

EDITORIAL

Maintaining the Identity and Self-Worth in Patients With Severe Illness or Injury

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Abstract

Severe illness and injury can change many aspects of people. For this reason, one of the biggest challenges faced by patients is the preservation of their identity. The loss of independence and self-service failure is likely to lead to passivity and depression. Patients should make the necessary adjustments in order to maintain self-esteem and to optimize their functionality despite the injuries suffered. Social support, health professionals, family and work encourage this change.

Key- words: Severe illness, injury, self-esteem, identity, self-worth, depression

In general, disease and trauma are accompanied by challenges and losses, which threaten the very elements that make each person unique, as the external appearance and physical function, physical and mental abilities, plans and expectations for the future, as well as the life philosophy. When many of the unique traits and characteristics of a person are changed or no longer find expression, then one should seek to develop new dimensions of identity.

As far as this issue is concerned, maintaining good and positive social contacts is an important way to protect and preserve the identity of the seriously ill or injured (Fife, 1995). Moreover, to achieve the same goal, in these difficult circumstances, a flexible and adaptable concept of subjective identity is essential. Patients should make the necessary adjustments in order to maintain self-esteem and to optimize their functionality despite the injuries suffered. Social support encourages this change too.

During the course of a serious illness or a serious injury, the presence of a partner and other close interpersonal relationships is associated with the onset of lower-level depression. It seems that the emotional support is protective against the inevitable occurrence of negative emotions that cause a disease or a serious injury (Penninx et al., 1998). Support from one's spouse and the

help of friends can achieve the emotional adjustment of the patient to the new reality (Brecht et al., 1994; Hoskins, 1995; Reifman, 1995; Li and Moore, 1998; Sherman DK and Kim HS., 2005). Indeed, this positive effect is maintained regardless of time.

Occasionally, the sense of helplessness and dependency is the new reality. Patients should be supported by others: family, doctors and nursing staff for their basic needs. Illness and injury could pose serious obstacles and restrictions to someone who is already trapped in a damaged body. Therefore, this patient is frustrated and overwhelmed by negative emotions. The loss of independence and self-service failure is likely to lead to passivity and depression (Koenig and George, 1998; Williamson, 1998). The patient is passive and combat is the best treatment of passivity. Continuous reliance on others can be a serious blow to their sense of self-esteem (Van Lankveld et al., 1993; Sherman et al., 2003). On the other hand, maintaining a degree of independence and autonomy, even at the minimum, is valuable for the prevention of depression due to the sense of helplessness (Seligman, 1975).

Many people derive a strong sense of identity from their work - for example, their role as students or their dedication to their careers. Work is often a means to realize their creative ideas and offers an insight regarding their

productivity. The autonomous functionality and lack of dependence on others usually plays an important role in people's self-esteem (Reynolds, 1997). It has been found that the occupation in heart transplantation recipients and patients suffering from other physical disabilities, is associated with various psychosocial variables such as self-esteem, the stability of identity, the sense of control, independence, depression, body image, the quality of life and life satisfaction (Kinney and Coyle, 1992; Duitsman and Cychosz, 1994; Seery et al., 2004). People who continue to work seem to be better as far as the aforementioned psychosocial variables are concerned. Specifically, they have higher self-esteem, feel more independent, have a lesser degree of depression and express more satisfaction with their lives than those who do not work. The person who suffers from an illness or injury must deal with the continued emotional and psychological development, despite the emergence of the disease (Mullan, 1983). In the midst of obstacles and constraints posed by the threat of physical wellness and wholeness, this challenge can be changed in real combat. For example, the emotional development of a young cancer patient with a wife and children can be achieved by maintaining a relationship of trust and closeness with them.

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