

# Case Study of 14 Year Boy Suffering from Anxiety Due to Amputation

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**Abstract:** A 14-year-old boy was referred to the hospital with his hand completely damaged in an accident, owing which the doctors had to amputate his hand. This has caused the client to be anxious and depress about his condition, making him concerned with the challenges he had to face regarding his daily activities. After conduction of the preliminary valuations the formal and informal psychological assessment was conducted in which the informal assessment included mental state examination and formal assessment included Child Depression Inventory (CDI), The Self Image Profile (SIP-C) and The Adolescent Anger Rating Scale (AARS). The results of the tests indicated that client had slightly above average depression, low level of positive self-image, high negative self-image and average level of anger.

**Keywords:** Anxiety, Depression, amputation, CDI, SIP-C, AARS

## 1. Introduction

Amputation of the limbs has been reported to a significantly stressful event for an individual. [1,2] Amputation represents an irreversible surgical option which may result in physically challenged and bodily disfigurement. Many researches in the field of amputation reported that traumatic loss of a limb is typically equated with loss of spouse,[3] loss of one's perception of wholeness,[4] symbolic castration, and even death.[5,6] This may result in the patient being severely affected emotionally and result in poor quality of life.[7,8] The loss of the limb may cause distress not only due to the loss of a body part but also due to the role limitation and the need for adjustment to the changed lifestyle options. The individual undergoing amputation may be at risk of developing depressive disorder due to multiple factors such as feelings of loss, self-stigma, and difficulty in coping up with the impairment.[9,10] The distressing events leading to the amputation, especially if amputation is induced by accident or blast, may induce symptoms of posttraumatic stress disorder (PTSD).[11,12] Thus, amputation as an event produces considerable stress and challenges the coping of the individual.

## 2. Case Report

The client was taken from the hospital and referred to psychologist, where the client was under the treatment of psychiatrist and a physician in addition referred to counsellor for further psychological counselling and management. The client complaint of being sad and angry, while not being able to do his own work and showed concerns about other kids teasing him in school. He avoids going out as he feels uncomfortable when people look at him weirdly. The informant reported that since last six months, he remains sad, angry and feels everyone ridicules him due to his hand. Moreover, his sleeping pattern and studies has also been affected since last three months. The client was taken

from hospital with complaints of sadness, anger, sleep disturbances, poor academics and low self-esteem.

He belonged to middle class family and lived in a joint family system with his parents. According to client's mother he had normal birth and developmental milestones were reported to be achieved at appropriate age. No neurotic traits were reported. There were no prenatal or postnatal complications reported. No physiological illness, psychiatric disorder or major injury was reported in the client. He started his studies at the age of 5 years. His father reported that he was a very bright student, but after that incident he mostly missed his classes as he felt humiliated when his class fellows made fun of his hand that has led to gradual decrease of his academic performance.

He was friendly in nature and had many friends in his school that he used to play with in his leisure time. The client had satisfactory relationship with his sibling and family members. After that incident he mostly spent his time at home and did not play with his friends. Before this accident the client was very lively and enjoyed every moment of his life, now he remains sad for a long period of time. The client had very calm personality before this accident now he gets irritated on small things and starts fighting with his family members.

## 3. Instruments

The psychological assessment was carried out through Depression Inventory (CDI), The Self Image Profile (SIP-C) and The Adolescent Anger Rating Scale (AARS).

### The Child Depression Inventory

CDI is a symptom-oriented instrument for assessing depression in children between the ages of seven and 17 years. The basic CDI consists of 27 items, but a 10-item short form is also available for use as a screener. [13]. It was developed because depression in young children is often

difficult to diagnose, and also because depression was regarded as an adult disorder until the 1970.

### The Self Image Profiles for Children (SIP-C) and Adolescents (SIP-A)

The Butler Self Image Profiles (SIP)[14] is brief self-report measures that provide a visual display of both self-image and self-esteem. There are two forms; the SIP-C for children aged 7-11 years and the SIP-A for adolescents aged 12-16 years. Both of the forms have different item content appropriate for respective age levels, but an identical format and scoring procedure. The SIP taps the individual's theory of self. Both the SIP-C and SIP-A consists of familiar self-descriptions; 12 of a positive nature, 12 with a negative slant and one neutral item. All self-descriptions are words or short statements generated by children and adolescents.

