrelatedness between key psychosocial factors contributing to the process of resilience." *Health Psychol. Behav Med* 9 (2021): 315-321.
2. Jeppsson Grassman, Eva, Lotta Holme, Annika Taghizadeh Larsson and Anna Whitaker. "A long life with a particular signature: Life course and aging for people with disabilities." *J. Gerontol Soc Work* 55 (2012): 95-111.
3. Engel, George L. "The need for a new medical model: A challenge for biomedicine." *Science* 196 (1977): 129-136.
4. Craig, Ashley, Yvonne Tran, Rebecca Guest and James Middleton. "Trajectories of self-efficacy and depressed mood and their relationship in the first 12 months following spinal cord injury." *Arch Phys Med Rehabil* 100 (2019): 441-447.
5. Kisala, Pamela A., David S. Tulsy, Natalie Pace and David Victorson, et al. "Measuring stigma after spinal cord injury: Development and psychometric characteristics of the SCI-QOL Stigma item bank and short form." *J Spinal Cord Med* 38 (2015): 386-396.

How to cite this article: Hacein, Paul. "The psychological and social effects of a spinal cord injury." *J Spine* 11 (2022): 562.