### The Adolescent Anger Rating Scale (AARS)

The adolescent anger rating scale (APS)[15] was designed to help clinician's assess several aspect of anger, total anger, specific type of anger (i.e., instrumental anger and reactive anger) and anger control in adolescent ages 11 to 19. The AARP is appropriate for use in clinical settings as both a screening measure for social maladjustment behaviours and as a measure of treatment affects. In school setting, the AARP provides an efficient and economic screening, instrument for adolescents who demonstrate anger pattern that are potentially harmful to themselves or others

**Table I:** The client's and the informant's ratings of the symptoms

Symptoms	Client's ratings	Informant's ratings	Mean
Sleep disturbances	8.5	8	9
Depression	7.5	7	8
Self image	8	8	8
Anger	8.5	8	9

**Table II.** The client's total raw score range and remark on CDI

Raw Score	T Score	Cut-Off	Remark
05	56	56-60	Slightly above average Depression

**Table III:** The scores of Self-Image Profile

Responses	score	Cut off	Description
SI+VE Sum of items	33	35	low positive self-image
SI+VE Sum of items	52	52	High Negative self-image
SE sum of discrepancy	87	76	Cause of concern

**Table IV:** The score of adolescent anger rating scale (AARS)

Score	Raw Score	T Score	% (Percentage)	Interpretation
Total anger	90	55	73	Average Level of anger
IA	33	53	73	Average Level of anger
RA	20	57	78	Average Level of anger
AC	28	46	40	Average Level of anger

## 4. Results

After assessment we found that before accident the premorbid personality of the client was well. The ratings of the symptoms of the client were taken from both the client and the informant. These ratings were made out of 10 in the increasing order of the severity.

The client completed the CDI in ten minutes and obtained the raw score of 05 which means that his t-score was 56 which suggests slightly above average depression. The CDI was able to screen out slightly above average depression in the client. His results are consistent with the symptoms he was experiencing.

The client obtained a raw score of positive self-image 33 which was lower than the cut off score which indicated that the client low positive self-image and it was a matter of concern. The raw score of negative self-image was 52 which were equal to the cut off scores and it depicted that the client had high negative self-image. The raw score of self-esteem was 87 demonstrated that the self-esteem of client was very low and it was matter of concern. The high score of self-esteem scale reflect significant difference between "what I am", "what I like to be" and thus is indicative of low self-esteem. This score may indicate that how much the subject does not like what already his Self-Image Profile was able to screen out positive self-image toward oneself, negative feeling toward one's own self and self-esteem of one's self. These results are consistent with his background as the client was taken from the hospital with low self-esteem.

The client obtained the raw score of 90 which t score was 55 and percentile was 73. The results of the test showed that client had average level of anger. The client's scores on child depression inventory showed that he had slightly above average depression. According to the scores on self image profile for children showed that he had low positive self image, high negative self image and low self esteem. The scores on adolescent anger scale showed that client had average level of anger.

## 5. Discussion

Many researchers suggest that mostly patients who lose a limb as a result of traumatic or surgical procedures encounter a series of complex psychological responses. Many people successfully use these responses to adjust to amputation, but others develop psychiatric symptoms. It has been noted that as many as 50% of all amputees require some sort of psychological intervention, and that depression is the most common psychological reaction among amputees. The client was feeling depressed due to his condition since he had lost his body part and was not able to perform his tasks easily by himself.

According to research psychological reactions to amputation depend on a number of factors, which include age and sex, type and level of amputation, lifelong patterns of coping with stress, value placed on the lost limb and expectations from the rehabilitation program. [16] Individuals affected by the traumatic loss of a limb are required to face a redefined body and self as well as a new reality.

## 6. Management Plan

Several therapeutic interventions and management plans are designed for the purpose of resolving the client's problem and helping them return back to the community sound and healthy. The client can be helped by using a number of therapeutic interventions, some of which are: Supportive

work, Psycho education, Behavioural Therapy, Cognitive Behavioural Therapy, Activity Schedule, Cognitive Rehabilitation, Rational Coping Statements, Self Esteem Building, Anger Management, Relaxation Exercise and Family Therapy.

## 7. Suggestions

The client and his family should accept that the client is amputee and he would require time to cope with it. Considering the situations, the progress could be very slow so they would require time for the treatment to work. Client's family should support him to enable him cope with the situation and the problem. For rapport formation and comfort of the client there should be a proper room for carrying out the psychological assessments and interventions. Sufficient time should be given for the rapport building and for getting the complete and comprehensive information about the client and as well for the follow up sessions.

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